
Theses, Dissertations, and Projects

2010

**A social worker's dilemma : does experience make a difference? :
how biases and judgements affect social worker's assessments
of collectivist culture immigrant families : a project based upon an
independent investigation**

Theresa J. Cary
Smith College

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Cary, Theresa J., "A social worker's dilemma : does experience make a difference? : how biases and judgements affect social worker's assessments of collectivist culture immigrant families : a project based upon an independent investigation" (2010). Masters Thesis, Smith College, Northampton, MA.
<https://scholarworks.smith.edu/theses/1100>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact scholarworks@smith.edu.

Abstract- independent investigation

Theresa J. Cary
A Social Worker's Dilemma:
Does Experience Make a
Difference? How Biases and
Judgments Affect Social
worker's Assessments of
Collectivist Culture
Immigrant Families

This pilot study was undertaken to assess how social workers in western hospitals respond to a vignette about a collectivist child and the child's family. America has many immigrant populations that often have different values and ethics from mainstream America. Social workers encounter these individuals in their work and it is important that social workers are equipped with the necessary knowledge and skills to respond to the client's needs.

Using a snowball sampling method, 19 participants responded to a mixed method online survey. The participants were predominately Caucasian, ranged in ages from 26- 60 years of age, had their MSW, were working in western hospitals, and had at least 2 years post graduation experience. The participants were given a vignette that modeled a 1st generation immigrant teenager and a family from a collectivist worldview.

No inferencing was possible due to the small sample size and the method of data collection. When presented with a collectivist child and family 50% of the social work participants noted that they were concerned with the child and family's culture and how it related to the child's current struggles. This unexpectedly low percentage is concerning

because when clinicians do not consider the child's cultural background the social workers are missing a significant portion of the child's history and experience. This lack of consideration indicates that the social workers are not meeting the requirements of "The Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice" which proposes that social worker's should have a 'heightened consciousness' (NASW, 2007). An unexpected but somewhat similar finding is that only 6 (about 1/3 of the sample) of the participants noted safety concerns as an immediate issue which is startling because the child had two notable self-harm behaviors (self mutilation and disordered eating).

A SOCIAL WORKER'S DILEMMA: DOES EXPERIENCE MAKE A DIFFERENCE?
HOW BIASES AND JUDGMENTS AFFECT SOCIAL WORKER'S ASSESSMENTS
OF COLLECTIVIST CULTURE IMMIGRANT FAMILIES

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

Theresa J. Cary

Smith College School of Social Work
Northampton, MA 01063

2010

ACKNOWLEDGEMENTS

This thesis could not have been completed without the assistance of many individuals. Their dedication to my work and support of me is greatly appreciated.

I wish to thank Kimberlee Denney for being an amazing supervisor during my 1st field practicum at Children's Hospital Boston (CHB), her guidance, support, and belief in me established my interest in hospital social workers. I would also like to thank other supervisors and staff that took the time to teach, to listen, and guide me during my time at CHB; my research advisor, for responded calmly to my anxiety and offered good humor; my friend, Christina Campagna, for her and encouragement, and my mother for her ever-present love and support.

Table of Contents:

ACKNOWLEDGMENTS	ii
TABLE OF CONTENTS	iii
LIST OF TABLES	iv
LIST OF FIGURES	v

CHAPTER

I. INTRODUCTION	1
II. LITERATURE REVIEW	2
III. METHODOLOGY	13
IV. FINDINGS	16
V. DISCUSSION AND CONCLUSIONS	19
REFERENCES	25

APPENDICES

Appendix I: Email to office of Refugee Resettlement.....	34
Appendix II: Email to potential participants.....	36
Appendix III: Screening Page.....	38
Appendix IV: Informed Consent.....	39
Appendix V: Participant Profile.....	41
Appendix VI: Vignette.....	43
Appendix VII: Follow up to vignette.....	44
Appendix VIII: Drawing for gift certificates.....	46

Chapter 1

Introduction

According to the U.S. Census (2000) almost 30 percent of Americans are of various racial and ethnic minorities and an additional 11 percent of the people living in the United States are immigrants. As America continues to diversify, social workers and other helping professionals must become more knowledgeable, competent, and multiculturally responsive to ensure that they are equipped to work with clients from diverse ethnic and cultural backgrounds (APA, 2000). In Social Worker's code of ethics, which all social workers that belong to the National Association of Social Workers (NASW) are bound to, the authors stress the importance of cultural competence (NASW, 2000). The authors do not specifically describe how a social worker should become competent which implies that there are multiple ways to become more culturally competent. Part of the process of becoming competent requires social workers to be introspective and explore their own understanding of cultures. This allows social workers to recognize stereotypes and/or judgments that they might have regarding individuals that are from different ethnicities or cultures from their own (Zebracki & Stancin, 2009). This information assists social workers in providing diverse clients the best care possible. When clinicians utilize sensitivity and interventions that consider the family's cultural beliefs and practices, the family is more satisfied with the treatment, confusion is minimized, and ultimately the treatment is more effective (Zebracki & Stancin, 2009). This approach also promotes social justice as social workers serve as leaders in the advancement of cultural knowledge, sensitivity, and understanding (American Psychological Association, 2000).

By researching the ways in which clinicians view families that hold values that are different from mainstream individualistic values, it may assist clinicians in further understanding what information regarding the youth and family informs their assessments. For this study the meaning of the worldview is the social worker's perception, judgment, or interpretation of families.

Chapter 2

Literature Review

There has been extensive research on the differences between the values of collectivist and individualist societies. In a meta-analytic review, 170 studies on the worldview dimensions of collectivist and individualistic values were analyzed (Oyserman, Koon, & Kemmelmeier 2003). For three centuries researchers have studied the differences between these two worldviews. The two worldviews should not be viewed as opposites but should be understood as worldviews that differ on values the theorists have viewed as most important for people (Kagitcibasi, 1987, 1997; Kwan & Singelis, 1998). Individualism has been explained as a worldview that values individual rights over responsibility, stresses caring for oneself and one's inner circle, appreciates assertiveness and has a heavy concentration on personal autonomy and happiness. A person's identity is shaped by their personal accomplishments (Hofstede, 1980; Oyserman, Koon, & Kemmelmeier 2003; Ghorbani, Bing, Watson, Davison, & LeBreton, 2003; Rudy & Grusec, 2006). Collectivism, on the other hand, is defined as a worldview that values group cohesion, adheres to each member's obligation to the group, compliance is expected, members have a sense of interdependence and inhibit personal pleasure seeking (Oyserman, Koon, & Kemmelmeier 2003; Ghorbani, Bing, Watson, Davison & Lebraton, 2003). A person's importance is directly linked to their role in the group.

Parenting and Cultural Values

Cultural groups have normative expectations regarding how one should exist, that create the characteristic values that are described in collectivist or individualistic societies. These expectations are taught to the children by their parents and other elders.

