

Racial Attitudes in White Social Workers: Implications for Culturally Sensitive Practice

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ABSTRACT: *Helping professionals are charged with providing culturally sensitive services to a growing minority population. This paper examines racial attitudes of White social workers using the Oklahoma Racial Attitudes Scale (ORAS), which was itself based on the theory of White racial consciousness (WRC). Results of an online survey suggest that over one-third of participants in this cross-sectional study fell within the negative racial attitude types of Conflictive and Dominative, raising questions about these practitioners' ability to provide culturally sensitive services. The paper discusses implications for practice, and practitioners are challenged to become more self-aware and to move beyond a cognitive approach to cultural competence.*

Introduction

Anti-racist activist Tim Wise recently published a Facebook essay entitled, "Imagine: Protest, Insurgency and the Workings of White Privilege" (2010). The post circulated on the Internet under the more popular title, "Imagine if the Tea Party were Black," where it received varied positive and negative reactions and responses. Wise essentially asked what would have been the responses to the messages promulgated by the Tea Party if the protesters were primarily Black, Arab, or simply non-White. He concluded

And this, my friends, is what white privilege is all about. The ability to threaten others, to engage in violent and incendiary rhetoric without consequence, to be viewed as patriotic and normal no matter what you do, and never to be feared and despised as people of color would be . . . (para. 15)

Wise is not a member of a helping profession, yet his message is clearly relevant to those who work in the helping professions, or those who seek social justice. The social work profession was founded on the battlefield of social injustice, having long worked with the underserved. Early social workers faced many barriers, including institutionalized racism and discrimination in the quest to provide services to those who needed them. Today's social workers are no different, although changing demographics, political challenges, and a more subtle form of racism may make providing culturally competent and relevant services more difficult to achieve. Due to changing demographics in the United States, estimates

are that from 2000 to 2050, the White population will grow much slower than minority populations. By 2050 Whites will comprise less than 53% of the total population, as compared to 69.4% of the total in 2000 (Day, 2008). Social justice is not a "done deal" for minorities, who continue to experience discrimination in the areas of housing, education, employment, accumulation of wealth, disparities in mental and physical health, criminal justice, politics, and media (Miller & Garran, 2007).

Due to many factors such as immigration and higher birthrates that lead to growing minority populations, it is vital that social workers practice with an awareness of the impact of race and culture and that they strive toward cultural sensitivity. Social work education training programs assume the primary responsibility for instilling a firm foundation for their graduates' ongoing journey toward cultural competence. It is imperative that social work education at all levels provide a foundation for culturally sensitive practice as fewer baccalaureate-level social workers pursue graduate education (Center for Health Workforce Studies, 2006) and more states license baccalaureate-level workers. The purpose of this article is to report the results of a cross-sectional study of licensed social workers that examined the relation between level of social work education (BSW, MSW, as well as practitioners with both a BSW and MSW), and racial attitudes. The study focused on the following hypothesis: There will be a relation between level of social work education (BSW, MSW, or BSW-MSW) and White racial attitudes as measured by the Oklahoma Racial Attitudes Scale (ORAS).

Research suggests that White social workers may feel challenged when working with clients from minority

backgrounds. Although the social workers who participated in the Center for Health Workforce (2006) study ranked themselves as culturally competent, White non-Hispanic participants indicated that they felt less prepared than minority social workers to work with clients who are culturally different from them. According to the study, non-Hispanic White social workers indicated a lack of satisfaction with their ability to address cultural differences when compared with their Black, Hispanic, or Asian colleagues. Caseloads were most frequently comprised of clients from similar ethnic or racial backgrounds. Additionally, baccalaureate social workers felt less prepared than social workers with a master's degree in social work (MSW) to work with clients of another race (Center for Health Workforce Studies). This is significant, as more than 85% of licensed social workers are White (Center for Health Workforce Studies). White social workers who feel less comfortable and less prepared to work with racial and ethnic minorities may not see how race or ethnicity continue to affect social interactions and to permeate the fabric of society, impacting opportunities for minorities in American society (Bonilla-Silva, 2003; Williams & Williams-Morris, 2000).

