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Andrea R. Yoshida
The Perspectives of Asian Therapists
on the Impacts of Race and Ethnicity
with Asian Clients and Non-Asian
Clients of Color

ABSTRACT

This qualitative study explores the perspectives of Asian therapists on how issues of race and ethnicity impact their clinical work with Asian clients and other clients of color. Ten Asian therapists from varying educational and professional backgrounds were interviewed about how the elements of racial similarity, racial difference, ethnic similarity, and ethnic difference may have influence on the relationships between them and their clients.

Findings from this study confirmed previous studies regarding the positive impacts of racial and ethnic match on the therapeutic relationship between Asian therapists and Asian clients. As a small number of previous studies had indicated, this study's findings also revealed an increased use of self-disclosure by Asian therapists with Asian clients as well as the challenge of maintaining professional boundaries. Other significant findings included therapists' feelings of difference with ethnically similar clients, therapists' recognition of their own knowledge gaps regarding their Asian clients of different ethnicities, and the role of cultural and historical contexts in therapy relationships with ethnically different and racially different clients. This study's findings also pointed to other differences that remain salient in the context of racial difference. Finally, findings from this study revealed a feeling of isolation among Asian therapists as well as a desire for increased resources for both therapists and clients.

**THE PERSPECTIVES OF ASIAN THERAPISTS ON THE IMPACTS OF RACE AND
ETHNICITY WITH ASIAN CLIENTS AND NON-ASIAN CLIENTS OF COLOR**

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

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2013

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CHAPTER I

Introduction

The topic of race and its impact on the therapeutic relationship is certainly not new to the body of research that exists in regard to the helping professions. Over time, researchers have sought to answer the larger question of how race operates within and impacts therapeutic relationships and outcomes from various angles and perspectives, with the overall goal of continuing to serve and benefit clients in a helpful and ethical manner. From the perspective that no professional field is immune to the racial dynamics of the larger society, the field of therapy has certainly experienced its own evolution in terms of being comprised of a number of categorized groups existing within a White-dominated world.

As a whole, Asians in the field of mental health and psychotherapy have had a mixed history. For a few decades, Asian clients of mental health services have received consistent attention from clinical researchers, mainly due to the fact that they are a group that has been shown to utilize mental health services to a lesser degree than most other racial groups. In contrast, Asian therapists have long held minority status in the field in terms of their voice and presence in the literature, particularly on the topic of how race and ethnicity impact the therapeutic relationship. The amount of existing research and study that has been conducted regarding Asian therapists and their perspectives is minimal. This area deserves continued attention as the Asian population in this country continues to grow and, thus, as more Asian

therapists enter the field to address mental health needs in their communities and other communities of color.

The purpose of this research study is to explore how issues of race and ethnicity impact Asian therapists in their work with clients of varying racial and ethnic backgrounds. Specifically, participants were asked to reflect on their experiences with Asian clients in general, with Asian clients of similar and differing ethnicities, and with other non-Asian clients of color. The participants were also given opportunities to discuss any other ideas that they felt were relevant to this study. This is a qualitative research study that is exploratory in nature. Ten participants were recruited via purposive sampling and interviewed via in-person meetings, telephone, and Skype. The participants were asked to respond to six interview questions and their responses were analyzed through thematic development.

In the Literature Review, a contextual background will be presented for this study, beginning with a definition of terms and continuing with an overview of the state of the current research regarding race and ethnicity in therapy relationships. Specifically, this review will focus on the issues of racial match and racial mismatch (i.e., difference) between therapists and clients. The Literature Review will also discuss the research on Asian clients and Asian therapists in the mental health field. The Methodology chapter will describe how this study was carried out from the recruitment stage through data collection and data analysis. The Findings chapter will focus on the qualitative data gathered from the participants and will present evidence for the formation of important themes. Finally, the Discussion chapter will summarize these themes, explore this study's limitations, and discuss the possible implications of this study's findings.

As Asian therapists continue to work with increasing numbers of Asian clients, it is crucial to continue to reflect their experiences and explore the challenges that arise in order to

provide quality, ethical, and thoughtful services to a historically underserved population. The findings of this study will also be potentially useful for not only Asian therapists, but all therapists of color who will likely be working with an increasingly diverse clientele as communities of color in this country continue to grow. It is thus essential for therapists of color and students of color in the helping professions to be aware of the therapeutic dynamics and issues that may arise in these relationships. As an additional contribution to the current literature that addresses race in the therapeutic relationship, the findings of this study may hopefully extend beyond the often dichotomous nature of racial appearances and allow us to further explore how differences also exist between those who appear similar.

