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**DIFFERENCES IN INTERVIEW RESPONSES PROVIDED TO RESEARCHERS
BASED ON THEIR ETHNICITY**

by

Phenice Chapman-Walker

A Thesis

Submitted to the
Department of Educational Services and Leadership
College of Education
In partial fulfillment of the requirement
For the degree of
Master of Arts in School Psychology
at
Rowan University
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Thesis Chair: Terri Allen, Ph.D.

Dedication

I would like to dedicate this thesis to my husband. His constant encouragement, support, and love have made this possible.

Acknowledgment

I'd like to thank Dr. Terri Allen for her help and guidance throughout this process.

Abstract

Phenice Chapman-Walker
DIFFERENCES IN INTERVIEW RESPONSES PROVIDED TO RESEARCHERS
BASED ON THEIR ETHNICITY
2015-2016
Terri Allen, Ph.D.
Master of Arts in School Psychology

Although diversity is an issue often discussed in education, a lack of diversity continues to persist within the research sciences. The purpose of this study was to see if there is a difference in how people respond to an ethnic majority researcher in comparison to an ethnic minority researcher. Parents of pre-school aged children participated in a semi-structured interview about their child. An African-American and a Caucasian researcher interviewed a group of parents from different racial backgrounds randomly assigned to either researcher. Each group's interview responses were compared for the quality and quantity of information provided in order to see if there was a difference depending on similarity of ethnicity between parent and researcher. Results showed no significance in the quality and quantity of responses provided to either researcher and ethnicity appeared to have no bearing on responses.

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Introduction

Need for Study

School psychology is a field which requires diversity. There are ethnic differences between school psychologists and the students with whom they work (Grunewald et al, 2014). Despite the schools becoming increasingly diverse, 9 out of 10 school psychologists were White (Curtis, Castillo, & Gelley, 2012). Ethnic minorities may have feelings of mistrust toward a person who is White, which can cause them to question their motives (Major, Sawyer, & Kuntsman, 2013). This mistrust can inhibit student progress. Research has shown that ethnic minorities are also underrepresented in the sciences (Wong, 2015). Therefore, it is imperative that the field of school psychology be diversified in order to better suit the needs of the students it serves.

Purpose

The purpose of this research study is to investigate the differences in the quality and quantity of information parents will give researchers based on their ethnicity. This study aims to compare parents' interview responses that are given to two researchers of a different ethnicity, and to investigate if there are differences in participant responses. If a difference exists, the study aims to see if it is correlated with researcher and participant ethnicity. Ultimately, the study hopes to show how diversity can assist with the attainment of needed services for individuals from an ethnic minority group.

Hypothesis

There is a difference in the quality and quantity of information provided to a researcher based on the ethnicity of the researcher and the ethnicity of the respondent.

Operational Definitions

The following operational definitions will be used for the purposes of this thesis:

Ethnic minority: "a group of people of a particular race or nationality living in a country or area where most people are from a different race or nationality" (Cambridge English Dictionary, n.d.)

Mistrust: "to have doubts about the honesty of someone or be unable to trust something" (Cambridge English Dictionary, n.d.)

Barrier: "anything used or acting to block someone from going somewhere or from doing something, or to block something from happening" (Cambridge English Dictionary, n.d.)

Underrepresented: "if a type of person or thing is under-represented in a group or organization, there are not enough of them in it" (Cambridge English Dictionary, n.d.)

Institution: "an organization that exists to serve a public purpose such as education or support for people who need help: (Cambridge English Dictionary, n.d.)

Assumptions

The assumptions for this study are that participants will answer all interview questions honestly and will feel comfortable with the researchers.

Limitations

The limitation of this study are that the participant pool is small and limited to a suburban area in southern New Jersey. This demographic may have collective notions regarding ethnicity. To get a true measure of perceptions of ethnic minority researcher participations, a larger, nationwide representative sample would be appropriate which would be a topic for further study.

Summary

This study is part of a larger study regarding the representation of minorities in Early Intervention programs. This present study will seek to interview parents of preschool-aged children. Two researchers of a different ethnicity will give the same interview to participants. Their interview responses will be compared to see if there is a correlation in the quality and quantity of information given based on researcher ethnicity and participant ethnicity. This study seeks to add to ongoing literature expressing the need for diversity in school psychology and other research sciences.

Chapter 2

Literature Review

Overview of Inequities

There are basic services that should be available to all people, regardless of their ethnicity or circumstances. Equal access to health care and education are two of those basic services. There are groups of people that do not have the same access to these services as others. These groups that have been found to not have equal access to these services are ethnic minorities (Lee, Fitzpatrick, & Baik, 2013). In fact, studies show that minorities have fewer procedures done and have a decreased quality of care when compared to their White counterparts (Vogel, 2014). This disparity continues to occur despite the use of evidence-based practices in health care over the past thirty years (Lee, Fitzpatrick, & Baik, 2013).

