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Ayesha Rodrigues Sundram  
Coloring in the Margins:  
The Impact of Racial and  
Ethnocultural Identity on the  
Professional Lives of Social Workers  
of Color

### **ABSTRACT**

This exploratory quantitative study examined the impact of racial and ethnocultural identity on the professional lives of social workers of color, focusing on experiences of social workers of color with racism, the influence of racial and ethnocultural identity in cross-cultural clinical work, and the perceived impact of racial and ethnocultural identity on career trajectory and professional experiences. Social workers of color have been and continue to be underrepresented in the population of licensed social workers. In this study, a sample of 86 social workers of color with a Masters in Social Work and two or more years of experience in the field completed an Internet survey. Major findings revealed that racial and ethnocultural identity had significantly influenced the professional work, experiences, and career trajectories of most participants, and the majority had experienced racism in both clinical work and professional interactions. Additionally, a significant number of participants felt that their graduate school curriculum, field supervision, and post-graduate supervision were not responsive to their needs as social workers of color. Study findings suggested that further research regarding the professional experiences of social workers of color is crucial in better understanding how the field of social work can change educational and professional practices to better support the needs of social workers of color.

**COLORING IN THE MARGINS:  
THE IMPACT OF RACIAL AND ETHNOCULTURAL IDENTITY ON  
THE PROFESSIONAL LIVES OF SOCIAL WORKERS OF COLOR**

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

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2012

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## **CHAPTER I**

### **Introduction**

The social work profession has been involved in working with communities of color since the founding of the profession. As a result of the far-reaching and widespread effects of institutionalized classism and racism, immigrants and racial and ethnic minorities have been disproportionately represented in the disenfranchised populations of concern to social workers from the time the profession came into existence. Over the past several decades, the focus of social work has expanded to address other forms of oppression, as reflected in the Code of Ethics of the National Association of Social Workers (NASW) which states that, “Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability” (NASW, 2008). The societal context of social work has changed significantly since the profession was founded, but the pervasive effects of institutionalized racism and classism (among other institutionalized oppressions) endure.

According to a workforce survey conducted by NASW, 85 percent of licensed social workers see clients of color in their practice, making an understanding of race and racism integral to effective practice (2006, p.20). The same survey found that 41 percent of clinical social workers had caseloads comprised of 51 percent or more clients of color. Finally, this survey reported that White clinicians are overrepresented in the population of licensed social

workers (86 percent of licensed social workers are White, as compared to 68 percent of the general population of the United States), and, of the groups reported, Black/African-American, Asian/Pacific Islander, Hispanic/Latino, and Native American/Alaskan social workers were significantly underrepresented (NASW, 2006, p.20). The survey findings suggest that attention to the recruitment of social workers of color and retention of social workers of color already in the field is merited. Further study of the factors that may influence the decision of people of color to enter the field of social work and of dynamics that may cause social workers of color to leave the field is warranted, including an examination of how experiences with racism and discrimination may influence these decisions.

The profession has attempted to acknowledge the possible disconnects in practice caused by these disparities through an ever-evolving discourse about multicultural competence and diversity education. The Council on Social Work Education (CSWE), an organization which has a significant influence on the social work profession through its involvement in governing the policies and practice of social work education in the United States, incorporates ideas of cultural competency and awareness of diversity into their accreditation standards for schools of social work (CSWE, 2008). As a result, various aspects of “diversity education” and teaching “cultural competence” have been explored within the discourse of social work education with increasing frequency since the Council on Social Work Education mandated that schools of social work incorporate material about “people from diverse backgrounds” and “populations at risk” in their curricula in 1994 (CSWE, 2008). More recently, the standards were changed to reflect an expectation that social workers would “gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups” (CSWE, 2008, p.5). The



accreditation standards imply that graduates from schools of social work should acquire the necessary skills and knowledge to work across difference with sensitivity and professionalism.

To the extent that the efficacy of diversity and cultural competence curriculum has been studied, it is largely within the context of examining desired outcomes for White social workers, such as increased knowledge of and comfort dealing with marginalized populations, heightened awareness of White privilege, and understanding of the impact of racism (Blackwell, 2010).

Very few articles specifically address the impact of diversity and cultural competence education on social workers of color, and the educational needs of social workers of color surrounding issues of race and racism have largely remained unexamined (Yan, 2008).

Though there is a plethora of research profiling various ethnocultural and racial groups as client populations, little attention has been given to the influence or impact of ethnocultural or racial identity on the professional experiences of social workers of color. Within the small body of literature examining the dynamics of cross-cultural work, the vast majority explores this in relation to White clinicians working with clients of color. The lack of literature examining the needs of social workers of color is especially troubling given the historic and current underrepresentation of people of color in the field of social work (National Association of Social Workers, 2007).

The purpose of this study is to examine the question: How do social workers of color feel that their racial and ethnocultural identities impact their professional work? Specifically, the intent of this study is to better understand the experiences of social workers of color with race and racism, explore the influence of racial and ethnocultural identity in cross-cultural clinical work, and investigate how ethnocultural and racial identity may impact career trajectory and experiences within the profession. The findings from this study may illustrate the intricate and

nuanced nature of identity and start to address the gaps in existing literature regarding the experiences of social workers of color.

This investigation may yield insight into the complex ways in which ethnocultural and racial identity influences the professional experiences of social workers of color. It may highlight dynamics in cross-cultural clinical work that are unique to social workers of color and reveal shared themes and experiences. It may help to provide a better understanding of the educational needs of social workers of color as related to understanding of race and racism in a professional context and identify resources that social workers of color have found most useful in supporting their professional work. The findings might inspire further research and dialogue within schools of social work and the profession about issues of race and racism. There are significant gaps in the existing body literature about cultural competence, cultural countertransference, and social worker preparation. This study will emphasize the importance of further research and dialogue about the experiences of social workers of color in order to address these gaps.

## **CHAPTER II**

### **Literature Review**

There is a marked scarcity of literature about any aspect of the experiences of social workers of color, and virtually no literature examining the impact of ethnocultural identity on the professional work of social workers of color. This may be attributed in part to the underrepresentation of people of color within the field of social work and a failure of the profession to examine factors that may perpetuate the disparities in ethnocultural representation within the field of social work. Because of this lack of research, this review will draw from relevant bodies of knowledge as they intersect with the research question. First, the conceptual understandings of the terms ‘of color’ and ‘ethnocultural identity’ used in this study will be defined. The remainder of the review will draw from literature in the following areas; (1) cultural competence education as related to social workers of color, (2) racial microaggressions in the professional context, (3) ethnic matching and clinical work, (4) cross-cultural clinical work, (5) cross-cultural supervision, and (6) professional experiences.

#### **Definitions**

This study utilizes the term “people of color” to refer to individuals who do not belong to the non-Hispanic Euro-American dominant group. There is rich diversity of identity and experience within the designation of “people of color.” However, this term is used in this study within the context of resistance, as it has been used to unite disparate oppressed groups and facilitate organizing within communities of color, as it express a sense of solidarity and

commonality based on shared experiences with discrimination, racism and oppression (Wieling & Rastogi, 2004). The use of the term “people of color” is not intended to imply that all non-White individuals constitute a monolithic group, and this study recognizes that there are ethnocultural and racial complexities that are not reflected in this language.

For the purposes of this study, the term “ethnocultural identity” is used to reflect the ways that race, ethnicity, and culture intersect to inform identity. Race is a sociopolitical construct rather than a biological distinction. Given the many ways that internal representations of race collide with culture and ethnicity, paired with the reality that race is not reliably a visually distinguishable trait for many individuals of color, it does not fully capture the way identity is conceptualized in this study. Recent research examining the distinctions between race, ethnicity, and culture indicate that these discourses overlap in the area of lived experience, rendering the practice of attempting to construct distinct identity categories around each construct somewhat irrelevant (Chang & Berk, 2009). This study does not negate that visible representation of ethnicity and race impacts individual experiences. Additionally, ethnocultural identity is only one aspect of the many salient social identities each person holds and is not viewed as the sole defining construct nor the most important.

### **Cultural Competence and Social Workers of Color**

There is a vast amount of literature regarding the concept of ‘cultural competence,’ and a comprehensive review of this literature is beyond the scope of this study. Cultural competence definitions in social work center around the idea that to be culturally competent “means having the beliefs, knowledge, and skills necessary to work effectively with individuals different from one’s self; that cultural competence includes all forms of difference; and that issues of social justice cannot be overlooked” (Krentzman & Townsend, 2008, p. 173). The cultural competence

discourse evolved as an indirect response to the reality that the majority of social workers are White, and often experience challenges caused by lack of knowledge, exposure, or awareness in working with clients of color (Lu, Lum, & Chen, 2001). Though the rhetoric changed over time from “ethnic-sensitive social work practice” to the current cultural competence terminology, the basis for the discussion has remained the same: how to provide White social workers with the skills, knowledge, understanding, and awareness to work effectively and with sensitivity with clients of color. For the purposes of this review, what is salient is how this cultural competence framework, which is reflected in the NASW Code of Ethics and in the curriculum standards for undergraduate and graduate social work programs, impacts the experiences of social workers of color.

Graduate school is the requisite gateway to become a fully licensed independent social worker, and how aspects of cultural competence education are experienced by social workers of color may provide guidance about the efficacy of current curriculum design in meeting the needs of social workers of color. The experiences of students of color in these types of cultural competence courses have remained largely unexamined, and the few extant pieces of literature speak to the potential for students of color to find themselves in roles other than that of student, such as cultural expert, teacher’s aide, and witness to white consciousness-raising (Blackwell, 2010; Daniel, 2007; L. C. Jackson, 1999; Sue, Lin, Torino, Capodilupo, & Rivera, 2009). Within this literature, there is agreement that cultural competence education for students of color should provide safe spaces to examine experiences of internalized racism, institutional racism, negative identity formation, and intersections of oppression as well as examine their racial identity development in relation to the formation of a social work identity (Blackwell, 2010; Miehl, 2001). Whether students of color feel that they obtain these experiences through their

graduate educational programs is currently unknown. This is an important area for further research.

Students of color consistently report experiencing microaggressions in the classroom, often within the context of cultural competence curriculum, and discuss a certain level of ongoing discomfort when topics of race, culture, and ethnicity are addressed (Blackwell, 2010; Daniel, 2007; L. C. Jackson, 1999; Sue et al., 2009). Instructors are often unequipped to establish a holding environment for these discussions and may be ineffective at facilitating respectful and productive dialogue. Some may not be aware that anger, silence, avoidance, and passivity are often reactions by students of color in response to a hostile educational environment (Jackson, 1999). Many students of color in such environments report feeling that the curriculum seems irrelevant to their world view and identity, and cultural isolation within the educational environment exacerbates and intensifies reactions to negative educational experiences, undermining their persistence to continue within the field (Daniel, 2007). Further examination of the institutional environment of social work programs as perceived by students of color is merited, as, if their experiences are indeed characterized by feelings of marginalization, isolation, disempowerment, and silencing as some literature suggests, then changes must be made to better support the educational development of future social workers of color.

### **Racial Microaggressions**

The literature documenting racial microaggressions provides support for the idea that the professional experiences of social workers of color are almost certainly impacted by their ethnocultural identities, at times in ways that may be detrimental or destructive. Racial microaggressions are, “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or

negative racial slights and insults to the target person or group”(Sue et al., 2007, p. 273). Many of the contemporary manifestations of racism in the United States, such as “aversive racism” or “implicit bias,” are difficult to define or identify because of their subtlety in form and content. Sue et al. (2007) argue that true cultural competence requires an ability to understand and recognize racial microaggressions, as they almost inevitably occur in cross-cultural interactions. The existence and prevalence of microaggressions is supported by a small amount of literature and a large amount of anecdotal evidence, and yet they are rarely discussed in preparing clinicians of color to engage in cross-cultural work (Constantine & Sue, 2007; Murphy-Shigematsu, 2010; Sue et al., 2007). There is ample evidence that people of color subjected to recurrent instances of discrimination and racism, many in the form of racial microaggressions, suffer psychological distress as a result (Huynh, Devos, & Dunbar, 2012; Sue et al., 2009). Daily encounters with racial microaggressions are a reality for many social workers of color, requiring further research to understand what coping mechanisms have been effective in mitigating the negative consequences of racial microaggressions.

The National Association of Social Workers (NASW) acknowledged the effects of institutionalized racism upon the field of social work in a special report, and specifically noted that social workers of color experience micro-inequities in their interactions with White social work colleagues (2007). This same report noted the lack of data or research to support the anecdotal evidence that social workers of color are almost universally impacted by racial microaggressions in their professional work. More research is needed to gather information about how social workers of color encounter racism in the professional setting and what sources of preparation and support have been useful in mitigating the impact of these instances. Additionally, it would be important to understand how microaggressions impact social workers

with multiple targeted identities. A better understanding of the ways in which ethnocultural identity impacts how social workers of color experience racial microaggressions will provide the opportunity for the profession to adapt the preparation, training, and support given to social workers of color. Ultimately, this may lead to increased representation of social workers of color within the field and higher retention rates of social workers of color already in the field.

### **Ethnic and Racial Matching**

One of the ways that the mental health field has attempted to reconcile the continued underrepresentation of clinicians of color with the overrepresentation of populations of color in many agency settings is with the practice of ‘ethnic matching,’ in which the mental health clinician is matched to a client based on racial and/or ethnocultural identity. This practice originated from the social psychology theory of similarity, which suggests that shared backgrounds and experiences facilitate the capacity to bond and relate (Cabral & Smith, 2011). This practice, though it may occur by default in pairing White clients with White clinicians, specifically refers to matching clients of color with clinicians of color based on ethnocultural similarities.