According to Miller and Garran (2007), Whites may believe that government programs, housing, access to healthcare, organizations, and society, in general, are "race neutral." Well-documented institutional racism belies this assumption, however, and there is inherent danger to the well-being of minority clients served by White helpers who subscribe to the mistaken idea of a race neutral society. Institutional racism is manifested in laws, policy, practices (both formal and informal) and education. An example of institutional racism can be found in the "apartheid" of the American criminal justice system. The authors noted that Black Americans represent 13% of the general population, yet comprise 50% of the prison population. Death row inmates are overwhelmingly Black. Another small example of institutional racism may be evidenced by the lack of capitalization of "white" as a race in most publications. Throughout this article, the researcher made a conscious decision to refer to "Whites" and "Whiteness" using capitalization. When reviewing the literature, other races were consistently recognized with capital letters, such as Black, Hispanic, Asian, or Native American. Using "white" throughout many of these studies seemed to be a product of the normalization of Whiteness in America; not recognizing White as a proper noun diminished the fact that White is, indeed, a race, as race is defined in America. While White is considered the norm, and while many Whites may feel that race is irrelevant to opportunity, per-

sons of color in American society are all too cognizant of the importance of race in American society. Whiteness, while invisible to many Whites, can never be invisible to minorities (Frankenberg, 2001). This decision to capitalize White is also in accordance with the guidelines published by the American Psychological Association (APA, 2009), which state that references to race are considered proper nouns and, as such, should always be capitalized.

Literature Review

According to a joint study by the Center for Health Workforce Studies and the NASW Center for Workforce Studies (2006), about 85% of licensed social workers are White non-Hispanics, but only 68% of the general population is White non-Hispanic. Approximately 7% of social workers surveyed were Black/African American, and 4% were Hispanic/Latino. Just 1% of the respondents self-identified as Asian/Pacific Islander, and about 1% identified as Native American/Alaskan.

These demographic discrepancies between licensed social workers and the population as a whole indicate that social workers in general are increasingly working with client populations from varied minority backgrounds. Approximately 85% of licensed social workers in the study reported working with Black/African American clients, and 77% reported working with Hispanic clients (Center for Health Workforce Studies, 2006). Approximately 49% worked with Asian/Pacific Islander clients, while 39% reported working with Native American/Alaskan clients. About 41% of the social workers surveyed estimated that more than half of their clients were from non-White minority groups, although very few reported serving any one minority group predominantly. With White social workers serving large numbers of minority clients, the need to develop the skills for culturally sensitive practice should be self-evident.

To become culturally sensitive practitioners, social workers must acquire the necessary skills and knowledge through their social work educational programs, whether at the baccalaureate or master's level. Social work training is guided by the Educational Policies and Accreditation Standards (EPAS) established by the Council on Social Work Education [CSWE] (CSWE, 2008), while social work practice is generally guided by the Code of Ethics of the National Association of Social Workers [NASW] (NASW, 1999). Although the CSWE established Educational Policies and Accreditation Standards (EPAS) that require the inclusion of diversity content at all levels of

social work education, CSWE does not tell social work educational programs how to teach diversity and instill culturally sensitive skills in social work students. Furthermore, the CSWE requires each program to measure certain practice behaviors, but standardized ways to measure concepts such as self-awareness or cultural competence are not available. The lack of a multicultural education framework and specific outcomes is of particular concern as the population of licensed social workers is considerably less diverse than the U.S. population as a whole (Center for Health Workforce Studies, 2006).

NASW is the largest voluntary-membership professional social work organization. The NASW Code of Ethics formalized the expectation that social workers will adhere to the six core values of the social work profession: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Ethical standards include references to cultural competence and social diversity (Section 1.05), and enjoin social workers to “understand culture and its function in human behavior and society” (Section 1.05a, p. 5).

In 2001, the NASW published additional guidelines specific to culturally competent practice, outlining standards relating to ethics and values, self-awareness, and cross-cultural knowledge and skills. Following up on these guidelines for culturally competent practice, the NASW National Committee on Racial and Ethnic Diversity developed specific indicators (NASW, 2007) to encourage self-assessment on the part of social workers and suggested specific ways to evaluate each of the Standards on Culturally Competent Practice. Indicators related to self-awareness, cross-cultural knowledge, and understanding racial privilege are included, highlighting the importance of the topic of this research.