Not only have minorities struggled with equity in healthcare, they experience large disparities within the institution of education. Sullivan and Bal (2013) found in their research that Black students, as well as the students who receive free/reduced lunch, were significantly more likely to be identified for special education. The overrepresentation of minorities in special education is an issue that the education field has been dealing with for decades. An article by Lloyd Dunn in 1968, spoke on the problem of minority and lower socioeconomic status students being overrepresented in special education then (as cited in Ahram, Fergus, & Nogera, 2011). This issue has become such a problem that the Individuals with Disabilities Education Act (IDEA) was amended in 1997 and 2004 by Congress; these amendments required data to be collected

and monitored to address the disproportionality in special education (Albrecht, Skiba, Losen, Chung, & Middleburg, 2012).

To investigate the disparities in the healthcare and educational institutions, it would be beneficial to understand which barriers exist that prevent minorities from gaining equal access to these services. Some of these barriers include: the lack of adult education literature available for minority health and wellness topics, insurance coverage, beliefs about the medical community, discrimination, and mistrust (Collins & Rocco, 2014). Another barrier for minorities may be the lack of diversity of the healthcare provider. As recently as a few years ago, a mere 6% of practicing doctors were from underrepresented ethnic minority groups (Burgess, Warren, Phelan, Dovidio, & van Ryn, 2010). Minorities may be more likely to go seek healthcare services if the staff were more diverse. Townes, Chavez-Korell, & Cunningham (2009) showed that Afrocentric beliefs, low attitudes of assimilation, and high incidences of mistrust predicted Black patients to prefer a Black counselor. In ten mental health situations, Black patients chose to see a Black counselor. This could be a reason why ethnic minorities do not utilize mental health services as much as Whites (Townes, Chavez-Korell, & Cunningham, 2009).

Minorities having equal access to education has also been a long debated issue even before the famous 1954 Supreme Court case Brown v. Board of Education in ("Background – Mendez v. Westminster Re-Enactment," n.d.). About eight years before that case, a lesser known federal court case, Mendez v. Westminster, was fought to allow nine-year old daughter Sylvia Mendez, a Mexican-American girl, to attend a California public school which was for 'whites only.' Her family took the issue to court trying to teach their daughter that all humans are equal and have the same rights and freedom

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("Background – Mendez v. Westminster Re-Enactment," n.d.). The family won the court case which led to the desegregation of public schools in California, making it the first state to officially make segregation in the public schools unlawful ("Background – Mendez v. Westminster Re-Enactment," n.d.).

While racial segregation is no longer lawful in United States, there are still forms of segregation in the school system in the United States and abroad (Alpert, 2014). There are still schools internationally that are segregated by race despite the United Nations' attempt to eradicate racial discrimination with the creation of the Convention on the Elimination of All Forms of Racial Discrimination (CERD) (Alpert, 2014). Recent research would argue that a new form of segregation has begun to occur in the United States. This type of segregation would be residential segregation which confines ethnic minority students to attending the schools in their immediate neighborhoods instead of going to one in the district that would be more diversely balanced (Frankenberg, 2013). One could argue that another form of segregation in the United States is within special education itself. Many studies show that minorities are disproportionately identified for special education (Ahram, Fergus, & Noguera, 2011; Maydosz, 2014; Togut, 2011; Albrecht et al., 2012). With minorities overwhelming overrepresented in special education, it could be seen as a new form of segregation fueled by racial discrimination. The reasons aforementioned are only a few barriers to equal access in education and healthcare for minorities as it continues to present itself as an ongoing debated issue.

Perhaps one of the biggest barriers that minorities face in equal access to services is their lack of trust in institutions. Despite several federal initiatives, minorities continue to be underrepresented in clinical research (George, Duran, & Norris, 2014). Although

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African American representation is necessary in clinical research to help promote evidence-based best practices and meeting ethical requirements, African Americans are often underrepresented in trials that test cancer, HIV/AIDS, and cardiovascular disease therapies (Braunstein, Sherber, Schulman, Ding, & Powe, 2008). This underrepresentation poses the question of why do such disparities exist when it comes to equal access to services for racial and ethnic minorities? This chapter seeks to look at these disparities in depth and relate the literature to the importance of this present study that hopes to indicate the need for more diversity in the social sciences.