There are many studies that suggest that clients of color prefer to see a clinician who shares their ethnocultural background, though the degree of this preference differs by ethnocultural group (Allen-Meares & Burman, 1999; Cabral & Smith, 2011; Gamst, Dana, Derkarabetian, & Kramer, 2000; B. Lee, McGrath, Moffatt, & George, 2002; Maki, 1999; Maramba & Nagayama Hall, 2002). Ethnic matching has also been associated with decreased dropout rates and increased number of sessions attended in some studies (Maramba & Nagayama Hall, 2002). One hypothesis about this phenomenon is that when a therapeutic relationship between a White clinician and a client of color develops within the societal context of institutionalized racism, the



Whiteness of the clinician can present an obstacle to engagement due to imbalances of power and privilege. These obstacles may be more pronounced in the Black and Native American populations due to the destructive roles social workers involved in the child welfare system and other social service systems have historically played in these communities (Wells, Merritt, & Briggs, 2009). Clients of color may also prefer to see a clinician of the same ethnocultural background due to a perception that he or she will be more likely to implicitly understand the complexities of living as a person of color in a racist society (Allen-Meares & Burman, 1999).

However, findings from several meta-analytic studies of much of the existing literature on ethnic matching indicate that though clients of color typically express a preference for clinicians of their own ethnocultural group and evaluate ‘matched’ clinicians more positively, ethnic matching has not resulted in significantly different clinical outcomes in most populations studied (Cabral & Smith, 2011; Maramba & Nagayama Hall, 2002). Cabral & Smith (2011) note that, “racial/ethnic matching has been promoted primarily for reasons related to racism and multicultural competence. The specific issue requiring confirmation is whether differences based solely on therapist race/ethnicity are sufficient to justify intentional racial/ethnic matching with mental health clients” (p. 538). Further research to explore this area from the perspective of social workers of color is necessary to better understand the impact of this practice on clinicians.

Several studies argue that the practice of ethnic matching simultaneously overlooks the ways in which other social identities such as sexual orientation, socioeconomic class, gender, nationality, language, and spiritual affiliation might factor into the construction of identity and ignores the vastly different experiences with privilege and racism within members of the same ethnocultural group (Allen-Meares & Burman, 1999; Cabral & Smith, 2011; Maki, 1999). One study examined the effect of clinician identification when client and clinician shared a Japanese-

American ethnocultural identity and found that the level of identification increased with shared generation, place of origin, and level of assimilation, indicating that a monolithic conceptualization of ethnocultural identity obscures other important intersections of identity (Maki, 1999).

The practice of ethnic matching does not absolve the field of social work of the responsibility to develop effective precedents for cross-cultural clinical work. Very few of the studies on ethnic matching explore how this practice impacts social workers of color; this missing perspective is critical in understanding how such practices may influence the career trajectories and professional experiences of social workers of color. It is important to explore how social workers of color experience the dynamics created by ethnic matching and how social workers of color perceive this practice. It is possible that some social workers of color may feel that ethnic matching perpetuates reductionist thinking about racial and ethnocultural identity while others may experience being assigned caseloads primarily consisting of racially or ethnoculturally similar clients as empowering or positive. The scarce research that did examine the experience of social workers of color working within their communities noted how the intricate and complex nature of serving such a role can be extraordinarily demanding (B. Lee et al., 2002). Ethnic matching is not a viable solution to meeting the needs of clients of color and can be problematic in the ways it might limit the practice experiences of social workers of color. Ensuring that social workers of color are proportionately represented in the field and that White social workers are equipped to conduct cross-cultural clinical work with sensitivity and skill may be a more appropriate method of providing quality care to clients of color.

## **Cross-cultural Clinical Work**

There is a significant body of literature exploring cross-cultural clinical work; it has been examined to some degree in the literature of social work, and more extensively in that of counseling and psychology. For the purposes of this study, cross-cultural clinical work is defined as, “any counseling relationship in which two or more of the participants differ with respect to cultural background, values, and lifestyle” (Sue et al., 1982, p. 47). Due to the scarcity of literature on this topic in the field of social work, the word ‘clinician’ will be used rather than social worker in this section, as many of the studies examined come from the disciplines of counseling and psychology. It is important to note that even when the clinician and the client share a racial or ethnic identity, the work could be cross-cultural due to other factors including nationality, immigration status, primary language, and ethnic identification (Sue et al., 1982). Cross-cultural practice will often also involve working across differences in privilege, power, and social histories (Miller & Garran, 2007). Psychology, counseling, and social work studies document that practitioners in the respective fields are predominantly White, in contrast to the more diverse nature of their client populations (Chang & Berk, 2009; Dyche & Zayas, 2001; Endow, 2009; Holcomb- McCoy & Bradley, 2003; Sue, Arredondo, & McDavis, 1992; Tsang & Bogo, 1998). As a result, the vast majority of the existing theoretical and empirical literature focuses on the experiences of White clinicians working cross-culturally with non-White clients (Chang & Berk, 2009; Dyche & Zayas, 2001; Jackson & Samuels, 2011; Lee, 2012; Pérez Foster, 1998; Sue et al., 1982; A. Tsang, Bogo, & Lee, 2011; Yan, 2008). The literature on cross-cultural therapy can be seen as the way that theory around cultural competency is examined in practice; the absence of significant research about social workers of color means that this body of

literature mainly examines how White identity impacts clinical work with non-White populations.

### **Cultural Countertransference**

Pérez Foster (1998) made an important contribution to this field in naming and defining a dynamic that occurs in the cross-cultural therapeutic dyad, that of cultural countertransference. Cultural countertransference is conceptualized as, “a matrix of four intersecting pools of cognitive and affect-laden experiences/beliefs that exist at varying levels of consciousness within the therapist,” where the intersecting pools are identified as: “1) American life values; 2) academically informed theoretical beliefs and practice orientation; 3) personally driven idealizations and prejudices toward ethnic groups; and 4) personally driven biases about their own ethnicity” (Pérez Foster, 1998, p. 257). This work makes explicit the connections between processes that have widely been in the literature about psychodynamic therapy, such as transference and countertransference, impasses, and misattunements, and how they may be influenced by differences in clinician and client ethnocultural identity. The implications of this theoretical article have yet to be meaningfully explored through clinical research, but it highlights the need for a greater understanding of how ethnocultural identity may impact or influence clinical work. The concept of cultural countertransference is not explicitly named or operationalized in subsequent research about cross-cultural clinical work, but offers a useful lens with which to interpret the findings of other studies.

### **General Considerations in Cross-cultural Clinical Work**

More recent literature examines various aspects of cross-cultural clinical work and establishes that there is a need to consider the role of ethnocultural identity in the clinical space (Yan, 2008). Several themes appear frequently in existing research regarding cross-cultural

clinical work. The qualities of self-awareness and ability to recognize and examine one's social identity have been established as critical prerequisites to effective cross-cultural work (Allen-Meares & Burman, 1999; Chang & Berk, 2009; Comas- Díaz & Jacobsen, 1991; Davis & Gelsomino, 1994; Dyche & Zayas, 2001; Jackson & Samuels, 2011; Lee, 2012; Miller & Garran, 2007; Pérez Foster, 1998; Sue et al., 1992; Yan & Wong, 2005). The literature about cross-cultural empathy also reflects the acknowledged importance of this type of self-awareness, combined with clinician receptiveness, understanding, and willingness to collaborate with the client in achieving dialogue and rapport (Dyche & Zayas, 2001). One of the landmark articles in the field of cross-cultural clinical work is a position paper stating the need for a body of research about cross-cultural clinical work and proposing a set of competencies that could be applied to practice (Sue et al., 1992). Sue et al. (1992) conducted an extensive review of previous literature about characteristics of counselors skilled in cross-cultural clinical work and constructed a matrix of three characteristics of such counselors with three dimensions that correspond with each characteristic. The authors identified the following three characteristics of a counselor skilled in cross-cultural clinical work: active in increasing awareness of personal values, assumptions, biases, prejudices; committed to understanding the worldview of culturally different clients without negative judgments; and committed to developing and practicing culturally appropriate and sensitive interventions with culturally different clients. Each of these characteristics is then examined through the dimensions of beliefs and attitudes, knowledge, and skills (Sue et al., 1992). Subsequent studies frequently reference this matrix either directly or conceptually, and these three characteristics continue to be used as a common frame of reference in social work, counseling, and psychology.

Contrary to earlier literature that suggests that clinician understanding, rapport, self-awareness, and empathy are sufficient in developing cross-cultural rapport, Sue emphasizes the need for specific knowledge and skill sets developed in response to culturally different clients (1992). The complexity of racial and ethnocultural identity combined with the variance in individual experiences suggests that such specific knowledge and skill sets should be tempered with an understanding that such knowledge is not comprehensive or universally applicable. Permutations of Sue's matrix informed many subsequent empirical studies seeking to assess the impact of cultural competence on various aspects of the therapeutic relationship. There is a noted scarcity of empirical studies examining any aspect of cross-cultural clinical work, including clinician perceptions, client outcomes, clinician preparation, quality of therapeutic relationship, and this scarcity is especially marked within the social work literature (Worthington, Soth-McNett, & Moreno, 2007).

### **Cross-cultural Clinical Work with White Clinicians**

As discussed earlier, the majority of existing research examines cross-cultural clinical work from the perspective of White clinicians working with clients of color (Chang & Berk, 2009; Davis & Gelsomino, 1994; Tsang et al., 2011). This is unfortunate, as much of the theoretical literature about cross-cultural clinical work, though often written with the implicit assumption of a White clinician population working with client populations of color, contains concepts and frameworks that could be meaningfully applied to clinicians of color. However, findings from the existing literature can reveal some of the ways in which ethnocultural identity may influence cross-cultural clinical work as well as highlight themes in the experiences of both clinicians and clients that may then be further explored with respect to clinicians of color.

Despite the developing bodies of literature around cultural competence and cross-cultural clinical work, there continues to be a disconnect between the conceptualization of cultural competence and the practice of cross-cultural clinical work (Lee, 2012; Worthington et al., 2007; Yan, 2008). Populations of color are less likely to access mental health services and more likely to drop out of treatment prematurely, which speaks to the importance of having trained clinicians willing and able to work with respect, sensitivity, and competence across cultural differences (Sue et al., 2007; Wells, 2001). Extensive review of the existing literature about cross-cultural clinical work reveals that much of the empirical research does not examine connections between assessed clinician cultural competency and improved outcomes with clients across cultures (Worthington et al., 2007).

One of the only existing studies that attempts to make this link examined the connection between client racial/ethnic background and therapist effectiveness, attempting to document any difference in general competence and cultural competence by using racial/ethnic background as a source of variability in the study of therapist effectiveness (Imel et al., 2011). Results suggested that therapist effectiveness does vary according to client racial/ethnic background and that it is valid to distinguish between therapists who are generally competent with White clients and those who demonstrate cultural competence by achieving the consistent results across racial/ethnic identities. It was beyond the scope of this quantitative study to discuss the traits of those clinicians deemed both culturally and generally competent as compared to those who only demonstrated effectiveness with White clients. This further reveals the existing gap in literature examining how clinicians assessed as having the qualities of cultural competence acquired these traits and skills, exploring what aspects of cross-cultural clinical work that clinicians found

challenging or difficult, or looking at how clinicians' social identities related to cross-cultural clinical competencies.

However, one of the few qualitative studies that examined impact of specific clinician engagement practices on positive or negative outcomes with clients of color revealed the complexity of this type of inquiry. Two clinical processes were found to be most related to positive outcomes: emotional engagement with client and clinician acknowledgement of client's major presenting needs and concerns. These processes were then explored through the lens of culturally informed subtexts and underlying understandings and found to be highly dependent on the clinician's ability to recognize when differences in identity may be influencing rapport. For example, clinician self-disclosure appeared to serve an important function in bridging differences in identities (Chang & Berk, 2009). Another study also found that the interplay of the multiple social identities of clinician and client was more significant in developing rapport and alliance than ethnocultural identity alone (Tsang et al., 2011).

More recent studies have documented how microaggressions and other subtle expressions of subconscious racist attitudes of a White clinician can negatively impact development of rapport and efficacy of the treatment relationship with clients of color (Chang & Berk, 2009). Clients cited the following clinician actions as sources of misattunements, impasses, or causes for premature termination: minimizing the impact of ethnocultural identity on lived experience, not acknowledging different lived experiences and access to power and privilege, incorporating culturally-bound beliefs into treatment goals that were in opposition to the client's world view, conveying stereotyped understandings of a client's ethnocultural group, and failing to recognize the salience of a client's ethnocultural identity (Chang & Berk, 2009; Sue et al., 2007; Tsang et al., 2011). These dynamics were enacted in subtle ways that may not have been easily identified



by the clinician as problematic or potentially damaging to the therapeutic relationship, but had a significant impact on the client experience of the relationship. Multiple identities and intersectionalities of identities and experiences were again found to be salient in predicting the ease of establishing rapport and understanding (Chang & Berk, 2009).