White Racial Consciousness

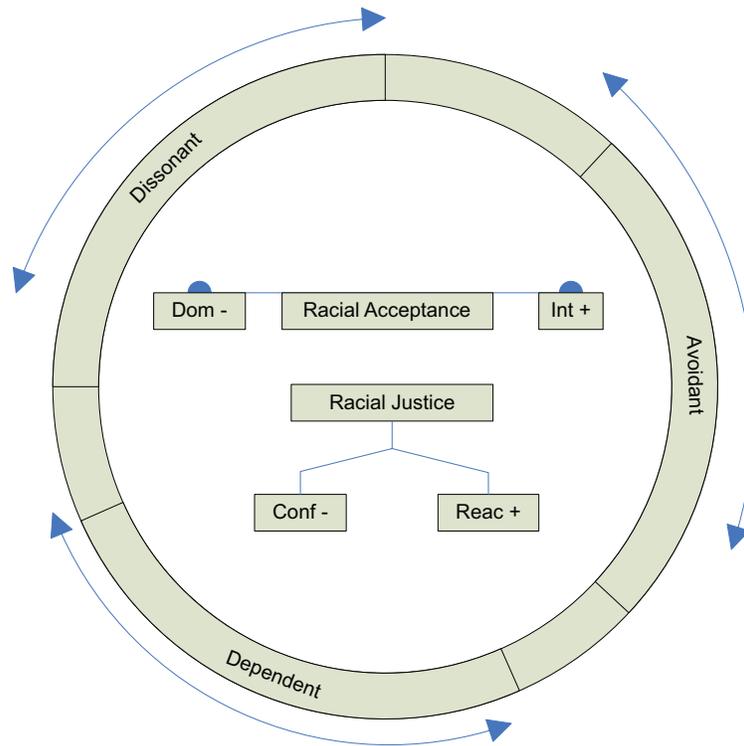
Whiteness studies is a fairly new academic discipline. Helms (1990) laid much of the groundwork with her theory of White racial identity. Since then, several theories regarding the racial identity of Whites have been proposed. The theory forming the foundation of this study, White Racial Consciousness (WRC), is a non-developmental theory that explores the racial attitudes of Whites (Choney & Behrens, 1996; La Fleur, Rowe & Leach, 2002; Rowe, Bennett, & Atkinson, 1994). The developers of WRC took issue with other theories, including Helms’s theory, because these models were developmental and focused primarily on attitudes toward others and not necessarily on attitudes about being White. Developmental models typically address the person’s

acceptance of stereotypes and attitudes about minorities that are imposed by society; these models emphasize conflict and questioning about race and relied primarily upon reaching a stage of “immersion” to form a positive identity (Rowe, Bennett, & Atkinson, 1994). White Racial Consciousness can be defined as “one’s awareness of being White and what that implies in relation to those who do not share White group membership” (Rowe, et al., 1994, p. 133–134). According to Rowe et al., attitudes are more stable and more easily assessed than developmental stages, which may not, in fact, exist at all. Instead of stages or statuses, WRC has types or “clusters of inter-correlated racial attitudes that characterize the outlook of various individuals” (p. 134) at any given time. These attitudes, according to Rowe et al., can change as a result of “experiences that cause dissonance in the person’s cognitive structures or schemas” (p. 135).

According to Fischer and Moradi (2001), WRC is a theoretically-grounded model whose development has followed a well-documented and systematic process. WRC suggests clusters of racial attitudes held by Whites, which may lead to certain ways of thinking. The model proposes that the racial attitudes Whites feel toward minorities can be categorized into four types, which fall within two broad categories: racial acceptance and racial justice (La Fleur et al.). These attitudes, or types, are designated Dominative, Integrative, Conflictive, and Reactive. Figure 1 diagrams the model of White Racial Consciousness and the two main constructs: racial acceptance, which includes the types of Dominative and Integrative, and racial justice, which includes the types of Conflictive and Reactive. Racial acceptance is viewed by the developers of the theory as a continuum between the two constructs of Dominative and Integrative, while racial justice is conceptualized as two separate yet related constructs. The outer wheel contains the levels of commitment, including Avoidant (Av), Dependent (Dep), and Dissonant (Dis). Persons falling within the Av or Dep are conceptualized as being committed to a given racial attitude type, while those falling within the Dis level of commitment are not yet committed to a racial attitude type. The arrows indicate that persons can change their level of commitment to their racial attitude type.