Minorities and Healthcare

Studies show that minorities are less likely to have access to quality health care and are less likely to ask for medical attention when sick (Collins & Rocco, 2014). However, minorities are at increased risk for mental health problems (Holden et al., 2014). One reason for this can be racism within the mental health system itself (Levin, 2013). While racism is often thought of as a problem in the United States, it also occurs internationally. Heim, Hunter, & Jones (2011) conducted research on how minorities' sense of identity, belonging, and trust correlate with psychological and physical health. The participants in this study were both men and women ages16 and older living in Greater Glasgow, Scotland, United Kingdom. 211 Pakistani, 155 Indian, and 244 African and Caribbean people participated in this study. Researchers interviewed the participants in a public place at a time convenient for the participant in their preferred language for about a half hour while the researchers marked down the participants' answers on a questionnaire form. The results of the study showed that racism could lead to decreased psychological well-being and poorer physical health (Heim, Hunter, & Jones, 2011).

Results determined that increased levels of racism led to diminished psychological well-being in the Indian and Pakistani groups. Conversely, results also showed that although the African and Caribbean group reported having the most experiences of racism, those experiences did not have an effect on their psychological well-being. The researchers believed that this may be due to the African and Caribbean group having a higher baseline of racism experiences and therefore being less sensitive to them. The results from this study suggest that experiences from perceived racism have a direct effect on psychological and physical health (Heim, et al., 2011).

Another recent study also researched the stress from perceived racism in the United States. Anderson (2013) conducted a study to test her two hypotheses using the social stress model. Her first hypothesis was that racial minorities will likely experience more symptoms of stress physically and emotionally than whites due to racially-biased treatment, and her second hypothesis was that stress from perceived racist experiences will lead to overall poorer physical and mental health (Anderson, 2013). She used the 2004 Behavioral Risk Factor Surveillance System (BRFSS) to measure the effect of racism on health because she thought the seven states which were used that year (Arkansas, Colorado, Delaware, Mississippi, Rhode Island, South Carolina, and Wisconsin) would be a sample that could be comparable to a representation in the United States (Anderson, 2013). The ethnicities in this study were based on the United States Census categories and were grouped as White, Black, Hispanic, and Other. The Other category included Asians, Alaskan Natives or Native Americans, Pacific Islanders, multi-racial individuals, and those who marked "other." Results found that all of the racial and ethnic minority groups experienced more physical and emotional stress from perceived

racism with Blacks having the largest percentages, 18.2% for symptoms of emotional

stress, while Whites had 3.5%, and 9.8% experiencing symptoms of physical stress while

Whites had 1.6%. Additionally, the minorities experienced many more days of poor

health physically and mentally (with the exception of Hispanics for physical health)

compared to Whites (Anderson, 2013). Limitations of this study were that it was based

on data that was self-reported, and the survey was limited to racism related stress

symptoms with physical and mental health for the past 30 days. The effects of racism

can build up causing poorer physical and mental health over time (Kwate,

Valdimarsdottir, Guevarra, & Bovbjerg, 2003). With this study, the researcher proved her

hypotheses, with Blacks being the most likely to experience those stress symptoms. She

related her findings to the history of racial discrimination in the United States (Anderson,

2013).

Racial discrimination appears to have a negative effect on health. Blacks have had

a long history of racial discrimination in the United States which many believe that is

something of the past (Miller & Garran, 2007). African Americans however, are not the

only ethnic minority group in America that has suffered medically due to racism. There is

a group of ethnic minorities who have long been the victims of trauma and discrimination

in the United States, even prior to its formation. This ethnic minority group is the

American Indian and Alaska Native peoples (AIAN), who have suffered through

generations of historical trauma (Evans-Campbell, 2008; Whitbeck, Adams, Hoyt, &

Chen, 2004). Historical trauma can be defined as a series of traumatic events that have

psychological and emotional ramifications by a collective group of people for generations

(Brave Heart, 2003). There has been much literature provided about the disparities that

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exist in regards to Native Americans' physical and mental health (Jones, 2006; Sequist, Cullen, & Acton, 2011; Gone & Trimble, 2012; Bauer & Plescia, 2014). Knowing that these disparities in health care exist with ethnic minorities, it is important to use culturally sensitive techniques especially when working with these groups (Goodkind, Gorman, Hess, Parker, & Hough, 2014).