Families “are not neutral; they come packaged with values about what is natural, mature, morally right, or aesthetically pleasing” (Miller, & Goodnow, 1995, p.6). These values become practices that shape the culture’s and individual’s identities. Various researchers have concluded that parents model important values, represent appropriate ways of being and thinking, and act as a guide for relationships for their children (Tamis, LeMonda, Way, & Hughes, 2008).

Parents are informed by their cultures on how they should care for and parent their child (Imamoglu & Karakitapoglu-Aygün2, 2007). This includes how they should nurture their children and how they should punish them. Cultural values also impact how the child views their parents. In particular these values also influence how close or apart children view themselves in relationship to their parents. The culture that a person resides in elucidates values that place expectations on the parent and child relationship. Society then uses these guidelines and standards to assess if the interaction is on track.

Collectivistic Versus Individualistic Parenting?

Societies such as Turkish, Indian, Latin American, Asian, and Puerto Rican societies adhere to collectivist values, appreciate interdependence, and tend to promote greater control over their children than individualistic societies (Chao, 1994; Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Harwood, Miller, & Irrizary, 1995; Kag˘ ic, 1970; Sinha, 1981 as cited in Rudy & Grusec, 2006). Families in collectivistic cultures stress obedience and are more controlling of their children during the child’s social play and mealtime than cultures that adhere to individualistic worldview. This is understandable given that individuals that follow a collectivist worldview learn to inhibit their own personal desires in order to be aware of the needs of others in the group

(Grusec, Rudy, & Martini, 1997).

When mothers in individualistic worldviews maintain psychological control over their children, the control is associated with maladaptive outcomes such as low grades in school and poor self esteem in the children (Rudy & Halgunseth, 2005). This negative correlation has not been found in the group of collectivist mothers.

Stress in Collectivistic Versus Individualistic Cultures?

Individuals from different worldviews interact with stress differently (Ben-Ari & Lavee, 2007). Members in both groups experience social, environmental, and financial hassles. Individuals that adhere to individualist orientation experience more self- related hassles than those with collective orientations. Their collectivist counterparts have more family hassles. Likely increasing their family hassles, members of collectivist societies view family, self, and role related stress as intertwined. Members of collectivist societies seek to fit in to their in-group even if this means constraining their personal desires. The self in this worldview is meaningful by the relationships that the self has and by fitting into those relationships without discord. An individualist experience is most clearly represented by the association between roles and self. The sense of self is found in the full-filament of self- assigned roles and personal objectives that predominate over those of the group (Triandis, 1995a, 1995b).

Psychotherapists and Cultural Understanding?

Social workers in America are reared and educated in a racist and judgmental society that values individualism. As Americans, the values of “life, liberty, and the pursuit of happiness” have been engrained as fundamental rights within social workers since they were children. These values were shaped by individualistic values and are self-

focused. Americans are encouraged to believe that “Folk owe no man anything and hardly expect anything from anybody. They form the habit of thinking of themselves in isolation and imagine that their whole destiny is in their own hands” (De Tocqueville, 1835, p.508). This is in direct contrast to collectivist values and may result in American social workers having stereotypes that impact their view of others and affect their clinical assessments. This may also limit their ability to have a thorough understanding of their client’s cultures when different from their own.

The influence of individualistic values on American clinicians tends to be reflected in their work (Cushman, 1990; Richardson, 1989; Sarason, 1981). The use of individualism in counseling and psychotherapy can appear in formal theory, case conceptualizations, and in specific therapeutic interventions that are offered (Fowers & Tredinnick 1997; Michaels & Blaine, 1997). This individualistic cast of counseling might undermine commitments to anything beyond an individual's more or less durable sense of well being (Bellah, 1985). Counseling and psychotherapy yield aspects of individualism involving business and closeness (Fowers & Tredinnick, 1997). Therapists who are operating under individualist values often insist on bettering the lives of the identified patient and evaluate the progress in individual outcomes. Treatment goals are created based on cost-benefit analyses to determine the best course of action for the client (Fowers & Tredinnick, 1997). Counseling is a business arrangement that is typically organized as a contractual relationship and is highly structured with appointment times, a treatment relationship, and specific time constraints. Counseling also conveys individualistic values by its focus on the inner feelings of the chosen patient and assisting the person to express their emotions openly. The therapist then helps the patient to self-

discovery.

Reviewing psychotherapy through individualistic values such as of self-concept, well-being, attribution style, and relationality one can easily see how in sync psychotherapy and individualistic values are. An individualistic worldview of self-concept entails feeling good about one's personal accomplishments and having many unique and distinctive attitudes and opinions. (Oyserman & Markus, 1993; Triandis, 1995). In regards to well being, a person that adheres to an individualistic worldview, generally values attaining one's personal goals and being emotionally open. An Individualist has a decontextualized sense of self, implying that their judgment and reasoning are oriented towards the self rather than the situation or social context. Individuals with an individualist worldview acknowledge that people need relationships however; unlike collectivist worldview, individualists will leave relationships or groups when the costs outweigh the personal benefits (Oyserman, Coon & Kimmelmeier, 2002). Relationships that individualists have are temporary and less intense than collectivist's relationships because the individual has a personal choice to stay in the relationship and the relationship is not vital for the person's happiness (Oyserman, Coon, & Kimmelmeier, 2002).

Despite the difficulties in cross-cultural work social workers must be dedicated and devoted to becoming competent. Cultural competency involves a genuine passion and commitment to being open and flexible with others and respecting and understanding the differences, yet demonstrating commitment to build upon similarities (Campinha-Bacote, 2008). The professional should have a willingness to learn from patients and others as cultural informants and this process should naturally yield a sense of humility.

A clinician's values are used to shape their professional direction, their behaviors, and how they respond to their client (Engelhardt, 1986; Fondiller, Rosage, & Neuhaus, 1990; Otto Ven Mehring 1961). A social worker and a client mutually influence one another. The client's and social worker's desires, fears, prejudices, and anxieties are present and impact the work and the relationship. These feelings are often experienced by the other person silently and are often understood by clinicians as transference and/or counter-transference (Peres-Foster, 1998). Being culturally competent allows social workers to have an awareness of his/her transference and counter-transference that is elicited when they are working with clients from other cultures. Transference that occurs when working cross-culturally can be understood as a clinician's 'cultural counter-transference' (Peres-Foster, 1998). A clinician's "cultural counter-transference" can be defined as the detached and disconnected substance of the clinician's personal cultural values, professional beliefs, emotional biases about minority groups, and feelings regarding their own racial self identity (Peres-Foster, 1998). All of these are complex and interact with one another.