On the continuum of racial acceptance, the first of the two categories, Dominative and Integrative types represent bipolar points (La Fleur, et al., 2002). Persons scoring in the Dominative range tend to hold highly negative attitudes about minorities and may not accept them. They are distinctly ethnocentric, which may lead them to feel justified in the dominance and power of the majority.

Figure 1. Diagram of WRC as conceptualized by the author



They are likely to rationalize the disparity in opportunities between the majority and minorities, thus leading them to blame the victim for his or her inability to succeed. Dominative types are unwilling to step outside of their own comfort zone, and may be actively or passively racist. On the other end of the continuum, those with an Integrative grouping of attitudes are generally comfortable in their interactions with minorities and would accept them readily (La Fleur, et al., 2002).

Racial justice is the second construct identified in the WRC (La Fleur, et al., 2002). Racial justice includes Conflictive and Reactive attitudes, but it is not conceptualized as a continuum by the developers of the model. Conflictive and Reactive attitudes are seen as separate constructs that relate to social justice. A person with Conflictive attitudes is likely to feel that minorities experience unfair advantages and to be opposed to programs that purport to equalize opportunity (La Fleur, et al., 2002). Conflictive types believe that equal opportunity already exists, and so programs that promote integration and opportunity are not needed. They may actively oppose these policies, believing that the need for corrective action is long past. These individuals most likely subscribe to the myth of meritocracy, believing that hard work is the key to success. In the belief system of the Conflictive type,

fairness and a just world already exist; thus, if minorities are not successful, it must be their own lack of motivation that is the cause. Societal issues of ongoing systemic racism and discrimination are ignored. Conflictive types are unable to recognize that their own success may be related to unearned privilege, and not their own hard work and abilities. On the other hand, a Reactive person might react to the status quo, recognizing the insidious nature of social injustice in society. These persons are likely to believe that minorities continue to be treated unfairly and support policies that increase opportunities for minorities (La Fleur, et al., 2002). Because of the systematic development of this model, along with the availability of an instrument to assist in categorizing racial attitude types, WRC formed the theoretical foundation for this study.

Method

This cross-sectional, correlational study used a survey design and examined the relationship between the level of social work education (BSW, MSW, or persons with both a BSW and MSW) and racial attitudes, specifically White Racial Consciousness. Using a purchased mailing list, one thousand invitations were mailed to prospective

participants, White social workers who were members of the NASW. The web-based survey was available through a commercial survey-hosting site.

The survey invitation was sent via mailed invitations and prospective participants were asked to access a web-based survey. Hoping to catch the attention of the prospective participants, the researcher mailed the 1,000 invitations using carefully chosen first-class “Amber Alert” stamps instead of the less expensive bulk mail rate. Included with the letter of invitation was a postcard with a teabag stapled to it, and the message “Have a cup of tea on me while you complete my survey.” A follow-up postcard, printed on the same bright yellow cardstock as the teabag postcard, was mailed to all prospective participants approximately two weeks after the original invitation.

Sample

A disproportional stratified random sample of baccalaureate ($n=250$) and master ($n=750$) level social workers was purchased from the membership rolls of the NASW, the largest of the voluntary professional organizations for social workers with approximately 150,000 members (NASW, 2009). The sample was restricted to social workers who self-identified as White in their NASW membership materials. A disproportionate sample was requested as the membership of NASW tends to be heavily weighted toward MSW-level memberships. At the time the mailing labels were ordered, approximately 67% of NASW members (95,556) held memberships at the MSW level, while only 2% (3,163) of memberships were at the BSW level (Infocus, 2006). All other membership types were excluded from the sample. Using a disproportional sample increases the likelihood of a representative sample and is recommended when there are large differences in the size of the subgroups (Mertens, 2005).