Minorities and Education

In addition to the major disparities in equal access to health care for minorities, problems for these groups continue to exist within the school system both internationally and domestically. Becerra, Merino, & Mellor (2015) conducted a recent qualitative study about the effects of ethnic discrimination on native adolescents in Chile. This study examined the communication between the Mapuche and non-Mapuche students and teachers in three urban high schools in the Araucania Region, Chile. The Mapuche people are the largest group of native Chileans that experiences racial and verbal discrimination and reports a high level of poverty (Becerra et al., 2015). The participants for this study included 80 students and teachers with the 30 students equally split between two groups, Mapuche and non-Mapuche. Each student participated in an audiotaped interview and the teachers participated in focus groups. The data was gathered and coded into four groups of perceived discrimination: verbal, behavioral, institutional, and macro-level. The results showed that the ethnic discrimination of Mapuche students occurs from both their peers and teachers. This includes teachers making comments that make the Mapuche feel inferior, having low academic expectations for the Mapuche, and students teasing them on a daily basis. These forms of discrimination attributed to negative characteristics in the Mapuche students including lower self-esteem and lower academic

self-concept (Becerra et al., 2015). The authors concluded that schools and authorities need to support the culture of the indigenous peoples and train teachers to have a better understanding of multiculturalism which could lead to the betterment of the academic performance and cultural well-being for native Chileans (Becerra et al., 2015). This study further proves that the teacher expectation of students is important and can have an effect on student performance (van den Bergh, Denessen, Hornstra, Voeten, & Holland, 2010; Sirota & Bailey, 2009; Prieto-Flores, & Feu, 2015). Racial discrimination and low teacher expectations in schools contribute to poorer academic outcomes for minority students, which is a barrier to equal access to education. In the United States, there continues to be disparities with ethnic minority students academically (Faitar & Faitar, 2012) and socially (Voight, Hanson, O'Malley, & Adekanye, 2015).

Special education, in particular, is a highly debated issue when it comes to ethnic minorities. Some studies find that there are too many ethnic minorities placed into special education (Artiles, Kozleski, Trent, Osher, & Ortiz, 2010; Ford, 2012; Raines, Dever, Kamphaus, & Roach, 2012). Recent research addresses the underrepresentation of minorities in gifted and talented programs (Erwin & Worrell, 2012; Hopkins & Garrett, 2010; Peters & Gentry, 2012). With the ever increasing diverse school system, ethnicity is only one factor that can indicate minority status. Data also exists that includes strategies to better facilitate academic success for culturally and linguistically diverse learners (CLD) in schools (Cartledge & Kourea, 2008; Murry, 2012). While most researchers agree that there are disproportionality issues with minorities in education, their research differs as to which parts of education holds the problems. A solution to this disparity in every facet of education is essential. Schools are becoming increasingly

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diverse; therefore, it is important that professionals be culturally competent when working with minorities.

Minorities and Mistrust

Due to the history of minority oppression and discrimination, minorities may mistrust researchers and the institution itself from which they come. In a quantitative review of literature, Whaley (2001) discussed African Americans' cultural mistrust which extends not only to mental health institutions but has broader implications as well. In order to gain a better understanding of the implications of this mistrust, it is important to define and identify the areas in which cultural mistrust is likely to occur. Terrell and Terrell (as cited in Chandler, 2010) thought of cultural mistrust as African Americans' propensity to be less trustful of Whites which can occur in a work/business environment, political and legal systems, interpersonal and social settings, and in educational and training systems.

This mistrust is not without warrant. It may even be beneficial for minorities to have this mistrust. Bell and Tracey (2006) examined the relationship between cultural mistrust and psychological health. The participants in this study were 125 African American students at a large, predominantly White, university in the Midwest. The participants' ages ranged from 18 to 27 and were a mix of freshmen through graduate level students. The students were mailed an information packet with an introductory letter, a demographic questionnaire, a survey that included all questions from the Cultural Mistrust Inventory (CMI), the Scale of Cultural Mistrust (SCM), the Million Clinical Multiaxial Inventory Paranoia Scale (MCMI-PA), Brief Symptom Inventory, (BSI), and

the Satisfaction with Life Scale (SWLS), and a reply envelope to return the surveys. The results showed that both low and high levels of trusting White people are not helpful in terms of psychological well-being. According to the results of their study, it is more beneficial to an ethnic minority's psychological well-being to have a moderate level of mistrust than to either trust too much or too little (Bell & Tracey, 2006).

Many feel that racism and discrimination is a thing of the past, and that ethnic minorities have no need to mistrust. However, racial repression and oppression, is not solely a thing of the past, it continues into present day (Chandler, 2010). Miller & Garran (2007) discuss the manifestations of institutional racism for ethnic minorities and the various types which include: residential, educational, environmental and health, employment, and mental health. According to the authors, institutional racism is still very prevalent in society, though many Whites feel that it something of the past and pertains only to an individual's attitudes rather than a deeply set reality to ethnic minorities (Miller & Garran, 2007).