The literature about cross-cultural clinical work that focuses on the experiences of White clinicians working with clients of color reveals an overall lack of sustained attention and thorough research in this area. There is sufficient qualitative and quantitative literature to conclude that the ethnocultural and social identities of White clinicians do influence their perceptions of their clinical work and their clients' perceptions of their competence. There is also evidence that perceived differences in ethnocultural identity are salient to both client and clinician, though the impact of these differences varies based on other factors including intersections of other social identities such as class, gender, sexual orientation, ability, age, and spiritual identity. In all studies where the perspectives of clients of color were reported, at least some study participants had experienced microaggressions and other manifestations of racism and prejudice during cross-cultural clinical work. Clients of color typically had positive or negative expectations about a cross-cultural clinical relationship with a White clinician rather than neutral expectations, which suggests that more research is merited to understand the complexities of cross-cultural clinical work when the clinician and the client have divergent non-White ethnocultural identities.

### **Cross-cultural Clinical work and Clinicians of Color**

Very little research has been done in any of the mental health fields that specifically examines the perspectives and experiences of clinicians of color in cross-cultural work. The majority of the empirical studies that focus on clinicians of color were reviewed in the earlier

discussion of the 'ethnic matching' literature. Of the extant literature that explores the dynamics of cross-cultural work from the perspectives of clinicians of color, most is theoretical in nature, with little empirical research to support or develop theoretical ideas (Yan, 2008; Yan & Lam, 2000). Social work as a field recognizes institutionalized racism as a persistent and pervasive form of oppression that negatively affects people of color, but has done little to understand or address how dynamics of racism might influence social workers of color in a professional or clinical context. Though there is a professed commitment to social justice within the profession and an acknowledgement that multiple manifestations of racism do impact social workers of color (National Association of Social Workers, 2007), little has been done to gather more information or address this in a meaningful way on a larger.

Comas-Diaz and Jacobsen (1991) propose some ethnocultural transference and countertransference dynamics that may arise in intraethnic clinical work that speak to the complexities of interaction in the clinical space. The authors identify four therapeutically significant transference patterns and six countertransference patterns that may arise in the intraethnic therapeutic dyad. These patterns are defined in order to provide a foundation with which to explore findings of other studies. First, the pattern of the 'omniscient-omnipotent therapist,' where ethnic similarity between client and clinician facilitates an idealization of the clinician as a "success story" and represents someone who has navigated the obstacles of a racist society and accomplished meaningful goals. The clinician may be seen as a potential rescuer or as an idol. The converse of this pattern is that of 'the traitor,' where the client devalues the clinician as someone who has betrayed or "sold out" their cultural identity in order to achieve success in a White society. Clients from ethnocultural groups that have historically been targeted with both racial prejudice and socioeconomic oppression may react as 'autoracists,'

reflexively rejecting a therapist from their own ethnocultural group as a manifestation of internalized racism. Finally, a pattern of ambivalence may develop when the client feels simultaneously at ease with their shared ethnocultural background and wary of feeling too much intimacy due to these similarities (Comas- Díaz & Jacobsen, 1991).

Comas- Díaz and Jacobsen (1991) also identify several possible intraethnic ethnocultural countertransference patterns. These include overidentification with the client, which could lead to the clinician aligning with the client in an “us against them” stance to the detriment of the therapeutic process, or the converse tendency of distancing, where the clinician may attempt to avoid overidentification by creating unnatural distance between him or herself and the client. Cultural myopia occurs when there is “an inability to see clearly because ethnocultural factors obscure therapy,” and though it is discussed with the assumption of both a client and clinician of color, one could argue that this is equally probable in a White client-clinician dyad (p. 398). The same ambivalence pattern that clients enact may also manifest in the clinician’s countertransference, and may form the basis of additional countertransference reactions of anger, survivor’s guilt, and combined hope and despair. Using a grounded theory approach to exploring cultural tensions in cross-cultural social work practice, Yan (2008) identified countertransference themes reported by social workers of color working cross-culturally that parallel those examined by Comas- Díaz. Further research on a larger scale may determine if these themes are indeed consistently relevant to clinicians of color working cross-culturally. Currently, with such a small body of research to draw from, it is impossible to accurately note trends that are representative of all social workers of color.

In a later examination of cross-cultural dynamics unique to the clinician of color working with a White client, Comas- Díaz and Jacobsen (1995) identify ethnocultural transference and

countertransference patterns prevalent in this dyad. The transference reactions of White clients are organized around different manifestations of subtle or overt racist attitudes, ideologies, beliefs, and behaviors. The countertransference reactions of the clinician of color range from feelings of inadequacy and inferiority, anger and resentment, feelings of impotence, guilt, and fear. Though anecdotal information and a handful of studies suggest that it is common for clinicians of color to deal with these types of transference and countertransference reactions in working with White clients, there is a noteworthy gap in literature examining how clinicians of color navigate and address these occurrences (Bartoli & Pyati, 2009; Miller & Garran, 2007). This is a significant element that is currently missing from the 'cultural competence' model, and the very few studies that examine experiences of clinicians of color with racism suggest that it would be beneficial to address this in preparation and training of new clinicians (Wieling & Rastogi, 2004).

The small body of empirical literature examining the experiences of clinicians of color with cross-cultural clinical work often does so in contrast to those of White clinicians (Allen-Meares & Burman, 1999; Davis & Gelsomino, 1994; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Tsang et al., 2011). This approach is problematic in that it frames both clinicians and clients of color as compared to 'the norm' of White clients and White clinicians, but despite this flaw in design, some of the findings merit review as representative of the limited research available. Davis & Gelsomino (1994) conducted one of the earliest social work explorations of cross-cultural clinical work that involved both White social workers and social workers of color, attempting to assess differences in the cross-cultural treatment experiences and perceptions of White social workers and social workers of color. The study relied on clinician self-report to assess success with clients and comfort, and utilized a sample of 33 White

clinicians, 17 Black clinicians, and three Native American clinicians. Results showed that clinicians across these groups had similar perceptions of their success in working with White clients, but found that White clinicians perceived themselves as less effective in working with non-White clients than did the Black and Native American clinicians. Unsurprisingly, Clinicians of color reported a higher frequency of manifestations of racism in cross-cultural clinical experiences than did White clinicians. Clinicians of color reported lower frequencies in client perception that the clinician had an insufficient understanding of his or her racial group, indicating that White clinicians, whether or not their actual understanding of non-White racial groups was insufficient, felt less confident in their knowledge than did clinicians of color. Factors of gender, years of clinical experience, age of clinician, and level of education did not have any notable effect on findings.

Subsequent qualitative and quantitative literature supports the idea that clinicians of color encounter racism in cross-cultural clinical work, both in working with White clients and in working in other ethnocultural groups (Iwamasa, 1996; Kistan, 2004; Knox et al., 2003; Tinsley-Jones, 2001; Wieling & Rastogi, 2004; Yan & Lam, 2000). Clinicians of color have reported addressing ethnocultural differences in the clinical dyad more often than White clinicians, and when compared to White clinicians, report being more comfortable addressing issues of ethnocultural differences within the clinical dyad (Knox et al., 2003). However, clinicians of color are less likely to report receiving supervision or educational experiences that contributed to their abilities to address such differences in their clinical work (Daniel, 2007).

Very few studies look at ethnocultural identity of the social worker or clinician as a foundation for examining cross-cultural clinical experiences (Iwamasa, 1996; Kistan, 2004; Tinsley-Jones, 2001; Wieling & Rastogi, 2004). A handful of studies have been published over

the past twenty years that focus on social workers or other mental health practitioners of a specific ethnocultural identity; of these studies, most were designed to examine ethnic matching outcomes rather than subjective experiences of the clinicians (Gamst et al., 2000; Maki, 1999). This persistent lack of attention is unsettling, given the underrepresentation of clinicians of color in the fields of social work, counseling, and psychology. Iwamasa (1996) highlighted the lack of literature in this area almost twenty years ago, and yet the gap persists, reflecting the ways in which the experiences of clinicians of color continue to be located in the margins. The few existing studies suggest that the majority of clinicians of color feel that their ethnocultural identities impact interactions with clients, and feel that there are important dynamics and experiences unique to working as a clinician of color that are not discussed or addressed anywhere in the education and supervision processes (Iwamasa, 1996; Kistan, 2004; Wieling & Rastogi, 2004).

### **Cross-Cultural Supervision**

The supervisory relationship is a critical building block in the development of practice skills and professional knowledge, and is considered by many social work students to be the most important element of their field education (McRoy, Freeman, Logan, & Blackmon, 1986). Social work students rely on supervision both to obtain feedback about their clinical skills and to seek consultation about cases. Social workers continue to rely on supervision as a key source of learning long after completing graduate school, but supervision is especially important in the formative years immediately after graduation. In contrast to the cross-cultural clinical relationship where the social worker of color holds a relative position of power and legitimacy (in relation to the client), in the cross-cultural supervisory relationship the social worker of color supervisee is subordinate to his or her supervisor. This power differential is generally

acknowledged and perceived by both supervisor and supervisee (Burkard et al., 2006; Constantine & Sue, 2007; McRoy et al., 1986). Social workers of color may find that their ethnocultural identity influences experiences in the role of supervisor as well as in the role of supervisee. Due to a scarcity of literature on this topic, the discussion draws on literature from counseling, psychology, and social work, therefore the term ‘supervisee’ may refer to a clinician from any of these three disciplines.

Most counseling, social work, and psychology graduate programs now have required coursework addressing cross-cultural clinical work and cultural competence. However, due to the gradual increase in required cultural competence training over the years, many clinical supervisors with many years of professional experience have little or no training or preparation around cross-cultural supervision (Burkard et al., 2006). In fact, clinical supervisors often have less exposure to cultural competence training than do their supervisees, leading to a lack of a shared language to talk about issues of cultural diversity (Constantine & Sue, 2007). Research around cross-cultural supervision follows similar patterns to the literature on cross-cultural clinical work; supervisory relationships between White supervisors and supervisees of color are most frequently examined, with very little written about supervisory dyads comprised of two clinicians of color or about supervisors of color working with White supervisees. The few studies that did reflect the experiences of supervisors of color working with White supervisees reported that supervisors of color have reported instances when their competence, power, or authority was undermined by their White supervisees (Jernigan, Green, Helms, Perez-Gualdron, & Henze, 2010; Murphy-Shigematsu, 2010).

Many of the challenges that arose in cross-cultural supervisory relationships between White supervisors and supervisees of color were attributed to the occurrence of racial

microaggressions in supervision sessions. Constantine & Sue (2007) examined the experiences of Black doctoral supervisees in counseling and clinical psychology and identified seven microaggression themes in their findings:

(a) invalidating racial-cultural issues, (b) making stereotypic comments about Black clients, (c) making stereotypic assumptions about Black supervisees, (d) reluctance to give performance feedback for fear of being viewed as racist, (e) focusing primarily on clinical weaknesses, (f) blaming clients of color for problems stemming from oppression, and (g) offering culturally insensitive treatment recommendations.

(p.142)

These have not been researched for validity with other ethnocultural groups, and this is an important area for future investigation. These themes do match with the actions of ‘culturally unresponsive’ supervisors of discounting, dismissing, and ignoring issues of culture raised by supervisees of color (Burkard et al., 2006). The findings of this study were consistent with others in concluding that these types of racial microaggressions not only undermined the supervisory relationship, but also had potentially harmful effects on the clients of color served by supervisees (Burkard et al., 2006; Constantine & Sue, 2007; McRoy et al., 1986).

Jernigan et al. (2010) highlighted the lack of literature addressing cross-cultural supervision between two clinicians of color and conducted a qualitative investigation to explore this relationship. The findings reinforce the idea that ethnocultural identity should not serve as a static and uniform concept used categorically to compare and contrast groups of people without attention to nuance. Analysis of survey data from supervisees of color in a cross-cultural supervisory relationship with a supervisor of color suggested that similarities in racial identity (the way that supervisor and supervisee psychologically conceptualized and experienced their



respective racial identities) were more significant in predicting racial dynamics in supervision than similarities in ethnocultural or racial group. Murphy-Shigematsu (2010) also speaks to the ways in which supervisors of color may reproduce oppressive dynamics in supervisory relationships and calls for more training and education that meets the needs of supervisors of color. More research is needed to understand how social workers of color have experienced supervisory relationships and to identify supervisor interactions, attitudes, and behaviors that have been helpful in creating an environment where issues of culture, race, and ethnicity can be respectfully and productively raised and addressed.

### **Professional Experiences and Ethnocultural Identity**

There has been little attention paid to the ways in which ethnocultural identity influences professional experiences, career trajectory, or practice setting and population for social workers of color. Limb and Organista (2003) noted that Masters in Social Work (MSW) students of color expressed views more consistent with social work's traditional mission of empowerment work with disadvantaged populations and advocacy work to improve social conditions than did White students. In a follow-up study the authors observed that students of color were more likely to continue to value working with 'disenfranchised' populations over time than were White students (Limb & Organista, 2006). No conclusions can be drawn from one study, but the findings raise the question of how ethnocultural identity impacts the career trajectory of social workers of color. What factors influence the decision-making process when social workers of color consider practice population, setting, and community? How might this then impact their professional experiences?

Engstrom & Min (2008) looked at the practice perspectives of bilingual social workers and found that these workers had a high level of investment in their work with clients with

limited English proficiency (LEP), but as a result carried caseloads that were more time-intensive and complicated than those of their monolingual and predominantly White social work colleagues. Bilingual social workers reported that their ethnocultural identities made them more effective with clients, but felt that employers should consider the increased amount of advocacy and case management services often provided to clients with LEP and adjust caseload requirements accordingly.