Of the 1000 invitations mailed, five were returned as unable to deliver, for a potential sample size of 995. Of these, 204 participants accessed the web-based survey, and 201 completed the survey. Two hundred of these participants self-identified as White. For the purposes of this study, only participants with social work degrees were included. As the NASW membership includes some people with degrees other than social work, a demographic question asked for the degree held by participants. Of the 27 participants who answered “other” on degree, 19 were able to be recoded into the educational categories of BSW, MSW, or BSW-MSW. After cleaning the data, the total sample size was 179, representing a response rate of 17.98%. Of the 179 respondents, 53 (29.6%) held BSW-level memberships, 88 (49.2%) held MSW-level

memberships, and 38 (21.2%) indicated both BSW and MSW degrees. These participants all had a degree in social work, although some had masters degrees in other fields, while two had earned doctorates. Most participants (90.5%) were currently practicing social work and had an average of almost 17 years of social work practice experience (mean=16.706; $sd=10.3007$). The sample ranged in age from 24 to 73, and had a mean age of 48.97 years, ($sd=11.245$). The majority of participants (84.9%) were female ($n=152$), while 14.5% of participants were male ($n=26$). One participant did not indicate gender.

Instrumentation

Data were collected through the use of several instruments, including the Oklahoma Racial Attitudes Scale (ORAS), which is grounded in the theory of White Racial Consciousness discussed previously. The version of the ORAS used in this study included 35 items scaled on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). The middle point is neutral, allowing a participant to answer “neither agree nor disagree.” This version of the ORAS has ten items on the Dominative-Integrative subscale, and seven items on each of the Conflictive and Reactive subscales. Prior to determining a person’s racial attitude type, the level of commitment had to be established. Of the three subscales focusing on level of commitment, three items each measure each of the Dependent (Dep) and Avoidant (Av) levels of commitment, while four items measure the Dissonant (Dis) level of commitment (La Fleur, Leach, & Rowe, 2003). The first item is not scored, as no item was stable in the first position when the scale was validated (Choney & Behrens, 1996; Rowe et al., 1994).

As stated above, the scoring protocol for this version of the ORAS required that participants first be categorized as committed or not committed to a racial attitude. The participants who were determined to be at least minimally committed to a racial attitude ($n=154$; 86%) were then analyzed to determine the type of racial attitude to which they may subscribe. The three levels of commitment are Avoidant (Av), Dependent (Dep), and Dissonant (Dis). The scoring protocol, available from the authors of the scale, determined the cut-off points for each level of commitment. In the final step, individuals are identified as committed or not by comparing their scores to the means on the scales. Only those participants who were minimally committed to a racial attitude type (Av or Dep) were analyzed for type of racial attitude.

Examples of items on the ORAS measuring the level of commitment to a racial attitude include: “Other peo-

ple's opinions have largely determined how I feel about minorities" (Dep); "Because I'm really not sure about how I feel, I'm looking for answers to questions I have about minority issues" (Dis); and "Racial issues may be important, but I don't want to think about them" (Av). Sample items on the subscales for racial attitude types include: "In selecting my friends, race and culture are just not important" (Dominative/Integrative); "Welfare programs are used too much by minorities" (Conflictive); and "Being White gives us a responsibility toward minorities" (Reactive).

Results

The hypothesis under discussion in this article explored the relationship between the level of social work education (BSW, MSW and BSW-MSW) and racial attitudes, specifically White Racial Consciousness. The hypothesis was stated as: There will be a relationship between level of social work education (BSW, MSW, or BSW-MSW) and White racial attitudes (as measured by the ORAS). The predictor variable was the level of social work education, while the criterion variable was type of racial attitude. The appropriate statistic for use was determined by the goal of comparing independent samples which explored group differences among the levels of social work education. As level of social work education and type of racial attitude were nominal level variables, chi-square was used to analyze the data.

Because of the nature of the scale, which measures two different constructs (level of commitment and racial attitude type) the coefficient alpha can not be calculated for the total scale. Reliability analyses for the subscales were as follows: D/I=.667; R=.755; C=.835; De=.730; Dis=.711; and Av=.625. According to Cramer and Howitt (2004), an alpha coefficient of .75 or above is considered to be acceptable, and indicates internal consistency. In the initial study validating the instrument, the authors reported a Cronbach's Alpha of .84 for the Dominative/Integrative subscale; .83 for the Conflictive subscale; .72 for the Reactive subscale; .78 for the Dependent subscale; .73 for the Dissonant subscale; and .60 for the Avoidant subscale.