There are many documented incidents in which minorities have been misled in regards to research. Scharff et al. (2010) conducted a qualitative study about the rates of participation in medical research in Blacks. Blacks do not participate in research studies as frequently as Whites. Although there were several reasons that attributed to this low participation rate including socioeconomic factors, study design, and logistics, levels of mistrust in academic and research institutions were the most compelling. The Tuskegee syphilis study which is infamous for its deceit and extended maltreatment of African Americans is also mentioned in this article (Scharff et al., 2010). The authors note that although the Tuskegee study is well known, the mistreatment of minorities and unethical

research practices with minority subjects have occurred for hundreds of years. The history of unethical research practices with Blacks as recent as twenty-five years ago is also discussed, and the authors believe that this could also be the reason why many Blacks still do not trust clinical investigators (Scharff et al., 2010).

The participants in this study were a sample of 70 Black adults who lived in an urban area that participated in one of 11 homogenous focus groups categorized by either previous or present research participation, age, or gender. The focus groups members participated in an audio-taped interview for an hour and a half about the three topics regarding participation in research: barriers, facilitators, and recommendations to increase participation, which were designed in a conversational format to boost participation. Every person was given a $25 voucher to buy groceries. The results of this study were multifold. The barriers to research participation provided by the focus groups included the following: researcher and health care system mistrust, fear, a lack of information, and convenience. The participants expressed negative feelings about the term "medical research" and every focus group associated it with being a "guinea pig" (Scharff et al., 2010). The researchers found that the Black people in their study, regardless of the socioeconomic status, had a strong mistrust of the health care system referring to the Tuskegee syphilis study in every focus group. The researchers cited the profound impact that the study had made and that has continued to last for generations. Some of the beliefs that the participants held about Tuskegee, however were incorrect. Many participants believed that the federal government infected the men with the syphilis virus and then withheld treatment. Although this is incorrect, the many in Black community, believe this to be a fact, which also creates a mistrust of the federal government in

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addition to the health care system (Scharff et al., 2010). The researchers found that many people in their study attribute their mistrust and lack of research participation to historical events, current discrimination and disrespect, and the withholding of research study information from participants. Based on the results of this study, the authors recommend the implementation of community-based participatory research (CBPR) principles, which employ the use of community advisor boards, a stronger researcher engagement in the community, clear communication from researchers on research findings, and the encouragement of minorities to pursue science, can help increase participation in research (Scharff et al., 2010).

This mistrust is something not only firmly held by adults, but it is passed down to minority children as well. Terrell, Daniloff, Garden, Flint-Shaw, and Flowers (2001) conducted a study to see if black children will perform differently on a conversational language sample analysis based on the examiner's ethnicity and their level of mistrust. Twenty-five black six and seven year olds in grades K-2 from an all-black private school in Texas were the participants. Prior to the language samples, students were given the Terrell and Terrell (1996) Cultural Mistrust Inventory for Children which assesses the extent in which they trust whites in a variety of situations. The children were then placed into two groups, a high bias and a low bias. They were randomly assigned to two examiners, one white and the other black with the same practicum experiences. The researchers expected that the children with high cultural mistrust would have demonstrate the best language performance with the black examiner, however their hypothesis was not proven. The researchers believe that the private school environment which reduced ethnic stereotyping and cultivated a trustworthy relationship for those coming in to work

with the students attributed to not finding a difference in the language testing (Terrell et al., 2001).

Although many studies highlight the mistrust that the Black community holds against institutions, it is essential that this mistrust is not simply a Black and White issue. There are many other racial and ethnic minorities that also have mistrust of the majority due to the nature of discrimination they have faced. American Indians are another ethnic minority group that has historically been oppressed and mistreated by the ethnic majority since the start of colonization with subsequent modern day mistrust of research and the federal government. Pacheco et al. (2013) offer historical background of the Native Americans to illustrate the reasons for mistrust in this ethnic minority group. These reasons include ethnocide, genocide, the forced removal from their lands into unknown territories, and the outlawing of native traditions. These Native Americans were subjected to a "Termination" period between 1946 and 1964, in which the federal government ended the sovereign status of the tribal nations. During this time, all government programs ended, tribal lands were transferred, and tribal control was revoked (Pacheco et al., 2013). From 1973-1976, over 3,000 American Indian women ages 15-44 were sterilized unwillingly with consent given under duress or not given at all. The Center for American Indian Community Health uses CBPR to address the health disparities that American Indians face (Pacheco et al., 2013).