Only three articles were found that examined the interplay of ethnocultural identity and professional work and experiences, and these noted the challenges faced by clinicians of color in locating the resources, supervision, and professional support needed to evolve in their careers (Iwamasa, 1996; Wieling & Rastogi, 2004). Common themes included feeling that ethnocultural identity both positively and negatively impacted work with clients, feeling that the perspective of clinicians of color was not adequately addressed in clinical training, and experiencing ethnocultural identity as very significant in both personal and professional identities. No such studies were found within the field of social work, and this is a critical area for future research.

## **Conclusion**

My review of the literature regarding the experiences of social workers of color yielded few quantitative studies and many qualitative studies, which may speak to how difficult it is to conceptualize ways to communicate about issues of identity, race, and racism using quantitative instruments. However, quantitative studies play an important role in providing data about a large population that can perhaps be interpolated in the construction of qualitative studies to deepen and expand understanding of the data. Of the quantitative studies reviewed, survey methods were effective in revealing initial themes or patterns in large populations, but the format made it difficult to explore the implications of the data or contextualize patterns through more expansive

narratives of experiences. Surveys that paired fixed response items with open-ended questions and/or allowed respondents to elaborate on their responses yielded rich information through the use of these qualitative items.

This review presented literature about cultural competence education and its impact on social workers of color, the impact of racial microaggressions on the experiences of people of color, the concept of ethnic and racial matching as utilized to address the needs of populations of color, the ways in which cross-cultural clinical work is conceptualized and experienced both by White clinicians and by clinicians of color, the experiences of clinicians of color with cross-cultural supervision, and the impact of ethnocultural identity on professional experiences. The gap in the literature regarding the voices and experiences of social workers of color regarding how ethnocultural identity influences their professional experiences and work was revealed, as was a dearth of literature attending to the experiences of social workers of color in any capacity.

The current study will attempt to fill some of the gaps in the current empirical literature by utilizing a quantitative approach to examine how social workers of color feel their ethnocultural identities have influenced their experiences with racism and discrimination in social work, their clinical work and interactions, and their professional identities and social work career trajectories. In the next section, the methods proposed to study the impact of ethnocultural identity on the professional work and experiences of social workers of color will be explored.

## **CHAPTER III**

### **Methodology**

This purpose of this exploratory quantitative study is to explore the question: How do social workers of color feel that their racial and ethnocultural identities impact or influence their professional work? The guiding questions are: 1) How do social workers of color identify race and racism as salient or relevant in their professional work? 2) How do social workers of color experience cross-cultural clinical work? 3) How does ethnocultural or racial identity impact choice of client populations, agency settings, or type of social work practice? 4) How do social workers of color experience the field of social work as affirming and/or negating their racial and ethnocultural identities? The intent of this study is to better understand the experiences of social workers of color with race and racism, explore the influence of racial and ethnocultural identity in cross-cultural clinical work, and investigate how ethnocultural and racial identity may impact career trajectory and professional experiences. This study was approved for implementation by Smith College School of Social Work's Human Subjects Review Committee on February 20, 2012 (see Appendix A).

#### **Research Method and Design**

This study seeks to explore and understand a complex and nuanced subject while representing as many voices and experiences as possible. Previous quantitative and qualitative studies reviewed highlighted the lack of any literature examining this specific question as well as shortcomings in capturing a depth of understanding in quantitative studies and in representing an

array of voices, identities, and experiences in qualitative studies. Given the lack of existing research in this area and the need for any study regarding this topic to respectfully hold the complexity of the exploration, both a general understanding of this question, best captured through quantitative survey data, and a portrayal of the richness of experience, best captured through qualitative data, are merited. Given the time limitations of the researcher, the use of a quantitative survey instrument with demographic, quantitative and qualitative items will capture data efficiently while allowing for open-ended questions to gain richness in perspective and voice not possible solely using a fixed response format. The combination of quantitative methods to gather both quantitative and qualitative data is a way of mitigating some of the limitations of utilizing quantitative methods and instruments for exploratory purposes. A quantitative approach is the most time-effective way to attain a large sample size over a small period of time, and the use of quantitative methods in an exploratory study suits the purpose of this study, which is to examine a subject that is largely unstudied in order to gain initial understandings that will hint at areas for future research. Gathering some qualitative data will provide the opportunity to search for patterns and meanings in narratives, yielding information that the researcher may not have previously identified as being salient (Rubin & Babbie, 2010). As a result, both qualitative and quantitative data will address the gap in current research by capturing a depth of experience and identifying areas for further research.

### **Sample**

The sample for this study included 86 participants. The sample population was social workers of color that had graduated from an MSW program in the United States in or before 2009 and had worked in the field of social work for two or more years after graduation. The study population was selected through nonprobability sampling using a combination of

availability sampling and snowball sampling to reach the most possible subjects during the study window.

The sample was recruited using three avenues of recruitment. Using snowball sampling, the researcher sent the study's recruitment letter (see Appendix B) by email to personal and professional contacts within the social work community. Recipients were asked to forward the recruitment materials to other eligible contacts in their personal and professional networks. The researcher also posted the study's recruitment letter to her Facebook profile and requested for Facebook contacts to repost to their profiles and forward to any eligible contacts. Facebook messaging was also used to contact specific eligible individuals. Finally, the researcher requested assistance in recruitment from the Smith College School of Social Work Office of Alumni Affairs, which resulted in the recruitment letter being sent out to the 295 Smith College of Social Work alumni of color via email. The recruitment letter was also sent out to the general alumni email list with the request to redistribute to eligible contacts within personal and professional networks. Smith College School of Social Work was selected as a sample recruitment site due to its public anti-racism commitment and the resulting initiative to recruit, support, and retain students, faculty, and staff of color, which are goals that were congruent with the purposes and objectives of this study. Additionally, this researcher has an affiliation with the institution. These methods of recruitment were used primarily because responses are more likely when respondents feel a link with the population being studied or some affiliation or connection to the person doing the study (Rubin & Babbie, 2010).

The demographic characteristics of the study population are summarized in Table 1. The study population was not perfectly representative of the sample population, in part because the researcher heavily relied on the alumni network of one school of social work for recruitment.

Though diversity of gender, age, experience, and non-white ethnic identities was sought in recruitment, the use of availability and snowball sampling also restricted the probability of proportional representation. Therefore, the results do not represent the total population demographics and characteristics accurately.

Non-response bias was a significant concern, as the social workers that responded may have had a personal reason for responding to the survey, and the voices and stories of those who did not respond leaves significant experiences unexamined and unrepresented. It is possible that some social workers of color had such negative experiences surrounding race and racism that they did not want to revisit these topics by responding to the survey. The use of an Internet survey may have skewed the sample toward people who were comfortable using electronic methods of communication. Finally, due to the scope and size of the study, the researcher's ability to look at the intersectionalities of race, class, gender, sexual identity, spirituality, ability, nationality, language, and other salient identities was limited. However, this study does not purport to find generalizable results, as it is an exploratory study that is intended to generate further research in this area.

### **Data Collection Methods**

The researcher designed an online survey to gather demographic data, quantitative data, and qualitative data for this study to illuminate the topic with different levels of analysis and understanding (see Appendix C). It was necessary to create a new instrument due to the lack of any existing instruments that explore the multiple variables involved in this study. The questions were designed after reviewing existing instruments that assess cultural competence as well as previous surveys that examined experiences with race and racism (Knox et al., 2003; Krentzman & Townsend, 2008; Wieling & Rastogi, 2004). The survey consisted of 32 questions, including

15 demographic items, 5 open response qualitative items, and 11 interval scale quantitative items. All interval scale items included an optional comments box beneath the question to allow participants to elaborate upon or clarify their responses if desired. Based on the demographic data collected in previous studies, the researcher gathered data about gender identity, age, ethnocultural identity, nationality, spirituality, sexual orientation, graduation year, years of practice, and field of practice. Many previous studies failed to examine intersections of identities, and those that did noted the importance of including consideration of multiple identities, which is why the researcher chose to gather data about sexual orientation, spirituality, and nationality (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Maki, 1999). The quantitative and qualitative questions directly related to the impact of race, racism, and racial and ethnocultural identity in the participants' professional and clinical work.

Participants accessed the survey by clicking on a hyperlink (<https://www.surveymonkey.com/s/socialworkersofcolor>) received by email or through Facebook. The survey was open for 35 days. The use of an Internet survey for data collection permitted the researcher to gather a large number of responses and collect demographic, quantitative data, and qualitative data over a relatively short period of time. An online survey also permitted respondents complete anonymity and allowed them to complete the survey at their convenience. The informed consent form (Appendix D) was positioned at the beginning of the survey to ensure that all participants were aware of the nature of the survey and the safeguards taken to protect confidentiality and anonymity before beginning the survey. No identifying information such as name, address, email, or phone number was collected. Additionally, all data collected will only be presented in the aggregate form, and any personally identifiable



information will be removed from illustrative quotes. The survey was designed to be user-friendly and as brief as possible given the content.

The survey welcome page contained a clear explanation of the three inclusion criteria and a brief explanation of the research topic. If participants met the study criteria, they were directed to click “next,” which took them to the informed consent page. Participants indicated that they understood the purpose of the study, the risks and benefits of participation, and the safeguards in place to protect their confidentiality and anonymity by clicking “yes” at the bottom of the informed consent page in order to proceed to the survey. The researcher’s contact information was included on the informed consent page to allow potential participants to address any concerns about the survey prior to starting the study.

Once respondents indicated consent, they were taken to the first page of the survey. The survey was divided into five sections that contained between 5 and 10 questions. The survey sections displayed titled headings: Demographic Information, Social Work Experience, Racial/Ethnocultural Identity, Clinical Work/Client Interaction, and Professional Identity and Social Work Career. The survey included a progress bar at the top of the screen so participants were aware of their progress in completing the survey. These elements were incorporated into the survey to reduce participant frustration and enhance comprehension and clarity. Participants had the option to skip any question or section of the survey and could exit the survey at any time, but were informed on the Informed Consent Page that their responses could not be withdrawn once they had completed survey items because individual surveys would not be identifiable.

Participation in this study posed minimal risks to participants, however some participants may have experienced emotional distress or vulnerability as a result of thinking about their racial and ethnocultural identities and experiences with race and racism. These risks were outlined on

the informed consent page. As a result of participation in this study, participants may have gained new insight into dynamics of race and racism in their professional work or a sense of perspective regarding their experiences. They may have found it useful to reflect on their racial or ethnocultural identity as it related to their professional work and experiences, or found it cathartic to reflect and write about professional experiences regarding racial and ethnocultural identity and racism, especially if they had previously experienced feelings of marginalization around these issues. Participants may have felt a sense of empowerment by contributing to the development of new knowledge that increases understanding and awareness in the broader social work community.

### **Data Analysis**

Responses from the 86 surveys were downloaded from the website and sorted into a spreadsheet. The data was sent to a secondary statistician for aggregation and analysis. Descriptive statistics were used to analyze demographic data including frequency distribution and multivariate analysis to examine relationships between variables. Inferential statistics were used to examine the strength of any relationships deemed relevant based on analysis of descriptive statistics, including tests of statistical significance. Inferential statistics were also used to analyze quantitative data generated from the survey. The results of these tests will be discussed in the following chapter. Data from qualitative survey items was collapsed into code categories for analysis. The researcher searched for patterns in the content that reflected frequency, magnitudes, structures, processes, causes, and consequences (Rubin & Babbie, 2010).

### **Potential Biases**

This researcher is a graduate social work student of color, and this informs the context in which the study was developed as well as the perspectives that may be highlighted or

overlooked, though the researcher will make every effort to critically examine the intersections of personal identity with the subject being examined and seek out different perspectives.

However, these considerations may bias the design of the study in some ways, such as how survey questions are selected and phrased. It is possible that some social workers of color will have had such negative experiences surrounding race and racism that they will not want to revisit these topics by responding to the survey. It is also possible that only those social workers of color with strong views, either positive or negative, will feel moved to complete and return the survey, leading to skewed results. My perspective as a graduate social work student of color may also serve as a strength, as my personal experiences with race and racism may lead me to ask questions or make connections that may not be intuitive for a member of the dominant group. My hope is that this study will provoke continued and expanded discussion about the impact of ethnocultural identity upon the professional work of social workers of color as well and the ways in which social workers of color encounter race and racism in the professional setting. The data yielded from this study will be reviewed in the following chapter.

## **CHAPTER IV**

### **Findings**

This study explores the ways in which social workers of color feel that their racial and ethnocultural identities impact or influence their professional work. The intent of this study was to better understand the experiences of social workers of color with race and racism, explore the influence of racial and ethnocultural identity in cross-cultural clinical work, and investigate how ethnocultural and racial identity may impact career trajectory and professional experiences. The major guiding questions for this exploration were: 1) How do social workers of color identify race and racism as salient or relevant in their professional work? 2) How do social workers of color experience cross-cultural clinical work? 3) How does ethnocultural or racial identity impact choice of client populations, agency settings, or type of social work practice? 4) How do social workers of color experience the field of social work as affirming and/or negating their racial and ethnocultural identities?

This chapter will present the major findings of the study, using the guiding questions listed above to examine the results. The findings indicate that many social workers of color feel that their racial and ethnocultural identities have a significant impact on their professional work, professional experiences, and career trajectories. An overview of the sample demographics precedes the presentation of quantitative and qualitative findings.