CHAPTER II

Literature Review

Definitions of Terms

In this study, the terms “race” and “ethnicity” are utilized in a manner that, while seeking to loosely categorize individuals, also acknowledges their existence as social constructs rather than categories based on biological or genetic characteristics. It is also acknowledged that both terms carry deep cultural and historical contexts throughout the world. While sometimes used interchangeably, this particular study relies on a distinction between the two terms.

The United States Census (2012) provides a general guideline for the racial groups that may be referred to in this study. For example, therapists who identify as having Asian identities are asked to relate their experiences of working with individuals who identify as belonging to other racial groups, such as Black, Latino, or Native American. Because individuals may identify as belonging to more than one racial group, an attempt was made to include biracial and multiracial individuals in this study.

While many conceptualizations and theories of ethnicity exist, in this study the term “ethnicity” coincides with the idea of “...voluntary collectivities defined by national origin, whose members share a distinctive, integrated culture” (Le Espiritu, 1992, pg. 5). There has been a common misconception throughout history that racial groups are homogenous (e.g., all Asian Americans are culturally the same). However, the concept of ethnicity seeks to acknowledge that

within a single racial category, there exists a myriad of cultural identities based on national origin, language, customs, and a number of other factors.

Contexts of Race in Counseling and Psychotherapy

Issues of race have been explored in counseling and psychotherapy literature for a number of decades and from a number of differing perspectives. Overall, studies have revealed very mixed results, much of which have to do with perhaps the seemingly endless number of race-related variables and factors that researchers have chosen to examine.

Racial match in therapy relationships: A review of the literature regarding racial match between therapists and clients reveals consistently mixed findings. The earliest writings appear to have emerged during the 1960s and 1970s, notable for coinciding with the Civil Rights Movement in the United States. Subsequently, most research during that time period focused solely on Black and White clients and therapists, and it seemed that the socio-political context of race was thus reflected – factors such as racial stereotypes and prejudices, “perceived similarity,” and “perceived dissimilarity” were prominent in writings at the time (e.g., Banks, 1972). Mixed results in the exploration of how racial match between therapist and client impacted therapy outcomes have been evident from this point forward. Variables that were initially demonstrated as being positively impacted by racial similarities and differences between therapist and client included such concepts as therapy “effectiveness,” counselor-client “rapport,” and the client’s subjective level of “self-exploration” (Banks, 1972; Gardner, 1972). However, it has been posited by a significant number of researchers over time that certain relational factors could in fact prove more influential than racial similarities or racial differences in the therapeutic relationship. Those factors include empathy (Banks, 1972), therapist education and experience (Ewing, 1974; Atkinson, Furlong, & Poston, 1986), therapist attitudes and values (Atkinson,

Furlong, & Poston, 1986; Chang & Yoon, 2011), and therapist self-disclosure (Chang & Yoon, 2011), to name a few examples.

Perhaps a surprising perspective of racial match in therapy relationships is that it has been shown to pose therapeutic challenges for both therapists and clients. Transference and countertransference issues within a racially-matched therapy relationship can function as the roots of such challenges (e.g., Gottesfeld, 1978). Comas-Díaz and Jacobsen (1991) conceptualized “intraethnic transference” and “intraethnic countertransference” issues, such as ambivalence, guilt, pity, and aggression, and explored ways in which these dynamics may affect the process and outcome of therapy. Social disparities within racial groups based on socioeconomic status, education levels, and immigration status may also have an impact on racially-matched therapy relationships via transference and countertransference issues (Munoz, 1981). On a somewhat related note, although just one known author has explored the implications of skin color in racially-matched therapeutic relationships (Tummala-Narra, 2007), this issue can still be very relevant in considering intra-racial prejudices or stereotypes between a racially similar therapist and client.