The authors also discuss a recent study that attributes to a modern day lack of trust in Native Americans with research and the federal government. This study is called the Havasupai "Diabetes Project" and the authors compare this study to the aforementioned Tuskegee experiment (Pacheco et al., 2013). Two researchers from

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Arizona State University began collecting blood samples from Havasupai tribe members under the auspices of solely using the samples for diabetes research. The written consent forms, though, in 1990 said that behavioral and medical disorders were the reasons for the research (Pacheco et al., 2013). From 1991 to 1994, the researchers gained oral consent and told over 200 participants that the samples would only be used for diabetes research, which was the first time the tribe permitted members to use their blood for a research project as the Havasupai view blood as having great cultural and spiritual value (Pacheco et al., 2013). Years later it came to the Havasupai tribe's attention that their blood samples were used for research in schizophrenia, inbreeding, and population migration theories, which were not for the research for which they had agreed, diabetes research. The Havasupai filed a law suit against the Arizona State University Board of Regents in 2004, and in 2010, the matter was settled with Board or Regents having to pay $700,00 to tribal members, return the remaining blood samples, and give the Havasupai any information regarding the unwarranted research. Because the Havasupai believe that one cannot move on to the next world without being buried with all of their belongings, it was important that the blood be returned (Pacheco et al., 2013). These studies echo the findings of similar studies which confirm that historical treatment of ethnic minorities plays a large role in their present day mistrust (Alvidrez & Arean, 2002; Freimuth et al., 2001; James, McGlone West, & Madrid, 2013). Therefore, it is important to endorse diversity in higher education and research by encouraging and recruiting racial and ethnic minorities to continue their education in the sciences.

Need for Diversity

As ethnic minorities are underrepresented in gifted and talented programs in schools (Ramos, 2010), they are similarly underrepresented in the research sciences (Hrabowski III, 2011). This rings true both in the United States and abroad (Wong, 2015). Kameny et al. (2014) completed a qualitative study examining the obstacles that minorities encounter in the behavioral sciences. Underrepresented minorities are met with institutional challenges including the high rates of minority employee turnover, the inability to retain and recruit minority faculty members, the lack of promoting the contributions of historically oppressed groups in research (Kameny et al., 2014). Minorities face cultural barriers such as gender and ethnic bias as they pertain to hiring and salary designations in the workforce. Other cultural barriers include an individual being the only member of a minority group increasing the pressure to validate their merit to others, a lack of cultural sensitivity in academia, and a reduced possibility of being awarded a research grant (Kameny et al., 2014). This study included 49 participants who were a part of a larger study that investigated the effectiveness of a conference for the career improvement of researchers from diverse backgrounds. People who chose the race option of "White" were excluded from the final data which reported 43 participants. The participants were given an online questionnaire about their career growth before the conference. The open-ended questions for this current study inquired about the participants' personal and professional barriers that they have faced, if the participants believed that they have faced career barriers due to gender and race or ethnicity (Kameny et al., 2014). The participants' responses were coded for qualitative analysis. The results of this study found that minority researchers do encounter institutional, cultural, personal,

and skills barriers in the workplace. Institutional barriers such as inadequate mentoring, insufficient support of research endeavors, and politics in the workplace, proved to be the most prevalent for participants in this study. The researchers believe that career counselors can use these findings to inform ethnic minority students of these barriers that exist in the science occupations (Kameny et al., 2014).

As previously stated, African American children are disproportionately overrepresented in special education in the United States school system (Shealey & Lue, 2006). Contrariwise to these findings, there is a marked underrepresentation of African American professionals in the education field. A mere 7% of teachers in America are African American. Furthermore, African Americans comprise only 3.9% of school psychologists nationwide (Proctor & Truscott, 2013). This is a cause for concern because studies show that cultural mistrust may be a strong deterrent for ethnic minorities to seek psychological help from White counselors (Nickerson, Helms, & Terrell, 1994; Townes et al., 2009). Furthermore, ethnic minority children are often not seeing a likeness to themselves represented in the school environment, thus continuing the cycle of disparity in education and the mental health field. With comprehensive awareness of the disparities that continue to exist in institutions, future minority scientists will be more informed and can use the research to promote diversity and equal access for all.

Chapter 3

Methodology

Participants

This study took place in an elementary school in southern New Jersey. Parents of children who have either received Early Intervention services or were classified as preschool disabled voluntarily participated in the study. A total of fourteen parents participated in the study with eleven mothers and three fathers. The participants' children received special education support and services under the classification of pre-school disabled in New Jersey. The participants were randomly assigned into two groups and each group was assigned to one of two researchers. Table 1 displays the ethnicities of the participants.

Table 1

Ethnicities

Participants	*n*
Caucasian	7
African American	4
Hispanic	1
Turkish	1
African	1

Materials

The materials in this study included a tape recorder and a set of interview questions asked by each researcher. The interview questions were designed to find information about the child's background, diagnosis, whether the child received Early Intervention services, and if the parent perceived any barrier to accessing services for their child. See Appendix for the interview questions used in this study.