The biases and judgments a social worker has can influence how the clinician views a youth and family. Therapists from Western cultures tend to judge individualism to be psychologically healthier than collectivism and include goals of individualistic worldview over collectivist worldview in their treatment plans (Kuchel, Fowers & Tredinnick 1997). It is unlikely that these clinicians are aware of this tendency - which is a dilemma - "One of the greatest risks of unacknowledged stereotypes is that rather than being reflected upon, they will be acted out, often in ways that are unconscious but having the potential to wound and harm others" (Miller & Garran, p.96).

Defining Cultural Competency For Social Workers?

According to the authors of the “Indicators for the achievement of the NASW Standards for Cultural Competence in Social Work Practice” cultural competence in social work practice implies a “heightened consciousness of how clients experience their uniqueness and deal with their differences and similarities within a larger social context” (author names, 2007, p. 8). This document is an extension of the *Standards for Cultural Competence in Social Work Practice*, which is based on the policy statement “*Cultural Competence in the Social Work Profession*” published in *Social Work Speaks: NASW Policy Statements* (2000b) and the *NASW Code of Ethics* (2000a). It provides further guidelines for social workers on the execution and comprehension of cultural competent practice, the authors explain that cultural competency is a process and cultural competence is never completed but is instead a lifelong process that social worker’s commit to. Cultural sensitivity involves suggesting treatment that is in alignment with the family’s values (Vega & Lopez, 2001; Zebracki, 2007).

There has been a limited amount of research on how a client’s individualist or collectivist worldviews impact the therapeutic relationship. Previous researchers have explored how values influence fields such as occupational therapy; however, this is a preliminary field of research and has not been explored in psychotherapy (Kuchel, 2000). This research needs to take place in psychotherapy due to clinical error that is based on inaccurate judgments and the strong influence that culture-based values have on the assessment (Kuchel, 2000). Client characteristics, such as values, have been proven to be one of the most influential predictors of clinical bias (Abramoqitz & Dokekci as cited in Kuchel, 2003 p.21). Unfortunately, therapists are not less likely than others to make a

biased judgment regarding individuals that are different from themselves (Gartner, Harmatz, Hohman, Larson, & Gartner, 1990). Clinicians who are ethnocentric and authoritarian are more likely than other clinicians to discriminate against ethnic minorities and lower class patients (Del Gaudio et al, 1976).

Cross-cultural work involves many challenges. Understanding and empathy are critical components of successful clinical practice (Nye, 2006). In order for a clinician to have empathy he/she must be able to understand the person's experience (Kohut, 1984). In her article, Nye, a social psychologist describes an encounter where she observed Suwanrang Dansawan a social worker on the obstetric, gynecology, and pediatric units at Suan Dok hospital in Chiang Mai, Thailand conduct a session with a married couple. Nye acknowledges that she did not understand the language so she relied "on other sources of information, on other cues - body language, gestures, tone, intonation—and on my clinical intuitive skills, my capacity to read affective communication". After the session Nye and Suwanrang 'de-briefed'. They discussed Nye's understandings and misunderstandings and the cultural similarities and differences that had led her to conclusions.

Nye reported multiple misunderstandings and misinterpretations. One notable example of this is the meaning she associated to the wife interrupting her husband, finishing his sentences and responding to question that were meant for him. Suwanrang agreed that this dynamic existed between the couple but associated different meaning to it. Using her western understanding Nye wondered if this communication pattern implied 'distance', 'conflict', and 'tension'. Suwanrang explained that in Thai culture, it was understood that the wife was 'helping' her husband discuss a difficult situation.

In the example provided it is clear that despite seemingly salient education, misunderstanding can still happen when working cross culturally. According to Nye the misunderstandings are valuable and will create a better understanding in the end. This can also be seen as a dilemma because without understanding one cannot have empathy, a cultural misunderstanding could potentially be a true barrier to effective treatment.

Formal Education vs. Field experience

A social worker can expand her cultural competency knowledge skill set through formal education, cross-cultural fieldwork, training licensure, certification programs, consultations, and supervisory experience. Each opportunity has merit.

Formal education can provide a basis for competency and provide a deeper understanding for learners. Through education the clinician will hopefully develop self-awareness and how to distinguish their worldviews and values from those of their clients giving both equal respect (Nakanishi & Rittner, 1992). Formal education can provide the social worker with knowledge regarding the worldview and values of the different culture and give the information of the historical oppression the group of people faced (Laum, 2005).

In addition, fieldwork that involves cross-cultural work can assist students in becoming more culturally competent (Diaz-Lazaro & Cohen, 2001). Cultural competency is more than just learning about the culture and values of a group of people, it also entails understanding how the individuals interact with their culture (Weaver, 2005). The social worker needs to engage with the group of people, listen to them which enhances the social workers ethnic interviewing skills and increase their cross-cultural community encounters (Weaver, 2005; Lum, 2005).

When education and cross-cultural fieldwork are combined a unique and valuable learning process occurs (Weaver, 2005). International field placements in masters of social work programs strive to provide this. The experience allows students to learn more about themselves by comparing and contrasting with other cultural groups and may assist in easing the anxiety that students may have when working cross-culturally (Locke & Faubert, 2003).

Some of the positive themes for the student's professional and personal development include the students opening his/her mind to new ways of thinking; having awareness and insight into one's own values and beliefs; demonstrating social awareness and challenges to societal values and beliefs; having an appreciation of difference, exhibiting cultural sensitivity, and anti-discriminatory practice; valuing social Justice; and increased professional identity development (Lindsey, 2005).

There are struggles with placing students abroad due to the large potential for misunderstandings between members of different cultures. In a preliminary study completed with 16 MSW programs that place students internationally, the majority of schools had concerns regarding their student's cultural understanding and how the lack of understanding could negatively impact the student's experience (Zunz & Oil, 2009). It can be difficult for US citizens to relate to the suffering they see in international field placements, "Unless our student participants in study abroad courses, have themselves suffered the deprivation of human rights, rarely do people from a privileged experience understand the depth of oppression arising from limitations on human rights" (Rotabi, Gammonley & Gamble, 2006, p.455). Students who were placed internationally were struck by the poverty in South Africa and the vast need. The students asked the hosts if

they were frustrated by the slow progress of the change after the apartheid. The hosts responded, 'We are impatient, but life is very different for us now because now we have our dignity' (p.455).

I believe that for the advancement of Social Work and to enhance the professionalism of our field it is imperative to explore with social workers how they demonstrate their cultural understanding and what has led them to this knowledge. Social workers operate under a different set of ethics and values from other clinicians. Social workers should have cross- cultural knowledge and should possess and continue to hone specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expression of individuals they work with (The National Association of Social Worker's ethical standards). The social work profession must devote more time to understanding specifically how one gains culturally competency. What sort of experiences allow a social worker to give the best care possible to individuals that are from different cultural backgrounds?