Racial mismatch in therapy relationships: As the literature shows that a racial match in a therapy relationship can have variable effects, so it follows that the impacts of a racial mismatch (i.e., a therapy relationship in which the races of the therapist and client are different) can also be mixed. One commonality discovered amongst the studies that explore racially mismatched therapy relationships is the consideration of therapists’ perspectives on race as a therapeutic issue. As such, it has been demonstrated that White therapists and therapists of color have different perspectives of “cross-racial” psychotherapy (Turner & Armstrong, 1981). Further, differential attitudes about race and self-reported discomfort with discussing racial

issues have been demonstrated to negatively affect the ways in which White therapists interact with clients of color (Turner & Armstrong, 1981; Davis & Gelsomino, 1994; Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003; Utsey, Gernat, & Hammar, 2005). More specifically, research has revealed mixed results regarding the question of how White therapists' biases and assumptions negatively impact their diagnoses of clients of color (Li-Repac, 1980; Abreu, 1999).

A small amount of research has also explored the perspectives of clients (mostly clients of color) regarding the effects of racially-mismatched therapy relationships. As with racially-matched therapy relationships, it has been found that therapy clients tend to regard certain qualities and characteristics of therapists as more important and influential than therapist race alone. Factors such as therapist self-disclosure, therapist compassion and unconditional acceptance of the client, awareness of the importance of race in an individual's experience, and therapist skills in navigating racial dynamics including therapeutic ruptures have all been explored as elements that contribute to success in racially-mismatched therapy relationships (Chang & Berk, 2009; Chang & Yoon, 2011). Though the majority of the literature regarding racially-mismatched relationships addresses White therapist-client of color dyads, there is a limited amount of research that explores the dynamics between therapists of color and clients of color from differing racial backgrounds. Fuertes (1999) explored how race, among other factors, impacted Asian Americans' and African Americans' first impressions of Hispanic counselors. Although one study alone is not sufficient to extrapolate significant findings or themes, it is important to note the results, which demonstrated that race alone did not have significant impact on how potential Asian American and African American clients initially perceived Hispanic counselors. With the number of therapists of color and clients of color continuing to increase, further exploration of the particularities of these relationships will be important.

Theories of how race influences therapy relationships: Amongst the existing literature that addresses how race influences therapy relationships, a handful of prominent themes reveal themselves. Though not necessarily chronologically ordered, it may be understood that these themes, and the context of race in therapy as a whole, have evolved and will continue to evolve over time.

One theme that shows up through the literature is the idea that assumed or perceived similarity between a therapist and a client based on racial characteristics leads to certain positive factors that support the therapeutic relationship (e.g., Banks, 1972; Chang & Yoon, 2011). This theme is based upon Fiedler's theory (1951) of perceived similarity (as cited by Banks, 1972, and Gardner, 1972). These assumptions can be made by both the therapist and client, and have been shown to result in different relational qualities. These assumptions can lead to greater empathy and support, a higher level of trust in the therapist, and an overall greater level of effectiveness in the therapy.

Another theme concerning the context of race in therapy conceptualizes therapy relationships as ones that mirror or parallel the greater social context of race (e.g., Harrison, 1975; Greene, 1985; Vasquez, 2007). In other words, therapy relationships are not immune to the historical and cultural contexts of race that exist in the greater society. Racism, racial discrimination, and prejudice can certainly impact the relationship between a therapist and client, as it impacts any other relationships in the outside world.

On a similar note, the third theme that can be extrapolated from the research is the idea that, like any other characteristics of therapist and client, the characteristic of race can incur various aspects of transference and countertransference within the dyad (e.g., Jackson, 1973; Gottesfeld, 1978; Comas-Diaz & Jacobsen, 1991; Comas-Diaz & Jacobsen, 1995). This theme is

not very different from the idea that social contexts affect therapeutic contexts; however, in a classical psychoanalytic sense, transference and countertransference are viewed as phenomena that occur within the client's individual psyche, based on his or her life history. In this sense, it is much more individual in nature than the second theme described above.

The evolving exploration of the impacts of race in therapy relationships has, in a sense, culminated in the final theme of multicultural counseling/therapy. In the context of therapists working with clients who are culturally different, Sue (as cited in Sue & Sue, 2003) defined the concept of "multicultural counseling and therapy" as:

...a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group and universal dimensions, advocates the use of universal and specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems (pg. 16).