Design

The design was a mixed method approach that used both qualitative and quantitative analysis to compare the differences in responses each researcher received. Qualitative data was collected from the semi-structured interviews, and quantitative data was determined from the number of utterances provided from the participants' responses. A one-way ANOVA was used to compare the total number of utterances, perceived level of mistrust, and extent of elaboration between each group in this study.

A scale rating of 1-4 was used with 1 representing the lowest amount and 4 representing the highest amount for perceived level of trust, elaboration, and utterances in the interviews. A rating of 1 was assigned for 1-250 utterances, 2 for 250-500 utterances, 3 for 500-750 utterances, and a rating of 4 was assigned for 750-1,000 utterances. Each researcher assigned the participants a number of 1-4 in each of these three categories, and the two groups were compared.

The perceived level of mistrust was measured by the participants' body language, facial expressions, laughter, and the ease of conversation. The participant elaboration was measured by the amount of times the participants' responses became off topic. Responses

that were off topic a minimal amount of times was given the rating of 1 and the highest amounts of off topic responses received a rating of 4. Participant ethnicities and gender were recorded in addition to the scale rating in the aforementioned categories.

Procedure

The Child Study Team at a southern New Jersey elementary school was contacted to have parents of children that are in preschool and receiving special education services to volunteer to participate in a study. Eleven mothers and three fathers volunteered to participate in the study for the opportunity to enter in a drawing to win a $25 VISA gift card. At the start of the study, participants were placed in one of two groups with researchers of different ethnicities designated as interviewers. The participants interviewed with one researcher using the same list of questions to better gain information on the participants' children including strengths, challenges, and attendance in Early Intervention and/or preschool disabled. The interviews were audio-recorded with participant consent and later transcribed for coding. Each interview lasted for a period of ten to twenty minutes. At the conclusion of the interview, audio recordings were transcribed and coded for quantity and quality of participant responses. The quantity of the interview responses was measured by the number of participant utterances. The quality of the interview responses was measured by an examiner rating of perceived level of mistrust and the number of times a participant offered elaboration during a response. The participants' responses were tested against the variables for the differences between the two groups.

Results

A one-way between-groups analysis of variance was conducted to explore the impact of researcher ethnicity on participant utterances, trust, and elaborations. There were no statistically significant differences between group means as determined by one-way ANOVA for any of the dependent variables, utterances: $F(1,12) = .915$, $p = .358$; trust: $F(1,12) = .047$, p = .047; and elaboration: $F(1,12) = .041$, p = .843. Table 1 and Figure 1 are the results of the study.

Table 2

Descriptive Statistics

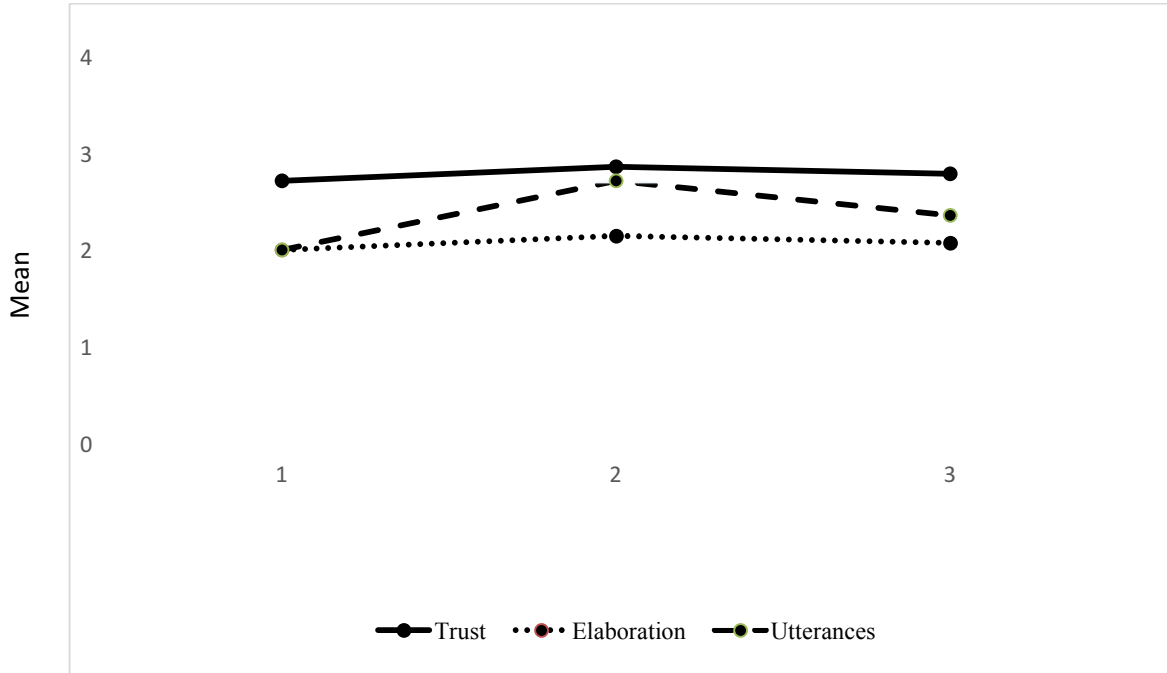|		Sum of Squares	df	Mean Square	F	Sig.
Utterances	Between Groups	1.786	1	1.786	.915	.358
	Within Groups	23.429	12	1.952		
	Total	25.214	13			
Trust	Between Groups	.071	1	.071	.047	.832
	Within Groups	18.286	12	1.524		
	Total	18.357	13			
Elaboration	Between Groups	.071	1	.071	.041	.843
	Within Groups	20.857	12	1.738		
	Total	20.929	13			