## Demographics

The sample population for this study included social workers that received their MSW degree in or before 2009, had been practicing in the field of social work for two or more years, and identified as persons of color. Table 1 presents a summary of the gender, racial/ethnocultural background, spiritual identity, sexual orientation, social work licensure status, and primary professional role characteristics of the sample (N=86). Twenty-two participants elaborated on the ethnocultural identity that they selected in their comments, including the nine participants that identified as ‘multiracial’ and the eight participants that selected ‘ethnocultural identity not listed above.’ These comments reflected more specific national origins as well as hyphenated identities (e.g. Asian-American). Twenty-five participants opted to specify language spoken, and responses included English (most frequent), Spanish, French, Thai, Tagalog, Creole, Japanese, and Chinese. Twenty-five participants also specified nationality, and responses included West Indian, American, Haitian, Cape Verdean, Peruvian, Jamaican, Korean-American, Indian, Puerto Rican, Canadian, Japanese, Mexican-American, Saudi Arabian, Black American, and South Asian. The wide range of racial and ethnocultural identities represented in this small sample reveals the vast diversity contained within the descriptor ‘of color.’

The average age of the participants was 47 with a range of 26 to 81 years old. The average MSW graduation year was 1996, with a range from 1961 to 2009. In terms of higher education status, 75.6% of participants indicated that the MSW was the highest level of education completed, while 12.8% indicated that they had attained another professional or doctoral degree in addition to an MSW degree. The average number of years employed in the field of social work was 14, with a range from 2 to 43 years. Participants were able to select more than one option for current employment status: 79.1% were employed full-time in the field

of social work, 8.1% were employed part-time in the field of social work, 2.3% were employed full-time in another field, 1.2% were employed part-time in another field, 4.7% were retired, and 4% indicated 'other.' The participants that selected 'other' had employment roles including full-time social work educator, non-profit volunteer, doctoral student, and mother.

Participants worked in a variety of settings, and could select more than one option for their current work setting. Table 2 presents a summary of the current work settings of the participants. The populations with whom participants reported working were as follows: adults 65.1%, aging/elderly 22.1%, adolescents 43%, children 25.6%, infants 5.8%, families 32.6%, couples 19.8%, 'other' 8%. The participants that selected 'other' described working with homeless veterans, MSW and BSW students, emerging adults, and social workers. The populations with whom participants worked were an average of 49.7% White or Caucasian, with a range from 0 to 100. Participants were also asked to provide characteristics or attributes of the population they served, using an open-ended question as a prompt. These results were used to generate a word cloud representation that shows the most frequent phrases used proportionally by size (see Figure 1). Most responses described working with populations that could be characterized as underserved, such as youth in foster care, LGBTQ youth, people with chronic mental illnesses, children and families living in poverty, survivors of trauma, homeless veterans, and incarcerated individuals. Many participants specified that they worked primarily with people of color in their work.

### **Salience of Ethnocultural Identity in Professional Work**

Table 3 summarizes participant responses to Likert items on the survey examining several aspects of the interplay of ethnocultural identity and professional experience. Every question included a text box for comments; salient or illustrative comments are included in the

discussion of the data. The majority of participants felt that their racial and ethnocultural identities were a key aspect of their identities; 77.6% indicated agreement or strong agreement to this statement, while only 11.3% indicated disagreement or strong disagreement. The majority of participants also felt that their racial and ethnocultural identities significantly influenced their experiences; 80% indicated agreement or strong agreement to this statement and 7.5% indicated disagreement or strongly disagreement. Most participants had experienced racism, prejudice, or discrimination in their social work careers based on their racial and ethnocultural identities; 67.6% agreed or strongly agreed with this statement and 20% disagreed or strongly disagreed. Most participants felt that personal experiences with racism and discrimination had adequately prepared them to deal with racism and discrimination in their social work practices; 69.2% agreed or strongly agreed with this statement and 17.9% disagreed or strongly disagreed. Comments from the respondents who selected “strongly agree,” to this statement provided further information; one noted, “the impact of microaggressions in the workplace never prepares one really,” while another said, “my personal experiences strengthened my advocacy skills.” These responses regarding perception of preparedness to deal with racism, prejudice, and discrimination in the professional context suggests that this would be a rich area for further research to better understand how to support social workers of color.

Slightly more than half of participants felt they would leave an agency or position because of the organizational culture around racial and ethnocultural diversity; 56.6% agreed or strongly agreed with this statement and 26.3% disagreed or strongly disagreed. Many participants had comments about their responses. From the group that selected “strongly disagree” or “disagree,” participants highlighted their experiences of pervasive institutionalized racism, with one commenting, “I would never find employment-I have yet to work somewhere

where racism was not an everyday factor,” and another saying, “If I was to do that, I would not be able to make a living.” Some of the participants who selected “agree” or “strongly agree” had actually made this decision; one stated, “I made this difficult decision when leaving my previous employer. The challenges with racial and ethnic conflict and discrimination were systemic and pervasive,” another cited leaving multiple agencies due to, “a culture that was hostile to discussions about race and ethnicity, despite the fact that the client population was mostly Black and Latino and the clinical staff was almost entirely made up of Whites.” These results illustrate institutional practices that reflect a lack of cultural competence at the structural level, necessitating further research to understand the changes needed to aid in moving toward the NASW stated mission of transforming social work organizations into ‘antiracist entities’ (National Association of Social Workers, 2007).

Participants were notably ambivalent in feeling that their racial and ethnocultural identities were valued and respected in their current professional settings. This question had the largest proportion of “neutral” responses; 27.3% selected “neutral,” 55.9% selected “agree” or “strongly agree,” and 16.9% selected “disagree” or “strongly disagree.” Responses reflected this ambivalence, with comments such as, “They don’t devalue it [my racial/ethnocultural identity], but I don’t feel it is something that is overtly valued,” “I am told it [my racial/ethnocultural identity] is, but actions speak louder than words,” and “I am valued as a token of diversity.” Several respondents who agreed with this statement noted that this sense of being valued was not without costs, with one stating, “I am very valued explicitly for my race and my identity. Sometimes I need to put limits on how they would like to “market” me there,” another noting, “I feel that I am valued...there are times when I feel that I am taken advantage of because I am bilingual in Spanish and English,” and along similar lines, “I feel my Spanish skills are valued to



the degree where it becomes a disadvantage for my personal career.” One responded who selected “neutral” to this statement elaborated, “my clients are not aware that I am a Black person. Nor are other therapists, unless they are friends in which case they would know me.” Further exploration of neutral responses could expand understanding of how social workers of color experience organizational practices as affirming or negating their racial and ethnocultural identities.

Many participants reported being asked to serve as a resource for other social workers based on their racial and ethnocultural identities; 54.6% selected “agree” or “strongly agree,” while 35.1% selected “disagree” or “strongly disagree.” Some of the commenters who selected “disagree” and identified as multiracial noted the complexities of a multiracial identity, saying, “While I identify as a person of color, I have a multi-ethnic background, and am often viewed as white by individuals from Latin American backgrounds,” and “I think most Black people do not see me as an appropriate resource. Which I understand, though it saddens me.” These responses suggest a need for social work organizations to carefully consider their practices so that psychoeducation responsibilities do not fall on social workers based on their racial and ethnocultural identities.

Participants indicated that their racial and ethnocultural identities had a significant influence on their choices surrounding one or more aspects of their career trajectory. Table 4 summarizes the distribution of responses to this question prompt, which allowed participants to select all options that applied. The responses indicated that ethnocultural and racial identities most influenced choice of community, choice of client population, and professional/collegial interactions in the sample population.

## Experiences with Cross-cultural Clinical Work

Table 4 presents a summary of four Likert items pertaining to participant experiences with cross-cultural clinical work. The vast majority of respondents reported feeling comfortable discussing issues of racial and ethnocultural differences with clients; 90.9% selected “agree” or “strongly agree,” while 5.2% selected “disagree” or “strongly disagree.” One participant who selected “agree” commented,

While I agree with this comment, it does not really come up in conversation. I have not found it clinically relevant, however, I could, at the very least, name the intercultural similarities and differences in the room between client and myself.

Another stated, “I believe naming and discussing difference is important.” The only participant who selected “disagree” and elaborated with a comment stated, “It was difficult for me to discuss any racial or ethnocultural issues pertaining to the mental health issues with the family.”

Participants generally did not feel that their racial and ethnocultural identities had made it difficult to develop therapeutic alliances or rapport with clients; 59.8% chose “disagree” or “strongly disagree,” to this prompt, while 23.4% selected “agree,” or “strongly agree.” One of the participants who selected “strongly disagree” commented,

I think race/ethnic issues become a problem if you don’t address the issues. Even if you are the same ethnicity, issues can arise and do. In the Latino culture there are geographic differences in immigration status, acculturation issues, socioeconomic status, and education levels. It doesn’t matter if you have the same skin color or Latino surname, issues will arise.

Another participant who selected “strongly disagree” emphasized that, “It usually has less to do with race and more to do with a client being resistant to treatment. A resistant client will find

anything to disqualify the therapist.” One of the participants who selected “strongly agree” noted a flaw in thinking often conveyed in social work training, explaining,

It is also critical to take into consideration the client’s inability to develop therapeutic alliance with social workers, not just the difficulties social workers encounter in such situations. There is an assumption on the part of social work educators and others in the field that a trained social worker should be able to address any condition. That is not the reality of the situation.

The survey item that explored how social workers of color work with clients that openly express racist ideas provoked more supplementary comments than any other; 21 provided comments to accompany their responses. Most participants felt they were able to stay engaged with clients who openly express racist views; 72.8% selected “agree” or “strongly agree” in response while only 5.2% selected “disagree.” No participants selected “strongly disagree” and 14.3% chose a “neutral” response. Thirteen of the respondents that selected “agree” or “strongly agree” provided comments. Half of these responses expressed that though engaging in this type of interaction was challenging and difficult, participants felt a sense of responsibility as clinicians to create a safe environment for clients to openly express their ideas. As one participant explained, “My social work values are strong enough to overcome client prejudices.” One respondent reported multiple instances of clients directing racial slurs at him during sessions and continuing to work with these clients. Another commented, “There are a lot of racist veterans, who are very vocal about their opinions. Being engaged is difficult, but integral in continuing a therapeutic and professional relationship,” while a third participant said simply, “While I recognize this is disturbing, I have been able to remain engaged.” Several also felt that

racist comments could provide insight into clients' ego defenses, and some saw these interactions as an opportunity for dialogue that could advance the clinical work. A participant reflected that,

Though challenging, I was recently able to connect a client's need to feel better than others in order to feel better than himself. Also addressed how his feelings of fear of Black people and lack of control (feared getting lost in the projects) were triggers to his trauma history though not related explicitly with color or class.

Some felt able to use these moments to challenge the racist ideology underlying such expressions. One participant that selected "agree" said,

I have had White adolescent clients express racist views and it leads to a great dialogue where we explore these views. I have also had teens of color say extremely ignorant blanket statements about Black people or Latinos. I am able to challenge these prejudiced views and hopefully create new ideas and understanding of race.

Some participants that selected "neutral" as a response clarified that they experienced some degree of emotional disengagement that they felt was imperceptible to the client and did not influence rapport. A participant from this group stated, "I think I can maintain a basic level of engagement though I think there are basic ways that I begin to withdraw or make assumptions about the client or their ability to change."

One of the participants that selected "disagree" discussed how assumptions about her identity based on her appearance affected her experience, saying,

I have a lot of experience with this [clients openly expressing racist views] since I look White to people who don't know what Indians look like. White people think I am part Asian. Most people just think I am some kind of White person. Black people always think that I am White.

The responses to the item regarding receiving adequate supervision and training in addressing racial and ethnocultural identity differences with clients were more evenly divided; 42.9% selected “strongly agree” or “agree” to the prompt, 16.9% selected neutral, and 36.4% selected “disagree” or “strongly disagree.” Two of the participants that selected “strongly agree” or “agree” provided supplementary comments. One cited MSW coursework as the most significant source of preparation, while the other noted,

Yes, but I had to seek it out! I did a three-year post-graduate program in analytic psychotherapy, which provided me with invaluable supervision and training. I certainly did not get it in my work in community agencies, where most of my supervisors were afraid to discuss race and ethnicity.

Four participants that selected “neutral” provided supplementary comments. Comments reflected that some participants felt that life experiences were more useful than the supervision and training they received in learning to address differences, and some had more of a theoretical and experiential framework of understanding than their supervisors, making it difficult to seek out meaningful consultation on such issues. One stated, “I have received a lot of bad advice, such as ‘just be White when you are here,’ and very little direct instruction.” Another noted that in order to address lack of supervision and training in this area, “I was intentional after graduating to pick places where I would get support and supervision.” The four participants that selected “disagree” or “strongly disagree” and provided supplementary commentary noted a lack of attention to this area when most clients were White and feeling that supervisors were generally uncomfortable addressing differences in identity. One participant captured the ways that the ethnocultural identity of the social worker is almost assumed to be invisible, saying,

It [racial and ethnocultural identity differences with my clients] is largely ignored. Racial and ethnocultural identity of the client is discussed sometimes (when they are not White), but rarely. Racial and ethnocultural identity differences between myself and my clients are not discussed.

Another emphasized the importance of more attention to this area, stating

In general, I think there could be much more training about how to talk about these issues. Knowing and feeling comfortable with the language to describe the issues that are race-related is very important. Social workers need practice in using language both with clients and with our supervisors and co-workers, when they are not aware of the issues coming up.