In addition, the concept of multicultural counseling competence has become increasingly prominent in the literature, promoting the best practice of therapists acquiring skills and knowledge that increase the overall ability to work with clients from all cultures (e.g., Vinson & Neimeyer, 2000; Wang & Kim, 2010). While this idea partly encompasses the themes aforementioned, it is also notable that race is but one of the many cultural identities of concern within the emerging field of "multicultural" therapy.

Ethnicity in therapy relationships: As it is previously defined in this review, ethnicity and its specific role in therapeutic relationships are areas of study that have been largely ignored as of yet in ongoing research. Comas-Diaz and Jacobsen (1991) are perhaps some of the only

authors who have addressed the particular topic of ethnicity, separately from race, within therapeutic relationships. Interestingly, the one population in which ethnicity has been a focus of study is the Asian population within the United States. As will be expanded upon in the following section of this literature review, ethnicity and the impacts of ethnic similarity between Asian therapists and Asian clients have been explored in depth. Overall, ethnic similarity (e.g., Chinese therapist and Chinese client) in this context has been demonstrated to have a positive impact on therapeutic relationships. However, ethnic difference between Asian therapists and Asian clients (e.g., Korean therapist and Vietnamese client) has not been explored in terms of its impacts on various aspects of the therapy relationship. Neither has ethnic difference been explored in the broader aspect of therapy relationships between racially different therapists and clients, perhaps due to the common tendency for race and ethnicity to be combined into a single concept.

Asians in mental health

Asian clients: The portrayal of Asian individuals within the realm of mental health services in the United States has proven to be anything but clear over the past few decades. Over time, in literature regarding mental health services, the Asian population as a whole has been primarily studied in the role of “consumer,” or rather that of “non-consumer,” as Asians have been consistently shown to utilize mental health services at a much lower rate than the general population (e.g., Abe-Kim, et al., 2007; Sue, Cheng, Saad, & Chu, 2012). As cited by Abe-Kim, et al, (2007), the National Latino and Asian American Study (2002-03) demonstrated that only 3.1% of Asian Americans surveyed sought help from mental health providers (pg. 93). Existing research posits a number of explanations for this trend. The most pervasive explanations cite various cultural factors, which may deter Asian individuals from accessing mental health

services and, in many cases, seek out alternative methods of healing. For example, many researchers suggest that Asian individuals' emotions tend to manifest somatically more so than individuals from other cultural groups. According to Herrick and Brown (1998), "[i]n Asian-American cultures, somatic symptoms are less stigmatizing, and non-verbal expressions of feelings is more acceptable. Therefore, Asian-American people do not talk about feeling depressed or seek mental services" (p. 226). Sue and Sue (2003) also explained that in Asian cultures, "the mind and body are considered inseparable" (p. 334) and that emotional disturbances are caused by physical illness; therefore, Asian individuals experiencing mental health issues may be more likely to seek out medical professionals rather than mental health professionals. Researchers have also found that Asians tend to delay mental health treatment until the problem is very severe. Whether this is due to cultural stigma surrounding mental illness (Sue, Cheng, Saad, & Chu, 2012); cultural shame surrounding public discussion of family problems (Sue & Sue, 2003, p. 339); a pervasive fear of "loss of face" (Leong, Kim, & Gupta, 2011); or the cultural belief that mental health can be individually achieved through willpower and avoidance of bad thoughts (Steward, 1995, as cited by Herrick & Brown, 1998), existing research has shown that Asians as a whole tend to seek help from cultural healers first and only access Westernized medical services as a last resort (Herrick & Brown, 1998). Immigration issues (e.g., experiences of migration and assimilation, attachment to one's original culture, one's experience of being accepted in the United States) have also been found to influence and impact mental health in general, which likely includes issues of access to services (e.g., Herrick & Brown, 1998; Sue & Sue, 2003).