Figure 1. Mean score for dependent variables with the total.

Chapter 5

Discussion

Summary

The hypothesis of this study was that there is a difference in the quality and quantity of information provided to a researcher based on the ethnicity of the researcher and the ethnicity of the respondent. The results of this study showed no significance between the information given to a researcher based on ethnicity. Both researchers found similar results with participant utterances, perceived level of mistrust, and elaboration. The sample size may have been too small to accurately represent the difference in responses that an ethnic minority researcher would receive. Another possibility is that since the school district is one that is ethnically and culturally diverse, all parents have past and present experiences working together with people of all ethnicities.

The study appears to be consistent with previous research relating to cultural mistrust, as the research has mixed results. Some studies have found that provider race does not have a bearing on accessing services, while other studies find that it does. A recent study found that cultural mistrust and racism was associated with negative patient satisfaction among African American men (Moore et al., 2013). This can affect an ethnic minority's willingness to seek care when it is needed and follow up on health care advice.

Another study, similar to this one, presents interviews with two mixed-ethnicity groups, one with an African American researcher, and the other with a White researcher. The researchers talked about the stress from traumatic racism with participants in narrative interviews and examined the interviews from each group. The results showed

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that the interviews with the Black researcher and Black participants depicted a sense of mutual understanding and made conversation more comfortable. However, the highest trauma content in racism stories was seen with the White researcher and the Black participants. The results indicated that Black participants may be more trusting and feel more comfortable with a Black researcher (Mizock, Harkins, Ray, & Morant, 2011). An environment's diversity including past and present experiences appear to have a significant effect of the level of the mistrust and access to services of ethnic minorities.

Limitations

One limitation of this study was the small sample size. More participants and a larger variety of participants would perhaps have provided a greater difference in the interview responses. The 14 participants in this study is not a large enough sample to see a marked difference. Along with the small sample size, the ethnicity of the participants was not equally diverse. Of the 14 participants, 50% were Caucasian, 29% African American, and 21% consisted of other ethnicities. Another limitation is that all of the participants had children that attended the same school district and therefore is not reflective sample of the country nor the state. This study was limited to a comparison of three categories: participant utterances, perceived level of mistrust, and elaboration.

Future Directions

As research findings on the effects of cultural is varied, continued research is recommended towards cultural mistrust and diversity recruitment. Mistrust affects ethnic minorities in a variety of areas including, health care, education, and research. Since this study was conducted in one school district in southern New Jersey, future research should

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include a larger sample size to better depict how cultural mistrust affects access to services throughout the country. Research should include how to increase the recruitment and retainment of ethnic minorities in the fields of education and the research sciences.

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Appendix

Interview Questions

1. Please tell us a little bit about your child.

2. What can (child's name) do well?

3. What are (child's name) challenges?

4. Does (child's name) have a diagnosis?

5. Did (child's name) attend Early Intervention?

> A. *If yes*:
>
>> Who/how were you referred you to EI?
>>
>> At which age was your child referred?
>>
>> How long did (child's name) attend EI?
>>
>> Do you have any other children that attended EI?
>
> B. *If no:*
>
>> Were you ever referred to EI? Was it ever suggested? By whom?
>>
>> *If no:* Do you think someone should have referred you to EI?
>>
>> *If yes:* Was your child ever evaluated?
>>
>>> If yes (your child was evaluated) – You already indicated that your child did not receive services. Did your child not end up receiving services because he/she did not qualify or for another reason? If another reason, please tell me more.
>>>
>>> If no (you were referred but your child was not evaluated)
>>>
>>> Why was an evaluation not completed?

6. (Guided by responses to previous questions) – focus on any potential barriers to access to EI services, either because not referred or referred but did not participate.