The final item examining cross-cultural clinical work was an open-ended question that asked participants to identify the most important sources of support and training in learning to discuss issues related to racial and ethnocultural differences with clients. There were 71 responses to this question, from which nine categories emerged: peer supervision (n=24), MSW coursework (n=22), workshops, conferences, trainings, and seminars (n=21), supervision or field advising (n=14), support and supervision from other people of color (n=10), life experiences (n=8), readings (n=6), family (n=5), and received no preparation or support (n=4).

Peer supervision was the most frequently cited source of support and training; as one participant explained, "Peer supervision has been a good way to assess my experience as a clinician in relation to my colleagues and observing the different responses seen in patients based on their particular social worker." Another noted, "Peer supervision has been the most beneficial [source of support and training] by far."

Some of the participants that identified MSW coursework as an important source of support and training elaborated further, while 13 respondents simply listed some variant of the phrase ‘MSW coursework.’ Those that elaborated cited practice classes, courses with specific content on race and racism, and experiences with dialogue about race in the classroom as important preparatory components of the MSW coursework. Seventeen of the 22 participants that identified MSW coursework as an important source of support and training responded “agree” or “strongly agree” to the item in the same section indicating receiving adequate supervision and training in addressing racial and ethnocultural identity differences with clients.

Workshops, conferences, seminars, and trainings were another key source of training and support to many participants. Few respondents expanded further; those that did cited lectures or trainings held at Smith College School for Social Work (n=2), workshops on race and racism led by Dr. Kenneth V. Hardy (n=1), anti-racism workshops (n=2), and NAIS People of Color Conference (n=1). The participant that mentioned the NAIS People of Color Conference noted that it was, “...hugely helpful. We actually had enough Native people (10) at this national conference to form an affinity group, which was life-changing for me.”

Supervisors and faculty field advisors were perceived as important sources of support and training by some participants; participants described characteristics of these relationships including, “being sensitive to issues of race,” and “supervisors who were persons of color themselves.” One participant described specific actions that aided her learning,

My field faculty advisor, who is a woman of color, was a great source of support and training. She was able to openly engage in discussion of how my Asian self could engage with my non-Asian clients (mostly African-American, Hispanic, and White veterans), and how issues of transference, countertransference, projection, projective

identification, and other defenses play out in therapy. Role-playing in how to engage in the discussions of race/ethnicity was very helpful.

Ten of the 14 participants that cited a supervisor or faculty field advisor as an important source of training and support responded “agree” or “strongly agree” to the item in the same section indicating receiving adequate supervision and training in addressing racial and ethnocultural identity differences with clients.

Support and supervision from other people of color was useful to some participants with the following examples given: consultation with other social workers of color (n=4), confiding in colleagues of color (n=4), mentors or supervisors of color (n=2), membership in a group of people of color (n=3), and consultation with people of color with similar experiences (n=1). One participant clarified,

At the time I graduated, it was in the height of civil racial unrest. MSW coursework was lacking in this area and continues to scrape the surface. Persons of color receive support not necessarily through conventional paths as described in the question. It is through conversations with other persons of color, regardless of their discipline, with similar experiences.

Two of the participants who noted life experiences as an important source of support and training cited life experiences as the only important source of support and training. Two of the participants who noted family as an important source of support and training noted that family had a very significant impact, stating, “The most important support and foundation came from my mother and older people close to me and my family.”

Finally, four participants commented that they did not feel they had formally received any support or training that aided in learning to discuss issues related to racial and ethnocultural



differences, with one saying, “None explicitly. Most of work/support is from the stance of assuming that as a social worker I would be White and need support in working with non-White clients,” another stating, “I had and still have no sources or support for this.” These findings highlight the lack of any routinely provided organizational support for clinicians of color in learning to address issues related to racial and ethnocultural differences. Further research is needed to better understand how organizational practices may be improved to provide more consistent support in this area.

### **Influence of Ethnocultural and Racial Identity on Career Trajectory Choices**

The final survey question was an open-ended item that asked participants to summarize how they felt their racial or ethnocultural identities most influenced their professional work and career trajectories. The responses of the 57 participants that provided comments coalesced around eight thematic categories: population of clients served (n=23), selection of professional environment (n=15), general awareness and frame of reference (n=15), experiencing professional obstacles/limitations due to racism (n=14), ability to connect with clients (n=11), desire to be an agent of change (n=11), feeling tokenized (n=10), and no influence perceived (n=10).

Almost half of the participants noted that their racial and ethnocultural identities influenced the population with whom they chose to work; some noted that this was a conscious choice while others felt it was also an assignment imposed upon them by their supervisors or agencies. Eighteen of the 23 participants noting that their ethnocultural identity had influenced their selection of client populations specifically identified that influence as primarily working with populations of color. Some reflected that this choice was influenced by factors such as personal experiences, life history and the feeling of having a unique perspective that enhanced the ability to understand their clients. One participant communicated a sense of responsibility to

her community, stating, “Due to a sense of duty, I’ve chosen populations and communities which I think can most benefit from my racial identity. In the future, I will continue to engage populations that share my racial identity...” a theme that was echoed by another’s comment, “As a person of color, I want my skills accessible to other people of color...the system does not make it easy for folks to access resources if they are not part of the dominant culture.” Participants that noted feeling this influence was at least partially imposed upon them communicated some ambivalence about this experience, as one participant stated,

It has influenced my professional work the most, because I have predominantly been assigned to Spanish-speaking clients of color. I have recently created waves because I specifically asked for 50 percent of my new client assignments to be English-speaking clients. When asked why, I stated that I feel that my productivity numbers do not reflect the amount of case management that inevitably needs to get done with the families I work with.

This type of experience was echoed by the comments of three other bilingual participants, suggesting that further exploration of the impact of agency and organizational policies around the caseloads assigned to bilingual clinicians upon bilingual social workers of color.

Participants frequently noted the ways that their ethnocultural identities influenced their choices of practice type, setting and agency. Five participants discussed choosing professional environments in which they would not be the sole clinician of color, and four noted that they had worked to find positions in agencies or settings where they felt they had allies amongst their colleagues, without specifically mentioning identity. One participant noted, “I won’t work in a setting where I am the only person of color on staff. In my clinical work, I always seek settings

that will allow me to have clients of color and from varied socioeconomic sectors.” Another conveyed the multiple ways in which identity influenced her career choices, saying

As a person of color, I have chose to work with indigent, marginalized, and/or vulnerable populations, practicing direct social work, preferring to employ a traditional social work casework approach rather than that of an individual clinical therapist, even though I have been a licensed clinical social worker for about 18 years.

Another participant discussed the importance of an environment that embraced multiple perspectives and philosophies of treatment, stating, “I particularly appreciate the creativity and flexibility we have in my program to meet the needs of individual families, as seems best for them, rather than determined by time or insurance companies.”

The theme of how identity influenced overall awareness and created a frame of reference for experiences was related more subtly through words like “recognizing,” “shaping,” “sensitivity,” “understanding,” “insight,” “perspective,” and the use of the phrase, “as a person of color.” Participants examined how their experiences of encountering the world as a person of color created awareness that at times could aid in feeling empathy, understanding, sensitivity, and commitment to their clients. One stated,

My racial identity has influenced my work because I know what it feels like to be in my clients’ shoes as someone who is viewed as Black or Brown. Racism is still alive and my experiences help me to empathize and challenge my clients when race comes up in session.

Another identified the influence on her value system, saying

It has strengthened my ability to see myself as my own person and not rely on the collective (either on other Black people or the larger culture) for validation. I march to

the beat of my own drum, albeit with a deep sensitivity to the issues of oppression, abuse, and injustice.

Others noted how their racial and ethnocultural identities led to holding unique perspectives that influenced other choices in their work, a theme reflected in this participant's statement:

I have done a lot of innovative program design that has grown out of how I see the world. In particular, I have a very non-hierarchical way of seeing the world. Sometimes this way of seeing worked for me and sometimes against me. It's always a lot of work to be bicultural.

One participant stated poignantly, "Early on, even before Smith, it determined everything," illustrating how salient racial and ethnocultural identity can be in both personal and professional life.

Experiences with racism, discrimination, and prejudice created obstacles to professional growth and self-determination for some participants. The array of responses noting these experiences suggested that participants were most impacted by the cumulative impact of racial microaggressions by supervisors and colleagues in the professional context, followed by the influence of institutionalized racism on opportunities for career advancement and professional growth. Five participants described being treated unfairly or having their competence questioned by supervisors as a result of their identity, four participants discussed being assigned more involved client caseloads based on their identities, hindering their ability to meet productivity quotas, while four participants noted the sense of a "glass ceiling" for people of color in their professional context, and three participants simply noted that their ethnocultural identities made their professional experiences more difficult. One participant commented on his ambivalence about feeling simultaneously valued and commodified, stating,

As a male clinician of color who works primarily in a school setting, I find that I get more referrals and am looked at as having a unique ability to connect with and understand the issues of the population I work with on a deeper level, which I find true in many cases but not all. I find that I am viewed as a valued resource, which is great, but at times these aspects of my identity result in me having a workload that is overwhelming at times.

Another stated, “it has made it harder for me to get to the highest levels of my profession,” and in a similar vein, a participant said, “sometimes I felt my racial identity impeded professional progress.”

One participant observed that,

I do feel that one of the factors in selecting me for my first position with primarily adolescent females of color was due to my race. My career trajectory in academia (at a predominantly White institution) has not also benefitted from my race; in fact I feel questioned more than most in regards to my capabilities.

Participants’ comments about these dynamics illustrated how difficult it is to capture the impact of racism, discrimination, and prejudice in a discrete phrase or description.

Many participants noted that their racial and ethnocultural identities facilitated meaningful connections and rapport with clients, either based on a shared racial or ethnocultural identity or a shared experience of being targeted by institutionalized oppression. One participant noted dual implications for this dynamic, saying, “[my identity] helps me understand other minority groups’ experience, allows clients to talk about oppression and racism, but at the same time could blind me and overwhelm the process.”

Several participants spoke to the desire to serve as an agent of change in some capacity through their professional work. One participant noted as a motivation for pursuing social work, “I want to be a positive role model for boys of color,” another stated, “I have worked in a variety of settings and I prefer to work with the disenfranchised because I feel I can make the most difference,” and a third reflected, “I entered the field wanting to make a difference in underserved communities of color, which I did early in my career.” Two participants noted concrete influences on their career trajectories, with one stating, “It has shaped what I teach and research and my decision to enter the field and subsequently pursue academia in order to influence my students and their profession.” The second participant explored her motivations for pursuing the profession, saying

I think I went into the field of social work because of my identity and experiences with race and racism. I did my community practice project and thesis about race and racism. I am finishing my dissertation on race and racism. I am committed to doing this work long term. The difference is that I have a stronger understanding of intersectionality through my feminist training. I use race and racism as one of the forms of identity and oppression, but see its relation to other interlocking oppressions.

The theme of feeling like a ‘token’ person of color was closely linked to an experience of isolation in participant responses. Some participants described experiencing this ‘token’ status with ambivalence or disillusionment, with one response noting, “I’d say it [my ethnocultural identity] has helped me add to ‘diversity’ in the workplace, but perhaps has hindered me behind the scenes in terms of advancement.” Another commented, “Black women with Ph.Ds are a commodity; I am highly employable (fill several ‘minority’ slots) but, ‘everyone needs a token to ride the bus!’” One of the bilingual participants noted that despite feeling very valuable as a part

of the agency, this came with a burden and isolation, saying, “I alone am responsible for the care of Spanish-speaking clients. I am the only bilingual clinician on my team of ten.”

Finally, a significant number of responses indicated that the participants did not observe or experience their racial and ethnocultural identities as influencing their professional work or career trajectories, with six participants stating some variation of “this has not been evident” or “it has not.” One participant explained further, “I do not think of myself based on race and gender terms first, I set goals and work towards achieving them.”

### **Impact of MSW Coursework on Racial and Ethnocultural Identity**

In order to assess the ways in which participants perceived their MSW coursework as being relevant to the development of their racial and ethnocultural identities, they were presented with an open-ended question asking them to reflect the ways in which their understanding of racial/ethnocultural identity changed, if at all, as a result of MSW coursework. Content analysis of the 67 responses revealed 7 thematic categories: no changes perceived (n=23), increased self-awareness, understanding, or insight (n=18), increased conceptual/academic framework for understanding oppression (n=14), experienced racism/racial microaggressions (n=10), growth based experiential aspects of being a person of color in an MSW program (n=10), acquired skills or knowledge to work with colleagues and/or clients (n=6), and feelings of disappointment/disillusionment about the value of people of color in social work (n=5).

Many participants noted that their understanding of their racial and ethnocultural identities did not change at all as a result of their MSW coursework. Of these responses, 15 commented “didn’t change,” or “not at all,” and did not provide any further comments. Others elaborated on their responses, noting how they interpreted this lack of change. One participant commented, “The MSW coursework did not address racial and ethnocultural identity issues,”

while a second explained, “I do not believe my understanding changed- having attended primarily White institutions and having received my MSW from a predominantly White institution, I feel like my identity was solidified but not changed.”

A group of responses reflected a shift in self-understanding, self-awareness, or insight because of their MSW coursework. One participant stated,

I was able to distinguish the subtlety of how my ethnicity and race impacted my relationship with others. This helped me understand myself more fully in looking at myself as an Asian, an American, and a blending of both, or other. I guess you can say that the MSW coursework helped me embrace my racial and ethnocultural identity more fully.

Another noted,

I gained a better understanding of how my ethnic and cultural background both framed and influenced my social and emotional development. I developed a better understanding of my cultural background and how it was both the same and different from the cultural background of other Latinos.