Chapter 3

Methodology

Study Purpose and Question\

The purpose of this study was to explore if social workers field experience with collectivist families impacts their assessment of a collectivist family, compared to social workers that have never worked with individuals from a collectivist worldviews. I explored how experience and education can inform a social worker's assessment. Social Workers in both groups received an MSW indicating that they have had similar educations. Social workers that had multicultural field experience may have a different assessment and approach to families. My hypothesis was that social workers that have worked with collectivist families have more understanding of the collectivist family's culture. I also hypothesized that social workers that are originally from other countries have fewer personal biases and are more familiar with working with collectivist families. In attempt to answer these questions participants were asked where they are from and were asked to make an assessment of the family that was presented to them in a vignette.

Sample

The nineteen participants for this study were able to read and speak English. The five inclusion criterion for this study were: participants must have their MSW, have 3 years post graduate experience, be working fulltime, in a hospital in the United States and have a specific relationship with clients from a collectivist value system. The participants were asked if they worked with people from collectivist society or not. I am defining 'worked with' as having interactions with individuals from these places in any role as a social worker. Participants of this study all have their MSW. There were 19 social

workers that started the survey. Of those 15 completed the qualitative responses after the vignette and 6 completed the quantitative responses after the vignette. Of the 17 out of the 19 participants defined themselves as Caucasian. One participant defined themselves as African American and the other defined himself/herself as Asian/ Pacific Islander. One of the participants noted that she/he was Hebrew.

The participants ranged in ages from 26-60 years of age. 47.4% of the participants were in the age group of 31-35. All of the participants had their MSW and 2 of the participants had their Ph.D. A large majority of the participants (84.2 %) had (0-5) hours of training or seminars held by professionals about working with 1st generation immigrant population from Africa, Southeast Asia, Middle East, Northern Asia, or India.

Recruitment

I attained the sample by using a snowball recruitment strategy. I contacted The United States Offices of Refugee Resettlement in Washington, D.C. in order to get a list of hospitals that might work with individuals from Africa, Southeast Asia, Middle East, Northern Asia or India (see Appendix I). Unfortunately, a list of this nature does not exist and they were not able to offer any assistance. The survey was also posted on Facebook.com and socialworkcafe.com as well as the link end plea being emailed to personal contacts and professors.

Data Collection Method

I collected data by using a web-based research tool, SurveyMonkey. When they clicked on the SurveyMonkey link participants were brought to a screening page (see Appendix III). If they were eligible for the survey participants then were taken to the informed consent page. After agreeing to the terms of the consent form the participants

by clicking “I agree” participants were first brought to the “participant profile” page (see Appendix V). The participants were then brought to the vignette (see Appendix VI), they were prompted to read the vignette, then click the ‘continue’ button at the bottom of the page, and then answer the questions in the survey (see Appendix VII).

Vignettes have been used in previous research to help researchers explore individualism and collectivism value systems (Kutchel, 2000). In her study “Individualism and Collectivism: A Study of Values and Inferencing in Psychotherapy”, Kuchel used multiple vignettes to answer her research question. Her vignettes were about adult clients. In my research I used one vignette that represented a youth and the youth’s family, which is more applicable to my research question. I have also used my research of collectivist families and my professional experience of individuals with collectivist worldview to shape the vignette.

The qualitative data consisted of the follow up questions that the social workers were given after the vignette. With these questions I attempted to capture the social worker’s first impressions of the case vignette. For instance one question stated, “If you had to describe this youth and family to your clinical supervisor, what words first come to mind”. The next question asked, “If you were this youth’s therapist what areas would you focus on?”. This question asked the social worker to consider what seemed most problematic for the youth and needs to be addressed in therapy.

I also collected quantitative data before and after the vignette. The questions before the vignette were in the participant profile page. The majority of these questions were descriptive and asked about the clinician’s experience. Clinicians were asked what best theoretical orientations describe their therapeutic approach and given nine choices.

The first page after the vignette contained open-ended questions. The participants were then taken to the structured questions and were asked to answer questions using a number scale of 1 to 10 with 1 being ‘not at all’ and 10 being ‘absolutely’. Finally, one of the questions asked the social worker “Did you consider family therapy for this client?”.

Data Analysis

I used qualitative and quantitative methods to analyze the data. I analyzed the demographic data by categorizing the data using descriptive statistics.

The unstructured response was analyzed by coding that allowed me to discover patterns in my data. I summarized the data and compared it to other participant’s responses attempting to find themes and consistencies. I collapsed the themes to make them concise and to represent the essence of the original data (Kutchel, 2000).

Chapter 4

Findings

I wanted to capture a clinician's first response to a case vignette that depicted a youth from a collectivist worldview that was struggling and had been referred for counseling. In the social worker's first responses to the vignette I wanted to see if they considered the child and family's cultural background. Culture should be an immediate observation because it gives insight to the child and family and their background, beliefs, and will impact treatment. The role of family is also different in a collectivist culture than it is in an individualist culture, which is important to consider when building trust with the family and assisting the child.

The major finding was that not all of the participants considered culture. The first question stated, "If you had to describe this youth and family to your clinical supervisor, what are your first and primary concerns for this client". The category to measure culture contained "how culture impacts family, child enculturation issues, and difference between two worldviews". Of the 15 participants only 6 noted this as a primary concern. Of the 17 social workers who completed the survey only 1 social worker noted concerns of cultural counter-transference. Another variable measured was safety concerns. This category contained self-injury not aimed at committing suicide and suicidal ideation, and self-harm that is aimed at committing suicide. Of the 15 participants 7 saw this as an immediate concern making it the theme with the largest number of participants.

The second question that social workers were presented with asked, "If you were this youth's therapist which three areas would you first focus on?". One theme mentioned was Maria's poor view of self. This category contained "self-injury

(cutting/throwing up), poor coping strategies, and depression”. This was noted by 7 of the social workers as an area to first focus on.

Of the 15 social workers 6 of them stated that they would proceed with client centered therapy with Maria, explaining that they would focus on whatever she would like to. Sexual abuse was noted by six of the clinicians to be an area to first focus on.

The theme understanding culture and its impact on the child and family contained 11 categories; “trust building, enculturation, client’s culture, past trauma, difference between worldviews, clinical preparation, cultural understanding, issues with family, issues with peers, and parent trauma”. This was seen as a primary focus for 6 of the social workers.

Chapter 5

Discussion

My study is relevant to social work and the advancement of our profession. According to the authors of “Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice” that is provided by the National Association of Social Work, “Social workers shall function in accordance with the values, ethics, and standards of the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse clients” (NASW, 2007, p. 4). It is important that as social workers continue to provide care to a broad range of clients we review our understanding of cultural competency and make sure that we are providing the best care possible to individuals and families that are from a different value system from mainstream America.