Considering these particular themes in the literature, it follows that a major portion of professional writing on Asian clients in mental health services seeks to inform therapists from

the dominant culture how to provide culturally appropriate services to clients of Asian descent (e.g., Root, 1995; Sue & Sue, 2003). Awareness of, and adjustment to, the cultural factors that impact Asian clients' utilization and acceptance of mainstream mental health services is one of the primary strategies indicated by current literature (e.g., Herrick & Brown, 1998; Sue & Sue, 2003). In addition, developing awareness of one's biases and assumptions in order to minimize stigmatization or discriminatory treatment in mental health practice with Asian clients is seen as essential to increasing cultural sensitivity to this particular group. Some researchers espouse the idea that Asian clients may be more receptive to services provided by Asian therapists, which is supported by studies showing that perceived similarity of the therapist leads to his or her increased credibility (Meyer, Zane, & Cho, 2011). Studies have also shown that language and ethnicity match between therapist and client are important for increasing utilization of services by Asian clients (e.g., Flaskerud & Liu, 1991; Fujino, Okazaki, & Young, 1994). Ito and Maramba's (2002) study of an "ethnic-specific clinic" for Asian therapy clients indicates "client-therapist cultural and linguistic match" as one of the key elements of a "baseline cultural match" between client and therapist (p. 60). An overall "lack of service providers who speak Asian languages" may be a major factor in the underutilization of mental health services by Asians, particularly those who are not English-speaking or who speak English as a second language.

More recently, it appears that a handful of researchers have begun to take on a new perspective in the plight of Asians in the mental health system, which may lead professionals to explore different ways of addressing the apparent disparities. Sue, Cheng, Saad, and Chu (2012), for example, draw attention to the ways in which assessment tools may not be culturally valid for Asian Americans, specifically in the ways that mental disorders are conceptualized with a cultural bias toward the mainstream. Similarly, Herrick and Brown (1998) suggest that racial

discrimination and stereotyping impacts the dominant culture's perceptions of how Asian individuals experience mental illness. Sue, Cheng, Saad, and Chu (2012) also acknowledge the difficulty that researchers face in finding adequate samples of particular Asian sub-groups as well as samples that are adequately homogeneous in terms of cultural factors such as levels of acculturation, immigration status, etc. (pg. 538). These researchers, among others, have also begun to ask the important question of how lumping Asians into one group impacts our ability to completely and accurately understand how Asian individuals are impacted by mental health issues. The concept of examining Asian sub-populations as distinct researchable groups is a fairly new one. Barreto and Segal (2005) suggest that with increased use of mental health services by Asian Americans, complex patterns of usage among sub-populations are beginning to surface. For example, East Asians (Chinese, Japanese, and Koreans) in the state of California demonstrate greater overall acceptance of mental health services (Barreto & Segal, 2005, pg. 748). This particular research also suggests connections between higher socioeconomic status, higher levels of education, belonging to a group that is historically a less recent arrival to the United States; and utilization of mental health services. In short, more current research suggests that it is becoming increasingly obsolete to aggregate Asian sub-groups in mental health services research.

Asian therapists: Among the research that seeks to understand how issues of race and ethnicity impact therapists of color, there is very little research that seeks to understand how these issues uniquely impact the experiences of Asian therapists in terms of their work with clients. However, the research that does exist in this area is focused exclusively on perspectives of how Asian therapists' racial and ethnic identification impact them and their clinical work. Single-N case studies are one form of research that addresses this issue. In his 1990 study, Maki

explored his own countertransference issues with an adolescent client who shared his Japanese American ethnicity. Issues of overidentification, defined as “a felt bond with another person who is seen an extension of oneself because of a common experience” (Maki, 1990, pg. 141), and the assumption of cultural themes, whereby a therapist has “a tendency to ‘take for granted’ or assume that one understands the client’s cultural perspective” (p. 140), were cited by the author as the major countertransferential issues that arose in his therapeutic relationship with the adolescent client. Another case study by Tung (1981) showcases a Chinese American’s personal experience with a 10-year-old psychotherapy client who, as the author described, “chose my ethnic background as the central stage for testing” (pg. 660).