The response rate on this survey was rather low. As previously noted, technical difficulties with accessing the survey may have impacted the response rate. Due to firewall and browser issues, some participants ($n=31$) emailed the researcher requesting a direct link to the survey when they were unable to access the survey by typing the address into their browser address bar. White (2005) achieved a 16% response rate in a similar study; however,

White mailed the instruments and provided return envelopes with pre-paid postage to 1,000 participants. The cost of providing return envelopes to prospective participants was prohibitive; the use of a web-based survey was a viable alternative. The response rate using the web-based survey was higher than White's, at a much lower cost per participant.

Although the hypothesis was not supported, the results of this survey are worthy of discussion because over one-third (38.8%; $n=60$) of the White social workers who participated in this study were classified within the negative racial attitude types of Dominative ($n=20$; 12.9%) and Conflictive ($n=40$; 25.9%). These participants fell within racial attitude types that may make it difficult to provide culturally competent and ethically sound services. Table 1 gives a breakdown of degree by racial attitude.

Findings

As noted above, over one-third of participants in this study fell within the negative racial attitude types of Conflictive (from the construct of racial justice) and Dominative (from the continuum of racial acceptance). One area for concern is the 25.9% ($n=40$) of social workers in this study who fell within the Conflictive racial attitude type in the construct of racial justice. As discussed previously, Conflictive types do not often openly condone racism, but may feel that Whites are disadvantaged when minorities are given assistance through programs like affirmative action or busing (La Fleur et al., 2002). Conflictive types believe that equal opportunity already exists, and so programs that promote integration and opportunity are not needed. Social justice issues are ignored; past wrongs are seen as already righted, and thus persons falling within this type may not see the racism that clients of color deal with on a daily basis.

Another area of concern was the participants who fell within the second negative attitude type, Dominative. According to La Fleur et al. (2002), individuals who fall within the Dominative type may subscribe to stereotypes about minorities and may be unable to recognize the discrimination and oppression that continues to exist in the United States today. In this study, 12.9% ($n=20$) of participants who were at least minimally committed to an attitude were identified within the Dominative racial attitude type. As stated earlier, these types may be distinctly ethnocentric, which may lead them to feel justified in the dominance and power of the majority. They are likely to

Table 1. Level of Education by Type of Racial Attitude (Committed)

	BSW	MSW	BSW-MSW	Total
Integrative	17 (36.1%)	22 (29.7%)	12 (36.3%)	51 (33.1%)*
Dominative	7 (14.8%)	9 (12.1%)	4 (12.1%)	20 (12.9%)*
Reactive	9 (19.1%)	26 (35.1%)	8 (24.2%)	43 (27.9%)*
Conflictive	14 (29.7%)	17 (22.9%)	9 (27.2%)	40 (25.9%)*
Total	47	74	33	154

Note: Percentages represent percentage within level of education of committed participants.

*Percentage within the total of committed participants. Percentages may not equal 100 due to rounding.

rationalize the disparity in opportunities between the majority and minorities, thus leading them to blame the victim for his or her inability to succeed.

Due to the low response rate, the results of this survey must be approached with caution. It is difficult to determine why the response rate was so low; it could be that the social workers surveyed were not comfortable with the topic, or that they did not have the time or the inclination to complete the survey. However, the results suggest that some of the social workers in this sample (over one-third) may not be equipped to practice with cultural sensitivity.

Limitations

Technical issues impacted this study, as some prospective participants had difficulty accessing the link to the survey by typing in the web address to their browser. The participants that emailed the researcher requesting a direct link were then able to access the website; however, it is not known how many prospective participants did not take the time to request the direct link. Additionally, a lack of internet access may have been a factor in the response rate. Two participants requested hard copies of the survey, which were provided to them. These two participants returned the completed instruments, but there is no way of knowing how many others did not have internet access. These issues may have contributed to the low response rate.

The sample used also limits the generalizability of this study. There are approximately 840,000 social workers in the United States (Center for Health Workforce Studies, 2006), but only about 150,000 NASW members

(NASW, 2009). As with any study that does not have a control group, those choosing to participate may have been different in some way than those who did not access the survey. Additionally, only 2% of the membership of NASW is comprised of baccalaureate level social workers; there may be inherent differences in all of these members (both MSW and BSW) that lead them to join a professional organization, which may have impacted the results of this study. The very nature of racial categorizations is subjective; this study used participants who self-identify as White, which may mean different things to different people. The study did not address where the participants received their social work education, or how their personal, professional, and educational experiences may have affected their attitudes.