The limited sample and lack of diversity of the participants made it impossible for me to answer my proposed research question. The data collected did provide a small glimpse into the thinking of social workers when they are given a client that adheres to a collectivist worldview. From the thematic analysis I focused on five categories; cultural-counter-transference, culture, client centered therapy, safety, and positive qualities of youth and family.

Cultural-counter-transference is something that all social workers should be aware of when they are working with clients that are cultural diverse from them. None of the participants noted this explicitly. One of the participants stated “Whether the client/family would view me as culturally appropriate”. This participant also added “what I would discuss/present to them”. This makes me speculate that the clinician may be

nervous about engaging with this family and is trying to be thoughtful. This consciousness may assist the clinician in his work by making her/him aware of the dynamics that are unique to the child and family's culture.

One participant noted the need for supervision, "A lot of supervision, processing needed before broaching the issue of sexual assault. Especially in a culture that has strict rules and expectations for the sexual role of woman". It seems that this clinician is considering the differences between the two cultures and how it may impact the child and family's view of the problem. Another clinician in response to the second question seemed equally aware of the difference and how they may impact the treatment "Self-harm; coping strategies; and addressing these issues within the context of the culture of the youth's family system and how it may impact views of therapy, sexual abuse, and adolescent developmental stages". This clinician is also considering that the youth's culture may have a different meaning for these struggles than traditional Western society.

In both questions asked 6 of the 15 participants noted culture in some regard. In response to the first question a social worker responded that they would discuss this youth to their supervisor by stated "The child is walking between two cultures and sets of expectations". Another social worker stated in response to the first question "cultural issues that impact family, religion and social conduct". One clinician shared that they would explain to their supervisor "Conflict between Western notion of separation and individuation vs. Eastern notion of Collectivity". In response to the second question one social worker noted that one of the first areas they would approach was "working with the parents around the challenges she faces balancing her culture with the dominant

culture within which she lives”. Another social worker stated they would first work on “living within 2 cultures”.

These responses indicate that these 6 of the social workers have a “heightened consciousness” on how the client and family’s handle their uniqueness and approach their difference and similarities within the context in which they live (NASW, 2007, p.8) Some of the participants displayed their cultural sensitivity by stating that they would discuss the struggles in a way that was appropriate according to the youth’s culture. (Vega & Lopez, 2001; Zebracki, 2007).

Of the 15 social worker participants 6 indicated that they would first focus on what the youth wanted to concentrate on, essentially doing client-centered therapy. One clinician stated “what are her goals and how they may not be the family goals”. This is intriguing because one of the values of The NASW is that social workers should respect the dignity and worth of a person. This value explains “social workers should treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity” (2007, p.11). By using client-centered therapy with a 1st generation collectivist youth a clinician may not be considering how this could be perceived by the youth and family that operate under a different value system from individualism. The child is part of a system, her family. As a youth from a collectivist worldview, how she fits within that system is more important to her than her personal views (Oyserman, Koon, & Kemmelmeier 2003; Ghorbani, Bing, Watson, Davison & Lebraton, 2003). One clinician seemed to blatantly ignore this difference stating that they would first focus on “Clients guilt/dread of disappointing her family”. It is concerning that the clinician views the youth desire to appease her parents as “guilt/dread”. Again this is part of the basic

differences between collectivism and individualism. The child operates under a value system that expects compliance, inhibits personal pleasure seeking, and views individuals as being dependent on each other to get their needs met (Oyserman, Koon, & Kemmelmeier, 2003; Ghorbani, Bing, Watson, Davison & Lebraton, 2003). The child's needs are met by allowing them to exist peacefully within this system not by advocating for the child to be an individualist and to get their needs met by ignoring the system. In Individualism worldview personal rights are valued over duties but this is not the case in collectivist worldview (Hofstede, 1980). This will ultimately create further complications within the system, alienating the child from people she needs in order to function.

A theme I had not previously considered was safety concern. The child presented engaged in self-harming behaviors (cutting, throwing up). In mental health professional's assessments, safety is typical one of the first areas we assess. In both questions only 7 of the 15 social workers noted they would present safety concerns to their supervisor.

Of the two questions asked there was only one response that noted something positive about the child and family "bright girl, with invested parents who are struggling with integration". This is very intriguing and makes me speculate that perhaps this is due to cultural-counter transference. As social workers we are always urged to look at the strengths along with the weaknesses. The "Indicators for the Achievement of NASW Standards for Cultural Competence in Social Work Practice" states that social workers should "conduct a comprehensive assessment of client systems in which cultural norms and behaviors are evaluated as strengths and differentiated from problematic or symptomatic behaviors" (NASW, 2007, p. 25). One clinician conceptualized the information given into a problematic concern stating that they would first focus on the

“safety and the risk of self-harm increasing from this clinician's perspective of "secret of cousins sexual assault." inability for her mother to protect her from this”. This clinician blames the mother for the child’s sexual assault. This view will negatively impact the ability of the clinician to create a trusting relationship with the youth and family. The clinician is also not considering if the family’s culture informed the family of how to deal with the sexual assault, which is why it was kept a “secret”.

Limits

This was a pilot study that focused only on social workers in hospital settings. Other researchers have looked at a professional’s response to a client who is from a society that has collectivist values.

There are many limitations to this study that make it difficult to generalize. I had hoped that the sample would contain social workers that are racially and culturally diverse. I also hoped to have social workers that had various levels of training and represent different ages. My participants are a rather homogeneous group therefore it is not representative of the general public.

Originally I had wanted to have two groups of social workers in order to compare and contrast their data. One group would consist of social workers that had worked with individuals from collectivist societies and the other group would have social workers that had not worked with individuals from collectivist societies. I had hoped to get at least 20 social workers in each group. Unfortunately, due to the small number of participants I was not able to compare and contrast. Also, many social workers did not complete the whole survey.

Another limitation of this design is that the collectivist vignette does not depict all

of the values, norms, and practices of each collectivist culture. It would take multiple vignettes to accomplish this unfortunately due to the time restrictions of the thesis this was not possible for my research. This research is exploring how clinicians respond in general, knowing that they are working with a first generation child and a family from a different country.

Conclusions and Implications

Despite the few number of participants the lack of focus on culture is concerning. For more generalizable results a qualitative research study should be done that allows for clarification and a larger and diverse sample. Descriptive demographic statistics and how the social worker gained cultural competency should be collected in order to compare and contrast between experiences and then assess if there is a more effective way to gain competency. Specifically further researchers should consider looking at if international field placements provide social workers with more cultural competency than social workers that have not had an international field placement. If further research indicates that social workers are not considering culture and its impact on the youth, family, and the treatment then the social work profession should consider how to respond to this by offering more training or experiences that allow for further cultural understanding. Considering that 82.4% of participants in their career had (0-5) hours of training or seminars about working with 1st generation immigrant population from Africa, Southeast Asia, Middle East, Northern Asia, or India, the social work profession needs to make more of an effort to offer training opportunities. Further researchers should also investigate self-harm and other safety concerns in adolescents and how clinician's respond to these behaviors.