The perspectives of Asian therapists have been explored empirically, though also in a limited sense. Maki (1999) expanded upon his earlier single-N study by empirically exploring how the phenomenon of clinician identification is influenced when the clinician shares a similar ethnic minority background with a client. In his comparative, quasi-experimental study of Japanese American clinicians and White clinicians, Maki’s findings suggested that a high range and intensity of identification in the clinician was the result of “...the sharing of common ethnic experiences and perspectives that are rooted in a group’s particular historical experience...and modified by generational status...” (pg. 68). Maki (1999) also found that the Japanese American clinicians in his study demonstrated “an increased sense of investment” in Japanese American clients, which was “triggered by sharing the same ethnic background” and “...often manifested itself in the form of spending more time working on or thinking about a case, being more emotionally concerned about a case, or having the case be of personal interest” (pg. 68). True to their nature, the studies mentioned thus far are very specific to either an individual therapist’s personal experience with an individual client, or to clinicians who identify with one particular

ethnic group. On a broader scale, Ito and Maramba's study (2002) explored the perspectives of Asian therapists working in an "ethnic-specific clinic" with Asian clients, where therapists were matched with clients "by culture or language, with language being the most important if both criteria were not available in one therapist" (pg. 53). Through extensive interviews of the Asian therapists at this particular clinic, the authors discovered that the clinicians made frequent adjustments in their work (e.g., explanations of and responses to mental illnesses, therapeutic treatment modalities) in order to accommodate their Asian clients. Constant struggles to maintain professional role with their clients and the clients' families and use of self-disclosure as a therapeutic tool were also common elements of the Asian therapists' clinical work in this particular work environment. Importantly, the concept of a positive "cultural match" between the Asian therapists and the work environment within their clinic was an additional focus of the study in terms of how the clinicians' work was impacted.

A final aspect of Asian therapists' perspectives includes how Asian therapists understand their clients' perspectives of them and their racial identity. A study by Iwamasa (1996) revealed the subjective experiences of 31 ethnic-minority behavioral therapists, 19 (the majority) of whom self-identified as Asian-American. In this particular study, participants' responses are not matched to the individual; however, some of the qualitative responses given are obviously from the perspectives of the Asian therapist participants. For example, one participant states, "I am always asked whether or not I'm Chinese" (pg. 244) and another reports, "A Caucasian-American male client remarked in the first session that he didn't expect an Asian therapist and never returned" (pg. 245). From these and other statements that capture the particular experiences of Asian respondents, one can infer from this study that Asian therapists are aware of their clients' perspectives, including curiosity and assumptions about the therapists' ethnic

backgrounds, increased feelings of comfort with a therapist of the same ethnicity, and refusal to work with an Asian therapist. The fact that the vast majority of the data focuses on the therapists' impressions of their clients' perspectives is problematic in more deeply understanding the subjective experiences of the therapists themselves.

In summary, the issue of race in therapy relationships has received a significant amount of attention in the existing literature. The topic of ethnicity has not been a point of focus with the exception of research that has demonstrated positive outcomes for Asian clients who receive services from ethnically similar Asian therapists. In past research, Asian people have been studied mainly as clients of mental health services who tend to underutilize services. In terms of Asian individuals as therapists, the research is very limited, yet the small body of research focused on the subjective experiences and perspectives of Asian therapists has begun to reveal a number of possible issues and dynamics that arise in their work with Asian clients.

This study is an initial step toward filling some of these research gaps by exploring the perspectives of Asian therapists on how they are impacted by similarities and differences in race and ethnicity when it comes to therapy relationships with clients. The following chapter will describe the step-by-step methodology of this study.

CHAPTER III

Methodology

Research Strategy

This project seeks to explore how issues of race and ethnicity affect Asian therapists in their clinical work with clients of varying ethnic and racial backgrounds. More specifically, this study explores how Asian therapists feel their clinical work is impacted when they work with Asian clients of differing ethnic backgrounds (e.g., a Vietnamese therapist working with a Chinese client) as well as how Asian therapists feel their clinical work is impacted when working with non-White clients of other racial backgrounds (e.g., Black or Latino). Because this particular aspect of the professional lives of Asian therapists has not been adequately explored in the existing literature, this study is exploratory in nature in that it is not based upon a pre-formed hypothesis. As such, this study generally follows the qualitative method of grounded theory, “an inductive qualitative method that begins with observations and looks for patterns, themes, or common categories” (Rubin & Babbie, 2013, p. 255). Rubin and Babbie (2013) also state that “this analysis is not set up to confirm or disconfirm specific hypotheses” (p. 255). Padgett (2008) discusses semi-structured interviews and open-ended interview questions as components of the grounded theory method. Thus, data collection for this study will take place in the form of semi-structured, open-ended interviews with participants who meet predetermined eligibility criteria. Demographic data will be collected as well in order to characterize the sample. My assumption in conducting this study is that those who have agreed to participate in the study have done so

because they have had notable experiences when working with their clients of color, and thus feel that they have something to offer to the study. However, this researcher also acknowledges and accepts the possibility that issues of race and ethnicity may not have a significant impact on the Asian therapists who have agreed to participate in this project.