Implications For Practice

It is clear that the NASW Code of Ethics requires social workers to strive toward the provision of culturally competent interventions that meet the needs of their clients. It is easy to see how social workers falling within the Dominative and Conflictive types (over one-third of this sample) may find it difficult to provide culturally sensitive services. The good news is that approximately 61% of social workers who participated in this study and were at least minimally committed to a racial attitude fell within the racial attitude types that are considered to be positive, Integrative and Reactive. These social workers, according to the

theory of White Racial Consciousness, would be more likely to provide culturally competent services to minority populations. However, in this sample, 38.8% of participants may have difficulty fulfilling the ethical obligation to their clients and the profession. It might have been more beneficial if there had been a relationship between level of social work education and racial attitude type, because this knowledge would indicate that something is taught on some level of social work education that is helpful in promoting positive racial attitudes. However, this was not the case in this sample, and there is no way of knowing where the differences lie based upon this research.

Finding ways to research actual practice and how racial attitudes translate into behaviors with clients is a direction for future research. The publication of indicators (NASW, 2007) that operationalized culturally competent practice for the NASW's (2001) Standards for Cultural Competence in Social Work Practice is a step in the right direction. Incorporating those indicators, with the knowledge gleaned from this research, might lead to a deeper understanding of what really constitutes effective diversity education and culturally competent practice. It is important to note that attitudes or racial attitude types do not necessarily reflect behaviors; social workers falling within the negative racial attitude types may be able to transcend these attitudes and provide culturally sensitive interventions. Teasley (2005) recommended more research exploring the links between social work educational programs and professional development in the area of cultural competence. While some instruments have been developed that purport to measure cultural competence, it is unknown how attitudes may impact practice behaviors. This study may be the first step in recognizing that White social workers may not be developing positive racial attitudes during their professional preparation. Finding ways to teach cultural sensitivity in social work education is imperative, as the results of this study may indicate that many social workers at all levels of practice are operating within negative racial attitude types, thus impacting their ability to provide culturally competent services.

Ethically, White social workers must actively combat racism and oppression and must strive to practice in culturally competent ways. Allen-Mearns (2007) reminds us that practitioners "must take special care to reject stereotypical socialization, both explicit and implicit" (p. 85). This active self-reflection is imperative as research supports that one's own racial attitudes influence interactions with clients who are racially diverse (Burkard & Knox, 2004; Cumming-McCann & Accordino, 2005; Gushue, 2004; Neville, Spanierman, & Doan, 2006), indicating that so-

cial workers must take the impact of race into account. In a perfect world, race would no longer be a factor in opportunity. However, the United States remains a racialized society where race continues to impact the prospects of many of the most vulnerable members of our society. There are many social inequities yet to be addressed. The APA Public Policy Office (2007) pointed out that society must first recognize how race impacts interactions and opportunities in order to move beyond a racist society. Most licensed social workers are White but are increasingly serving minority clients (Center for Health Workforce Studies, 2006). Although striving toward cultural competence is not the exclusive duty of White social workers (those of different races and ethnicities have the same charge according to the NASW Code of Ethics), the focus of this study was on White social work practitioners as they constitute the majority of licensed social workers. The profession must continue to address the need for cultural competence on the part of all social workers, as well as the need to increase the diversity of the profession as a whole.

On a practical level, social work practitioners must engage in activities and education that encourage personal and professional growth, increasing their level of understanding of the minority experience in today's society. Social workers must look within, "examining their own concepts of privilege, experiences with racism, and underlying perceptions of themselves" (Allen-Mearns, 2007, p. 91) in order to move along the continuum of culturally competent practice. To enhance cultural sensitivity, social workers need to acknowledge that growth does not end once a person graduates; in fact, their social work education is only the beginning of a lifetime journey of movement along the cultural competence continuum. Practitioners and educators must seek opportunities to expand their knowledge and understanding of race and its continuing impact in the United States. Experiences impact attitudes: It is time for cultural competence to move from cognitive and categorical training and education to becoming more about interactions and relationships. Knowledge is imperative, but true understanding lies in the heart of social workers who are willing to step outside of their own comfort zones and experience diversity in ways that increase knowledge, but perhaps more importantly, enhances understanding of the minority experience in a racist society.

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