Another closely related theme emerged from participant responses: an increased conceptual or academic understanding of life experiences with racism and oppression. One participant’s response reflects the tone and content of many that mentioned this theme, “My MSW coursework provided an academic lens to life experiences regarding how “isms” i.e. racism, sexism, etc. perpetuate themselves. I was able to understand how they are taken in, harvested, and then distributed to others.” Another stated, “Some aspects of MSW coursework validated or expanded prior understanding based on life experience and knowledge acquired from undergraduate coursework.”



Some participants felt that the content of their MSW courses had not been as influential on their racial and ethnocultural identities as was the experience of the MSW program itself. As one participant noted, “My understanding didn’t change so much with the course work as it did with the experience of being one Latina among only a handful of minority students in a large graduate program.” Others expressed the ways that their understanding of interactions amongst colleagues shifted as a result of class discussions around race, culture, and ethnicity.

Another theme that was both mentioned overtly and alluded to in responses was that of experiencing and witnessing racism and racial microaggressions within the MSW program. One participant stated, “I experienced racism, prejudice, discrimination, and ageism in my academic experience at Smith; this strengthened my desire to advocate for students of color and adult learners.” Another noted that discussions in a course about race and racism were “brutal and gut-wrenching,” but felt that the existence of such a course was also important.

Some participants reflected that their MSW program experience or MSW coursework equipped them with skills they perceived as being valuable in working with clients and with colleagues. One participant commented, “It made me more knowledgeable and aware of those who are prejudiced and how to respond to them professionally,” while another felt that MSW coursework helped to, “appreciate how my cultural background could be a useful tool in connecting with clients and how the interactions with others around ethnicity and culture could provide an important way of connecting if handled with awareness.” Another felt that engaging in difficult dialogue within the context of graduate school was a reminder that, “In my professional life, I will always need to be willing to teach, challenge, and/or support my colleagues, clients, and systems dealing with internal or external racism or oppression.”

Finally, some participants reflected feeling a sense of disappointment or disillusionment because of their MSW coursework or experiences in their MSW programs. One participant commented that her MSW experience, “re-affirmed that White people in MSW programs are not ‘enlightened’ any more than others about racial identity.” Another stated, “I became much more aware of how little others knew about differences, and how many of my peers had little prior exposure to people of color.”

### **Inferential statistics**

This study was not designed with a specific hypothesis about the findings in mind; the lack of literature influenced the choice to allow themes, patterns, and relationships to emerge rather than designing the survey to assess specific hypotheses about relationships between variables. However, after gathering the data, inferential statistics were used to determine if any unexpected relationships were supported by the data.

In order to determine if there were differences in response patterns between racial/ethnocultural groups represented in the survey, one-way ANOVA tests were used to test for differences by racial/ethnocultural identity in responses to items assessing perceptions of being valued, being asked to serve as a resource, establishing rapport with clients, degree of ethnocultural/racial identification, perceptions of influence on identity, and experiences with racism. Due to the type of statistical analysis used, groupings with only one respondent could not be included in the analysis; therefore the respondent identifying as Native Hawaiian was not included in the analysis.

A significant difference was found when comparing the responses to the item assessing the perception that participant racial/ethnocultural identity was valued in their current professional setting ( $F(4, 68)=2.687, p=.035$ ). A Bonferri post-hoc test showed that the

significant difference was between those who identified as Asian ( $m=3.92$ ) and those who chose “not listed above,” ( $m=2.5$ ). This indicates that participants that identified as Asian reported feeling that their racial/ethnocultural identity was more valued in their current professional setting than did those who selected “not listed above” and provided a description of their racial/ethnocultural identities. Comparisons between other groups were not statistically significant at  $p < .05$ .

A significant difference was found when comparing the responses to the item examining being asked to serve as a resource for other social workers based on racial and ethnocultural identity ( $F(4, 68) = 2.940, p = .027$ ). A Bonferroni post-hoc test showed that the significant difference was between those who identified as Latino/a ( $m=4.57$ ) and those who were multiracial ( $m=2.5$ ). This indicates that participants identifying as Latino/a were more likely to be asked to serve as a resource for other social workers based on their racial and ethnocultural identities than were those that identified as multiracial.

Finally, a significant difference was found when comparing the responses to the item assessing experiences with difficulty in establishing a therapeutic alliance or rapport with clients based on the racial/ethnocultural identity of the participant ( $F(4, 69) = 2.886, p = .029$ ). A Bonferroni post-hoc test showed that the significant difference was between those who identified as Asian ( $m=3.08$ ) and those who identified as Black/African American ( $m=4.16$ ). This indicates that participants identifying as Black/African American were more likely to report difficulty developing a therapeutic alliance or rapport with a client based on their racial/ethnocultural identities than were those who identified as Asian.

Pearson correlations and t-tests were run to determine if there were any differences by gender, age, sexual orientation, religious/spiritual identification, or years of experience in

participant responses to the item assessing the degree to which participants felt their personal experiences with racism and discrimination prepared them to deal with racism and discrimination in their social work practices. No significant correlations were found based on these factors. A Pearson correlation was run to determine if there was a relationship between years of experience and the responses to the item assessing degree of comfort in discussing racial and ethnocultural differences with clients; no significant correlation was found. A Pearson correlation was run to determine if there was a difference in responses to the item assessing the perception that participant racial/ethnocultural identity was valued in their current professional setting by social work role category. No significant correlation was found. The implications and limitations of the findings presented in this chapter will be discussed in the following chapter.

## **CHAPTER V**

### **Discussion**

This study sought to explore the connections between racial and ethnocultural identity and the professional experiences of social workers of color, focusing on the influence of racial and ethnocultural identity in cross-cultural clinical work and upon career trajectory. The study also sought to understand the ways in which social workers of color might encounter racism, discrimination, and prejudice in their professional experiences. In the next section, the findings of this study will be compared to the literature previously reviewed.

#### **Cultural Competence Education and Preparation for Social Workers of Color**

According to the results of this study, many social workers of color felt that their MSW coursework did not have significant impact on the development of their racial and ethnocultural identities or on their understanding of their racial and ethnocultural identities. This finding supports previous literature that suggests students of color may find a lack of cultural competence curriculum elements that reflect non-White racial and ethnocultural perspectives and identities (Blackwell, 2010; Daniel, 2007). The perceived lack of impact of MSW coursework on racial and ethnocultural identity development or understanding may also reflect that by the time some students of color reach graduate school, they may have already formed a solid sense of racial and ethnocultural identity from previous academic and life experiences.

Some participants noted that MSW coursework facilitated a shift in their understanding, awareness, and/or insight of their racial and ethnocultural identities or provided a conceptual and

academic understanding of life experiences with racism and oppression. Studies that examine the impact of cultural competence and diversity curriculum on White students have found similar themes, but related to privileged identities and understanding of the benefits conferred to the dominant group through the mechanisms of institutionalized racism (Basham, 2004).

The experiential aspects of completing an MSW as a social work student of color were more salient than the curriculum in influencing understanding of racial and ethnocultural identity for some participants, and some specifically noted that experiencing and witnessing racism and racial microaggressions was a formative element of their MSW program. Previous literature that documented the ways in which students of color experience racial microaggressions within the context of classroom discussions of topics related to cultural competence and diversity echoed the findings of the current study (Blackwell, 2010; Daniel, 2007; K. F. Jackson & Samuels, 2011; Sue et al., 2009).

### **Professional Experiences**

The results of this study revealed that most participants felt their racial and ethnocultural identities were key aspects of their identities that significantly influenced their experiences, and that most social workers of color had experienced racism, prejudice, or discrimination in their social work careers because of their racial and ethnocultural identities. A significant number of participants felt that their experiences with racism within the professional context had created obstacles or barriers to professional growth and self-determination.

More than half of the participants felt that the organizational culture around racial and ethnocultural diversity in their professional settings was important enough that they would leave an agency or position based on this aspect of the professional environment. However, many participants felt ambivalent about the ways in which their racial and ethnocultural identities were

valued and respected in their current professional settings. Participants discussed feeling valued as tokens of diversity or having their racial and ethnocultural identities marketed to ‘diverse’ clients, and several bilingual clinicians reported that their caseloads were proportionately more demanding and labor-intensive than those of their monolingual colleagues as they were assigned primarily bilingual or monolingual clients without factoring the demands into productivity requirements. Previous studies noted that clinicians of color and especially bilingual clinicians often are assigned caseloads that may not reflect their professional and clinical interests and specializations or are assigned caseloads that require more intense involvement without consideration of the additional responsibilities that are often involved, such as case management and advocacy work (Engstrom & Min, 2004; Yan, 2008).

Participants noted that their racial and ethnocultural identities most greatly influenced their choices of client population, agency setting, and professional focus, with many voicing a desire to serve their communities or to serve as an agent of change. These findings are similar to those of a previous study, which noted that social work students and recent MSW graduates of color were more likely to express this sense of commitment to social justice values that are at the heart of social work than were their White peers and colleagues (Limb & Organista, 2006).

### **Cross-Cultural Clinical Work**

Participants in this study generally felt comfortable discussing issues of racial and ethnocultural difference with clients, felt confident in their ability to work with clients openly expressing racist ideas or views, and did not feel that their racial and ethnocultural identities created obstacles in developing a therapeutic alliance or rapport with most clients. Almost one quarter of participants in this study did note that their ethnocultural or racial identities had made establishing rapport or an alliance with clients more difficult, a finding that is supported by some

previous literature examining the ways in which racism is enacted in the therapeutic space (Bartoli & Pyati, 2009; Comas-Díaz & Jacobsen, 1995; Wieling & Rastogi, 2004).

Even participants that felt confident in their abilities to work with clients espousing openly racist views noted that this was a challenging and emotionally draining experience, but one that seemed inevitable when engaging in clinical work within the context of a society that reflects the pervasive effects of institutionalized racism. Many participants did not feel that their clinical supervision or graduate coursework had addressed the possibility of this dynamic or provided any sort of preparation for the experience.

Furthermore, less than half of the participants felt that they had received adequate supervision and training in addressing racial and ethnocultural differences with clients, while more than a third felt that they had not received adequate supervision and training in these areas, a view supported by the few previous studies examining this area (Daniel, 2007; Knox et al., 2003). The responses of participants indicated that peer supervision was one of the most important sources of support and training in learning to address issues related to racial and ethnocultural differences with clients, especially peer supervision with other social workers of color and with well-informed White social workers identified as allies. This suggests that it is important for social workers of color in clinical practice to have access to some forum for this type of peer supervision, an idea that the little existing research regarding unique practice experiences of mental health clinicians of color supports (Wieling & Rastogi, 2004).

Finally, a strong supervisory relationship characterized by the ability to openly and respectfully discuss issues of racial and ethnocultural identity was linked to participants feeling more adequately prepared to engage in cross-cultural clinical work, a finding that several



previous studies supported (Burkard et al., 2006; Constantine & Sue, 2007; Cook & Helms, 1988).

### **Limitations**

The methodology chapter of this study discussed some of the salient methodological biases and weaknesses of this study, but several other methodological weaknesses of the study merit discussion. This exploratory study relied on the use of a survey instrument designed by the researcher as the sole means of data collection. The survey instrument was not tested for reliability or validity, and the way that questions were formulated and framed reflects the researcher's understanding and conceptualization of this topic. The use of an Internet survey to gather data may have skewed the sample towards people who were comfortable using electronic methods of communication and had regular access to a computer and Internet connection at home. Non-response bias is a significant concern, as the social workers that responded likely had a personal reason for responding to the survey, and the voices and stories of those who did not respond may leave significant experiences unexamined and unrepresented.

The desired sample size for this study was 100 or more participants. The study sample only included 86 participants, a size too small to make meaningful intra-group comparisons or draw generalizable conclusions. The use of snowball sampling and convenience sampling techniques resulted in a sample that was not representative of the general population of social workers of color, especially with respect to the geographic distribution of participants. Some ethnocultural groups were not proportionately represented in the sample or were not represented at all. Additionally, due to the scope and size of this study, the ability to look at the intersectionalities of race, class, gender, sexual identity, spirituality, ability, nationality, language, and other salient identities was limited. Given the limitations in the sampling

techniques, data collection instruments, and time frame for gathering data, study findings are only applicable to the population studied, but may serve to generate further questions, directions for exploration, or revisions in methodology to strengthen validity and reliability of future studies.

This study attempted to avoid reproducing racist ideologies by uncritically discussing social workers of color as an aggregate group defined simply in opposition to whiteness, and instrument design and recruitment strategies were selected in the hopes of allowing a more nuanced picture of how clinicians of different racial, ethnic, and cultural identities may have viewed the topic similarly or differently. However, based on participant responses and limitations in statistical analysis, the survey items pertaining to selecting racial and ethnocultural identity could have been refined to allow for more precise analysis of responses from individuals identifying as multiracial and those who chose to self-identify and describe their racial and ethnocultural identities. Despite these limitations, the findings of this study may provoke continued and expanded discussion about unique professional experiences of social workers of color as well as the ways in which social workers of color encounter race and racism in the professional setting.

### **Implications**

The results of this small study suggest that the racial and ethnocultural identities of social workers of color influence their professional experiences and career trajectories in multiple complex and intricate ways. In the same ways that racial and ethnocultural identity is a fluid construction experienced in unique ways by each individual and that cannot be rigidly categorized, defined, or explained, the professional experiences of social workers of color cannot

be neatly captured or conveyed in a singular fashion. However, these initial findings do highlight some important considerations for the field.