References

- American Psychological Association. (2001). *Publication Manual of the American Psychological Association* (5th ed.). Washington, DC: Author
- Allport, G. W. (1954). *The Nature of Prejudice*. Reading, MA: Addison-Wesley.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Billig, M. & Tajfel, H. (1973). Social categorization and similarity in intergroup behavior. *European Journal of Social Psychology*, 3(1), 27-52.
- Campinha-Bacote, J. (2008). Cultural desire: 'caught' or 'taught'? *Advances in Contemporary Transcultural Nursing*, 2nd edn, *Contemporary Nurse*, 28 (1-2): 141-148.
- Cordero, A. (2006). Towards Cultural Competency with a Latino Community: A cross-cultural teaching model. *Journal of Teaching in Social Work*, 28 (1/2), 165-189.
- Cushman, P. (1990). Why the self is empty: Toward a historically situated psychology. *American Psychologist*, 45, 599-611.
- De Tocqueville, A. (1969). *Democracy in America*. Garden City, NY: Anchor Press. (Original work published 1835)
- Devine, P. G. (1989). Stereotypes and prejudice: Their automatic and controlled components. *Journal of Personality and Social Psychology*, 56, 5-18.
- Del Gaudio, A., Stein, L., Ansley, M., & Carpenter, P. (1976). Attitudes of therapists varying in community mental health ideology and democratic values. *Journal of Consulting and Clinical Psychology*, 44(4), 646-655.

- Engelhardt, H.T. (1986). The importance of values in shaping professional direction and Behavior. Occupational therapy education: Target 2000. Proceedings of forum on promoting excellence in education. 39-44. Rockville, MD: The American Occupational Therapy Association.
- Fondiller E. D., Rosage L. J., Neuhaus B. E. (1990). Values influencing clinical reasoning in occupational therapy: An exploratory study. *Occupational Therapy Journal of Research* , 10: 41–55
- Fowers, B. & Tredinnick, M. (1997). Individualism and counseling: An empirical examination of the prevalence of individualistic.. *Counseling & Values*, 41(3), 204.
- Ganzer, C. & Ornstein, E.D. (2002). A sea of trouble: Relational approach to the culturally sensitive treatment of a severely disturbed client. *Clinical Social Work Journal*, 30(2), 127- 144
- Gartner, J., Harmatz, M., Hohmann, A., Larson, D. & Gartner A. (1990). The effect of patient and clinician ideology on clinical judgment: A study of ideological counter transference. *Psychotherapy*, 27, 98-106.
- Ghorbani, N., Bing, M., Watson, P., Kristl Davison, H., & LeBreton, D. (2003). Individualist and collectivist values: evidence of compatibility in Iran and the United States. *Personality & Individual Differences*, 35(2), 431
- Ho, D. Y. F. (1985). Cultural values and professional issues in clinical psychology: Implications from the Hong Kong experience. *American Psychologist*, 40, 1212-1218.

- Hofstede, G. (1980). *Culture's consequences*. Beverly Hills, CA: Sage.
- Hofstede, G. (1983). National cultures revisited. *Behavior Science Research*, 18, 285–305.
- Howard, J., & Rothbart, M. (1980). Social categorization and memory for in-group and out-group behavior. *Journal of Personality and Social Psychology*, 38(2), 301-310.
- Imamoğlu, E., & Karakitapoğlu-Aygün, Z. (2007). Relatedness of identities and emotional closeness with parents across and within cultures. *Asian Journal of Social Psychology*, 10(3), 145-161.
- Kagitcibasi, C. (1987). Individual and group loyalties: Are they compatible? In C. Kagitcibasi (Ed.), *Growth and progress in cross-cultural psychology*. Lisse, the Netherlands: Swets & Zeitlinger.
- Kagitcibasi, C. (1997). Individualism and Collectivism. In J. W. Berry, M. H. Segall, & C. Kagitcibasi (Eds.), *Handbook of cross-cultural psychology: Vol. 3. Social Behavior and Applications* (pp. 1– 49). Boston: Allyn & Bacon.
- Kanahara, S. (2006). A Review of the Definitions of Stereotype and a Proposal for a Progressional Model. *Individual Differences Research*, 4(5), 306-321.
- Kuchel, Suzanne. (2000). Individualism and Collectivism: A Study of Values and Inferencing in Psychotherapy. Philosophy Dissertation. National Library of Canada. McGill University.
- Kohut, H. (1984). *How does analysis cure?* Chicago: University of Chicago Press.
- Kwan, V. S. Y., & Singelis, T. M. (1998). *Pancultural explanations for life satisfaction: Adding relationship harmony to self-esteem*. Paper presented at the Stanford Mini-Conference on Cultural Psychology, Palo Alto, CA.

- Lindsey, E. (2005). Study Abroad and Values Development in Social Work Students. *Journal of Social Work Education*, 41(2), 229-249.
- Locke, D. C. & Faubert, M. (2003). Cultural considerations in counselor training and supervision. In J. McFadden & F. D. Harper (Eds.), *Culture and counseling: New approaches* (pp. 324-338). Boston: Allyn & Bacon.
- Lum, D. (2005). *Culturally competence, practice stages and client systems: A case study approach*. Belmont, CA: Brooks/Cole.
- Lutz, C. (1988). *Unnatural emotions: everyday sentiments on a Micronesian atoll and their challenge to western theory*, Chicago: University of Chicago Press.
- Macrae, C. N., Stangor, C., & Milne, A. B. (1994). Activating social stereotypes: A functional analysis. *Journal of Experimental Social Psychology*, 30, 370-389.
- Miller, J. & Garran, A. M. (2008). *Racism in the United States: Implications for the helping professions*. Belmont, CA: Thomson Brooks/Cole
- Miller, P. & Goodnow, J. J. (1995). Cultural practices: Toward an integration of culture and development. In J. Goodenow, P. Miller, & F. Kessel (Eds.), *Cultural practices as contexts for development* (1-15). San Francisco : Jossey Bass.
- Nakanishi, M., & Rittner, B. (1992). The Inclusionary Cultural Model. *Journal of Social Work Education*, 28(1), 27-35.

- National Association of Social Workers (2007), Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice, NASW, Washington D.C
- Nye, C. (2006). Understanding and misunderstanding in cross-cultural practice: further conversations with Suwanrang. *Clinical Social Work Journal*, 34(3), 303-317.
- O'Sullivan, M. J., Peterson, P. D., Cox, G. B., & Kirkeby, J. (1989). Ethnic populations: Community services ten years later. *American Journal of Community Psychology*, 17(1), 17-30.
- Oyserman, D., Coon, H., & Kemmelmeier, M. (2002). Rethinking individualism and collectivism: Evaluation of theoretical assumptions and meta-Analyses. *Psychological Bulletin*, 128, 3-72.
- Perez-Foster, R. (1998). The clinician's cultural countertransference: The psychodynamics of culturally competent practice. *Clinical Social Work Journal*, 26 (3), 253-271.
- Richardson, F. C. (1989). Freedom and commitment in modern psychotherapy. *Journal of Integrative and Eclectic Psychotherapy*, 8, 303-319.
- Rotabi, K., Gammonley, D., & Gamble, D. (2006). Ethical guidelines for study abroad: can we transform ugly Americans into engaged global citizens?. *The British Journal of Social Work*, 36(3), 451-465.
- Rudy, D., & Grusec, J. (2006). Authoritarian Parenting in Individualist and Collectivist Groups: Associations With Maternal Emotion and Cognition and Children's Self-Esteem. *Journal of Family Psychology*, 20(1), 68-78.

- Sarason, S. B. (1981). *Psychology misdirected*. New York: Free Press
- Schoenber, N. & Ravdal, H. (2000). Using Vignettes in Awareness and Attitudinal Research. *International Journal Social Research Methodology* , 3, 63-74.
- Tamis-LeMonda, C., Way, N., Hughes, D., Yoshikawa, H., Kalman, R., & Niwa, E. (2008). Parents' Goals for Children: The Dynamic Coexistence of Individualism and Collectivism in Cultures and Individuals. *Social Development*, 17(1), 183-209.
- Triandis, H. C. (1995). The psychological measurement of cultural syndromes. *American Psychologist*, 51, 407-415.
- Triandis, H. C., & Gelfand, M. J. (1998). Converging measurement of horizontal and vertical individualism and collectivism. *Journal of Personality and Social Psychology*, 74, 118-128.
- Tredinnick, M., & Fowers, B. (1999). Individualism and psychotherapy: Are psychologists leading or following individualistic trends?. *Counselling Psychology Quarterly*, 12(3), 303-313.
- Vega, W. & Lopez, S. (2001). Priority issues in Latino mental health services research. *Mental Health Services Research*, 3(4), 189-200.
- Von Mehring, O. (1961). *A grammar of human values*. Pittsburgh: University of Pittsburgh Press.
- Zebracki, K. and Stancin, T. (2007). Cultural considerations in facilitating coping to a father's illness and bereavement in a Latino child. *Clinical Case Studies*, 6(3), 3 – 16.

Zunz, S., & Oil, K. (2009). A preliminary look at international students in MSW Field Placements at Nonurban U. S. campuses. *Journal of Social Work Education*, 45(1), 131-137.

Weaver, H. (2005). *Exploration in cultural competence: Journeys in four directions*. Belmont, CA: Brooks/Cole.

Williams, B. (2003). The worldview dimensions of individualism and collectivism: Implications for counseling. *Journal of Counseling and Development*, 81, 370-374.

Appendix I: Email to office of Refugee Resettlement

Dear Office of Refugee Resettlement;

My name is Theresa Cary. I am currently an MSW candidate at Smith School of Social Work in Northampton, MA. I am interested in exploring if experience working with different cultures impacts the clinical assessment of social workers. In my research I wish to compare and contrast social workers that have worked with individuals from a different cultural worldview to a social workers that have not worked with individuals from a collectivist worldview. The research is being used for my MSW thesis, publications, and presentation purposes.

I am seeking social workers that are working in a hospital in the United States as participants for this study. The five inclusion criterion for the proposed study are: participants must have a MSW, have 5 years post graduate experience, be working fulltime, in a hospital in the United States and have a specific relationship with collectivist clients. The two groups will vary in this way: one group will have a caseload consisting more than 50% of 1st generation immigrants that adhere to collectivist worldview and the second group will contain social workers that have not worked with individuals from collectivist worldviews. I am defining 'worked with' as having therapeutic interactions with individuals from these places in any role as a social worker. I hope that the findings generated from studies such as this one will improve the quality of training offered to social workers, as well as the services we deliver as mental health professionals.

I am hoping that you will kindly assist me in my research by providing me with a list of hospitals where refugees are typically re-settled in the United States. I would

greatly appreciate your assistance.

Best Regards,

Theresa Cary, MSW candidate

Appendix II: Email to potential participants

Hello,

I hope this email finds you well. I am emailing you to ask for your assistance with my current research. I am currently a MSW candidate at Smith School of Social Work in Northampton, MA. I am interested in exploring if having experience working with different cultures impacts a social worker's clinical assessment. In my research, I wish to compare and contrast social workers that have worked with individuals from a different cultural worldview to social workers that have not worked with individuals from a collectivist worldview. The research is being used for my MSW thesis, publications, and presentation purposes.

If you are a hospital social worker with more than 5 years post MSW experience then you might be eligible for an interesting online survey regarding social workers clinical assessments and cultural competency. I am seeking individuals that are racially and culturally diverse as well as individuals from dominant culture. Participants who complete the survey will be eligible for a drawing for three, \$50 Amazon.com gift certificate. After completing the survey participants will be encouraged to click on a link to a new survey monkey page where participants will be enrolled to take part in drawing for the gift certificate. This survey is in no way linked to the first survey ensuring that their names will not be linked to the responses to the first survey.

If you do not meet the inclusion criteria I would appreciate you forwarding this email on to your co-workers and friends that may fit into the inclusion criteria. Thank you for your time and assistance. Below is the link from monkey survey to begin the study.

The survey will take between 30-40 minutes. If you have questions, please contact

me at tcary@smith.edu

Your participation is Greatly Appreciated!!

Best Regards,

Theresa Cary, MSW candidate

Appendix III- Screening Page

Please answer yes/no to all questions:

1. Do you have your MSW? _____ Yes _____ No
2. Do you have 5 years post graduate experience? _____ Yes _____ No
3. Are you currently working in a hospital in the United States? _____ Yes _____ No
4. Are you currently working full time? _____ Yes _____ No

If you responded 'Yes' to questions 1-4 then you are eligible to take part in this study! .

Please click below to be taken to the consent form. Your participation is greatly appreciated

Appendix IV: Informed Consent

PLEASE Click in the link below to enter the survey IF YOU AGREE TO PARTICIPATE IN THIS STUDY ONCE YOU HAVE READ THE FOLLOWING

Dear Potential Participant,

My name is Theresa Cary. I am currently an MSW candidate at Smith School of Social Work. I am interested in exploring if experience working with different cultures impacts the clinical assessment of social workers. In my research I wish to compare and contrast social workers that have worked with individuals from a different cultural worldview to a social workers that have not worked with individuals from a collectivist worldview. The research is being used for my MSW thesis, publications, and presentation purposes.