First, the fact that the vast majority of participants reported experiencing racism, prejudice, and/or discrimination in their social work careers based on their racial and ethnocultural identities suggests that the field of social work must dedicate more resources to understanding and combating the effects of institutionalized racism within the profession through both policy and practice. The results of this process could be used to develop an assessment tool that assesses the climate of agencies and organizations for social workers of color.

The ways in which racial and ethnocultural identities are affirmed or valued must be examined to ensure that social workers of color are not put in positions where their identities are exploited, commodified or tokenized. This should be a special consideration when assigning caseloads, setting productivity requirements, and defining roles and responsibilities. Many study participants noted that support and connection with other social workers of color was an important factor in mitigating the destructive impact of experiences with racial microaggressions, discrimination, and prejudice in the professional context. Several noted that this type of support network was also immensely helpful during the MSW program. It would therefore be valuable to devote attention to developing and maintaining such supportive forums for dialogue and consultation both during graduate education programs and in the professional context.

Supervision was an important source of support and information for many participants in learning to address racial and ethnocultural identity differences with clients, however many participants did not have access to supervision that provided this type of support. This suggests that more work is needed to provide supervisors with the knowledge and skills needed to

respectfully and sensitively address issues related to racial and ethnocultural identity in supervision, especially when working with supervisees of color.

Many participants felt that MSW curriculum did not reflect the educational needs or perspectives of students of color, and a significant number of participants experienced racism and racial microaggressions in context of their MSW coursework. This suggests that further assessment and evaluation of cultural competence and diversity curriculum is merited to ensure that it addresses the learning needs of all students. Based on this assessment, programs might institute changes in the delivery and content of such courses with consideration of the impact of the educational environment and classroom climate on student learning.

### **Areas for Further Research**

There is such a marked scarcity of any literature dedicated to examining the perspectives and experiences of social workers of color that the need for further research in this broad area of inquiry is clear. The social work profession cannot hope to succeed in achieving proportional representation of people of color in the workforce without dedicating sustained attention to the professional experiences of social workers of color. The findings from this study clearly indicate that at least some social workers of color encounter different dynamics in their professional experiences than do White social workers. Meanwhile, a review of the literature demonstrates that the field of social work has done little to better understand the implications of these different dynamics on educational preparation, professional development, and professional support for social workers of color.

In order to determine if some of the themes and patterns revealed in this study are representative of those present in the general population of social workers of color, large-scale quantitative inquiries in the areas of cross-cultural clinical work, professional experiences with

racism and racial microaggressions, and efficacy/salience of education and training programs should be conducted.

Almost 20 percent of the study participants responded in some way to the last item on the survey, which asked if the participant had anything else to add. Half of these responses affirmed the importance of further research in this area and expressed support for the current study and interest in the findings. Though these responses from several participants cannot be viewed as representative of those of the larger population of social workers of color, they do suggest that not only do some social workers of color note the absence of literature examining their experiences in relevant and meaningful ways, but they also see the compelling need for continued research in this area. Future research should also focus on identifying the most important sources of professional support, learning, and growth for social workers of color with the intention of considering the implications of the findings on the educational experiences and professional supports and resources available to social workers of color.

The qualitative data yielded from this study embodies the voices of a diverse array of social workers of color. Obtaining a deeper understanding of how racial and ethnocultural identity impacts the professional experiences of social workers of color in a manner that does not reify existing problematic notions requires a different approach. bell hooks (1990) provides a compelling justification for a different approach to this exploration in her writing:

I am waiting for them to stop talking about the “Other,” to stop even describing how important it is to be able to speak about difference. It is not just important what we speak about, but how and why we speak. Often this speech about the “Other” is also a mask, an oppressive talk hiding gaps, absences, that space where our words would be if we were speaking, if there were silence, if we were there. This “we” is that “us” in the margins,

that “we” who inhabit marginal space that is not a site of domination but a place of resistance. Enter that space. Often this speech about the “Other” annihilates, erases: “No need to hear your voice when I can talk about you better than you can speak about yourself...I want to know your story. Tell it back to you in such a way that it has become mine, my own. Re-writing you, I write myself anew. I am the still author, authority. I am still the colonizer, the speaking subject, and you are now at the centre of my talk.” Stop. We greet you as liberators. This “we” is that “us” in the margins, that “we” who inhabit marginal space that is not a site of domination but a place of resistance. Enter that space. This is an intervention. I am writing to you. I am speaking from a place in the margins where I am different, where I see things differently. I am talking about what I see. (p. 208)

The complex, diverse, and powerful experiences and opinions represented by study participants’ voices speaks to the compelling need to create space for these voices to move to the center of inquiry, rather than to be continually marginalized both in the literature and in the profession. At the same time, the experiences and perspectives created out of marginality are powerfully unique and can contribute to a creating a radically different understanding and conceptualization of racial and ethnocultural identity.

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## Appendix A

### Human Subjects Review Committee Approval Letter



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**School for Social Work**

Smith College

Northampton, Massachusetts 01063

T (413) 585-7950 F (413) 585-7994

February 20, 2012

Ayesha Sundram

Dear Ayesha,

You did a very nice job on the revisions and your project is now approved. Your responses were thoughtful as well as professional.

*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 'David L. Burton'.

David L. Burton, M.S.W., Ph.D.  
Chair, Human Subjects Review Committee

CC: Fred Newdom, Research Advisor

## Appendix B

### Recruitment Letter

Dear friends, family, and colleagues,

I am working on my Master's thesis for my MSW degree at Smith College School of Social Work. Will you please help me find participants to complete a survey that is part of my thesis research?

I am exploring how racial and ethnocultural identity impacts and intersects with the professional work of social workers of color. I am looking for social workers of color that have worked in the field of social work (including academia) for two or more years and were granted an MSW degree in or before 2009.

The survey is completely confidential and anonymous. It consists of 31 questions and may take as little as 20 minutes or as much as 45 minutes to complete.

Please click on this link to complete the survey.

<https://www.surveymonkey.com/s/socialworkersofcolor>

Please pass this on to anyone who may be eligible and interested! Thanks so much for your help!

Ayesha Rodrigues Sundram

MSW Candidate

Smith College School of Social Work



## Appendix D

### Informed Consent Form

Dear Participant,

My name is Ayesha Rodrigues Sundram. I am a graduate student of social work at Smith College School for Social Work and I am conducting a study exploring how racial and ethnocultural identity impacts and influences the professional work of social workers of color. The ways in which race and racism are encountered by and relevant to the professional work of social workers of color has rarely been examined in the literature, and little research exists regarding the connections between racial and ethnocultural identity and professional experiences of social workers of color. This study will be used to develop my master's of social work thesis and may be used for presentations and publication.

You are being invited to participate in this study if you: 1) identify as a person of color, 2) possess a MSW degree granted in or prior to 2009, and 3) Have been employed in the field of social work for two or more years after obtaining your MSW degree.

The purposes of this study are to: 1) Explore the ways in which social workers of color identify race and racism as salient or relevant in their professional work, 2) Explore the ways in which social workers of color experience cross-cultural clinical work, 3) Explore how ethnocultural or racial identity may impact choice of client populations, agency settings, or type of social work practice, and 4) Understand how social workers of color experience the field of social work as affirming and/or negating their racial and ethnocultural identities.

You are being asked to complete a confidential and anonymous online survey that contains both fixed response items and a small number of open-ended items. Questions will relate to your racial and ethnocultural identity and your experiences as a social worker of color. I will also ask you to provide demographic information about yourself and about your current practice in social work. The survey will take approximately 20 to 45 minutes to complete.

Minimal risk from participation is anticipated, however you may experience distress or feelings of upset and vulnerability as a result of thinking about your racial and ethnocultural identity and recalling experiences with race and racism.

As a result of participation, you may gain new insight into dynamics of race and racism in your professional work or a sense of perspective regarding your racial and ethnocultural identity as it relates to your current professional work. You may find it cathartic to reflect and write about professional experiences regarding race and racism, especially if you have previously experienced feelings of marginalization around these issues.

The information from this study will contribute to the development of new knowledge that may improve the experiences of future social workers of color and will contribute to a broader understanding of the experiences of social workers of color. No monetary compensation will be provided for your participation in this study. However you may benefit from knowing that you have contributed to a greater understanding of the experiences of social workers of color. It is my

hope that this study will help draw attention to unique dynamics and experiences related to racial and ethnocultural identity and lead to further research and discussion about this subject.

Strict confidentiality will be maintained, as consistent with federal regulations and the mandates of the social work profession. Because this survey is being conducted online, your responses will be anonymous. The researcher will have no way to identify participants. Survey Monkey will provide no identifying information to the researcher. Please do not identify any clients in your answers to this survey. The data gained in this study will be presented in the aggregate in public presentations or publications without reference to identifying information. Any illustrative vignettes or quotes will be disguised.

Signed consent forms will be stored separately from completed surveys. My research advisor will have access to my data after identifying information has been removed. Survey data and consent forms will be kept secure in my office for a period of three years as stipulated by federal guidelines after which time they will be destroyed.

Your participation in this study is voluntary and you may refuse to answer any question on the survey. You may withdraw at any time before the study begins. You may stop participation at any point during the survey by exiting your Internet browser. However, due to the anonymous nature of the survey, it will not be possible to remove the responses you have given after you click the final submit button. There is no penalty for withdrawal from the study.

You may contact me at the email or phone listed on the consent form with questions or concerns about the study before, during, or after the study. If you have concerns about any aspects of this study or your rights, you can also contact the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

BY CLICKING “YES,” YOU INDICATE THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

**Researcher’s Contact:**

Ayesha Rodrigues Sundram




Table 1  
 Frequency Distribution of Demographic Characteristics

	f	%
Gender		
Female	72	83.7
Male	14	14
Transgender	2	2.3
Racial/Ethnocultural Identity		
Asian	14	17
Black or African American	41	50
Latino/a	9	11
Multiracial	9	11
Native Hawaiian or Pacific Islander	1	1.2
Ethnocultural identity not listed	8	9.8
Spirituality		
Atheist	2	2.3
Buddhist	4	4.7
Christian	35	40.7
Hindu	1	1.2
Jewish	4	4.6
Muslim	2	2.3
No religious affiliation	17	19.8
Prefer not to disclose	4	4.6
Other	17	19.8
Sexual Orientation		
Bisexual	8	9.3
Gay or Lesbian	9	10.5
Heterosexual/Straight	64	74.4
Queer	3	3.5
Prefer not to disclose	2	2.3
Social Work Licensure Status		
Currently licensed	61	74.4
Not licensed	7	8.5
Working toward licensure	10	12.2
Licensure Expired	1	1.2
Other	3	3.7
Current Primary Professional Social Work Role		
Administrator or manager	8	9.8
Clinical practitioner	42	51.2
Consultant	1	1.2
Faculty member	10	12.2
Policymaker	1	1.2
Researcher	1	1.2
Supervisor	5	6.1
Other	14	17.1

Table 2

## Current Work Setting

	f	%
Advocacy organization	2	2.3
Behavioral health clinic	8	9.3
College/University mental health	6	7
Community mental health agency	11	12.8
Federal/government agency	9	10.5
Group home	1	1.2
Health clinic	4	4.7
Higher education/academia	5	17.4
Hospital/medical center	7	8.1
Hospice	1	1.2
Military or VA	5	5.8
Prison/jail	1	1.2
Private practice	10	11.6
Psychiatric hospital	5	5.8
School (K-12)	8	9.3
Social service agency	10	11.6
Other	11	12.8

Table 3

## Ethnocultural Identity and Professional Work: Survey Likert Response Percentages

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My racial and/or ethnocultural identity is a key part of how I define myself	7.5	3.8	11.2	23.8	53.8
My racial and/or ethnocultural identity significantly influences my experiences	5	2.5	12.5	30	50
I have experienced racism, prejudice, or discrimination in my social work career due to my racial and/or ethnocultural identity.	7.5	12.5	12.5	36.3	31.2
My personal experiences with racism and discrimination adequately prepared me to deal with racism and discrimination in my social work practice.	5.2	12.8	12.8	42.3	26.9
I would leave an agency or position because of the organizational culture around racial and/or ethnocultural diversity	6.6	19.7	17.1	30.3	26.3
I feel my racial and ethnocultural identity is valued and respected in my current professional setting	2.6	14.3	27.3	36.4	19.4
I have been asked to serve as a resource for other social workers based on my racial and/or ethnocultural identity	9	26	10.4	36.4	18.2

Table 4

Areas Significantly Influenced by Racial and/or Ethnocultural Identity		
	f	%
Community in which I work	44	51.2
Population with which I work	45	52.3
Professional roles I have been assigned	33	38.4
Professional/collegial interactions	42	48.8
Supervisory relationships	27	31.4
Type of social work I chose to practice	29	33.7
Type of agency in which I chose to work	30	34.9
Type of client caseload I am assigned	22	25.6
None of the above	6	7

Table 5

## Racial and/or Ethnocultural Identity and Cross-cultural Clinical Work: Survey Likert Response Percentages

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
I am comfortable discussing issues of racial and ethnocultural differences with my clients	2.6	2.6	1.3	29.9	61	2.6
My racial and/or ethnocultural identity has made it difficult to develop a therapeutic alliance or rapport with some clients	32.5	27.3	13	14.3	9.1	3.8
I am able to stay engaged with clients who openly express racist views	0	5.2	14.3	49.4	23.4	7.7
I received adequate supervision and training about how to address racial and ethnocultural identity differences with my clients	15.6	19.5	16.9	22.1	20.8	5.1