I hope that the findings generated from studies such as this one will improve the quality of training offered to social workers, as well as the services we deliver as mental health professionals. The vignette or questions may cause some emotional distress or discomfort to participants. All participants who complete the survey will be eligible for a drawing for one of five, \$ 25 Amazon.com gift certificates. All participants may also benefit professionally from this survey, as it is research that is aimed at understanding the clinical assessment process. A better understanding of this will lead to more culturally competent services to the individuals we serve as social workers.

Your participation in this study is voluntary. Thank you in advance for your honesty and openness in responding to the questions in the survey. Your answers will be as anonymous. The information you share in the lottery survey will in no way be linked to the primary survey. In that case your information will be held confidentiality until the

Amazon.com certificates are rewarded and then that information will be destroyed. In publication or presentation the data will be presented as a whole. When brief illustrative quotes or vignettes are used, they will be carefully disguised. This primary survey data will be kept secure for a minimum of three years and will then be destroyed as required by Federal regulations.

This survey will take between 30-40 minutes to complete. Although I would appreciate it if you could complete this questionnaire, you are free to stop participating in this study at any time for whatever reason. If you do not finish the survey, then your data will not be submitted or saved, and you will have withdrawn. Due to the anonymous nature of participants, unfortunately there will be no way to withdraw your data once you hit the submit button. You can also decline to answer any question(s) you wish.

If you have decided to participate in this study, please check “I agree” below. If you have any concerns about your rights or any aspect of this study, I encourage you to call the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974. You are also free to contact me via email with any questions or concerns at Theresa.cary@smith.edu. Please print this consent form for your personal records.

Thank you for your cooperation,

Theresa Cary

MSW Candidate

* By checking “I agree” below you are indicating that you have read and understand the information above and that you have had an opportunity to ask questions about the study, your participations, and your rights and that you agree to participate in the study.

I Agree

Appendix V: Participant Profile

Please fill out every question, thank you for your help!

1. Do you have a caseload consisting more than 50% of 1st immigrant population from Africa, Southeast Asia Middle East, Northern Asia or India that adhere to collectivist worldview?

_____ Yes _____ No

2. How old are you _____ years old

3. Are you a Licensed MSW level social worker? (Please check one)

___ Yes _____ No

a. If yes, how many years have you been a licensed clinician?

_____ Years

4. Do you have any other specialized training?

5. How do you identify your ethnicity/race (please pick the one that best applies)

a. Caucasian

b. African American

c. Hispanic/Latino/a

d. Asian/Pacific Islander

e. Native American

f. Biracial: _____

g. Multiracial: _____

6. What is your highest degree?
- MSW
 - Ph.D.
7. How much training (seminars held by professionals) have you had in the past years (in hours) in working with 1st generation immigrant population that adheres to a collectivist worldview? _____
8. How much training (seminars held by professionals) have you had in your career (please estimate in hours for comparison purposes) working in a western hospital with 1st generation immigrant population from Africa, Southeast Asia, Middle East, Northern Asia or India? _____ Hours
9. What percentage of your client load over the past 12 months has been made up of clients who are 1st generation immigrants from Africa, Southeast Asia, Middle East, Northern Asia or India that adhere to a collectivist worldview?
_____ %
10. Have you ever lived in a collectivist society (eg. Africa, Southeast Asia, Middle East, Northern Asia or India).
____ Yes ____ No
If so, approximately how long?

Appendix VI: Vignette

Maria

Maria is a 16-year-old African female who lives with her parents in a suburban town in America. Her family came to America from Somali five years ago. She presented to the hospital with the following complaint: "I'm not happy with myself". Maria currently engages in self-harming behavior (ie. Cutting with razor and throwing up). When she was four years old her 10-year-old male cousin, who was living with her family sexually abused her. Her parents or other family members have always cared for her. They shared that they moved to America for the opportunities that it could provide their family. She reports a close but difficult relationship with her family. She frequently gets "annoyed" with her mother but is not able to identify why. She calls her father 'daddy' and her mother 'mommy'. She reports being close with her family (shared her desire to be with them). She is very intelligent and is taking advance classes at the public high school. Her family has reported that she has a bright future and will get married to a young man in their church. Her family and she are active in their church. Her family suggested that the clinician talk to the family priest in order to gain more information on Maria. Maria has shared that she has some friends at school but most people are different then her and her family. She is on the soccer team. Maria is expected to contribute to the family and has multiple responsibilities. Maria reports that her parents tell her whom she is allowed to "hang out with". Maria's family reports that they are concerned by some of the music that Maria listens. They also shared that they do not appreciate how she is disrespectful to them. Maria shared that sometimes when she is extremely upset her mother holds her to comfort her and that it is helpful.

Appendix VII: Follow up to vignette

Please answer these questions immediately after you finish reading the vignette

1. “If you had to describe this youth and family to your clinical supervisor, what are your first and primary concerns for this client?”
2. “If you were this youth’s therapist which three areas would you first focus on?”
 - 1.
 - 2.
 - 3.
3. Using a 1- 10 scale (1- being not at all and 10 being absolutely) please answer the following questions:
 4. Would you choose to work with this client?
 - a. Does culture/race come to mind before any other issue as you read the case?
 - b. From the description provided do you think that you would like to work with this family?
 - c. Did you consider individual therapy for this client?
 - d. Did you consider family therapy for this client?
 - e. Did you consider any community resources that would helpful for this case?
 - f. Would you ask the family if they have supports with in the community that they identify with culturally?
 - g. Did you consider any groups for the family to participate in?
 - h. Did you consider any groups for the child to participate in
 - i. Would you meet with the parents of this child?

- j. Would you meet with the family together?
- k. Did you consider offering language services to the family
- l. Did you consider using an interpreter?
- m. Did you consider offering the family resources to assist them in getting to the hospital?
- n. Did you consider offering the family any financial resources?
5. On a scale 1 to 10 please rate how you view the importance of the child's perspective compared to the parent's perspective for the success of the child's treatment? With 1 being the child's perspective most important and 10 being the parent's perspective most important.

1 2 3 4 5 6 7 8 9 10

(Child's perspective) (Parent's perspective)

If you wish to participate in the drawing for five, \$25 gift certificates to Amazon.com click on the link below.

(Click Here)

Appendix VIII: Drawing for gift certificates

Please fill out the information below to take part in the drawing for five, \$25 gift certificates to Amazon.com

Name: _____

Preferred Address:

Email Address:

Thank you for your participation in this survey!

Have a nice day.

IX Human Subjects Review



Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

December 10, 2009

Theresa Cary

Dear Theresa,

Your second set of revisions has been reviewed and they are complete. We are happy to give final approval to this interesting study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

A handwritten signature in black ink that reads "Ann Hartman".

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: David Burton, Research Advisor