Participant Recruitment Method

For this study, purposive sampling was used via snowball method. A recruitment message (Appendix A) and introductory letter (Appendix B) were forwarded to colleagues in order to spread the word to any individuals who were potentially eligible for the study. Contact information was included in the recruitment message for those interested to call or email me regarding the study. In addition, a brief recruitment message was posted on unofficial (i.e., unaffiliated with any institution) Facebook pages (Appendix C). Recruitment flyers (Appendix D) were posted in two local coffee shops in early March 2013. Additionally, a shortened version of the recruitment message was sent to prospective participants via the PsychologyToday website.

Participant Characteristics

A total of ten self-identified East and/or Southeast Asian therapists were interviewed for this study. The sample consisted of nine self-identified female participants and one self-identified male participant. Two participants identified as bi-racial/Filipino and White (20%), two identified as Taiwanese (20%), two identified as Chinese or Chinese-American (20%), and one each identified as Japanese-American (10%), Laotian (10%), Korean-American (10%), and Burmese (10%). In terms of age, two participants identified as being in the age range of 21-30 years (20%), six participants identified as being 31-40 (60%), one identified in the range of 41-50 years (10%), and one identified as being over 50 years of age (10%). The number of years of

post-graduate clinical experience ranged from 2.5 years to 25 years, with an average of 8.9 years. Four participants held a Master's in Social Work degree (40%), two participants held a Master's degree in Clinical Psychology (20%), one held a Master's degree in Counseling (10%), one held a Master's degree in Counseling Psychology (10%), one held a Master's degree in Marriage and Family Therapy (10%), and one held a Ph.D. in Clinical Psychology (10%). In regards to primary practice setting, seven participants practiced in a private practice setting (70%) and one each practiced in a non-profit organization (10%), a community mental health agency (10%), and a medical center/HMO (10%). Nine individuals worked primarily with individual clients (90%) and one participant worked primarily with groups (10%). Of the nine participants who identified as working with individuals, two stated that they also worked with couples or families, and one reported working with a group.

Clientele Characteristics

Participants were asked to estimate the racial demographics of their current clientele by percentage. The percentage of White or Caucasian clients indicated by the participants ranged from 25% to 79%, with an average of 53.9%. The percentage of Black or African-American clients ranged from 0% to 60%, with an average of 19.5%. The percentage of Hispanic or Latino clients ranged from 0% to 25% with an average of 6.1%. The percentage of clients identified by the participants as Asian, Asian-American, or Pacific Islander ranged from 1% to 40% with an average of 16.3%. Two participants identified a portion of their clients as 'bi-racial' or 'multi-ethnic' (average of 2.5%). One participant identified 5% of his/her current clientele as Native-American (average = 0.5%). One participant identified 10% of his/her clientele as 'South Asian' (average = 1%) and 10% as Trinidadian (average = 1%). Participants were not asked to indicate

the total number of clients in their current caseloads; thus, these numbers indicate relative percentages only.

Data Collection Methods

Confidentiality of research participants was protected through a number of steps. Interviews were conducted in enclosed office spaces or meeting rooms to ensure privacy for the participants. Audio files of the recorded interviews were stored on a password-protected computer accessible only to the researcher. Participant names were not included in the recordings and were not attached to the interview transcripts. Transcripts and documentation matching participant names to study identification numbers were electronically stored on a password-protected computer. Interviews were transcribed by the researcher. No other individual had access to raw data. The researcher's advisor for this study was allowed to access the data only after all identifying information had been removed.

Each participant read and signed an Informed Consent form (Appendix E). For those individuals who were interviewed in person, two copies of the consent form were sent via mail along with a self-addressed, stamped envelope. These participants were given the option of mailing back a signed copy of the consent or submitting a signed copy of the consent to the researcher at the start of the interview. For those individuals who were interviewed by phone or Skype, the same mailing process was used and the interview was only conducted after the researcher had received the signed consent form in the mail. No copies or faxes of consent forms were accepted. This study was approved by the Smith College School for Social Work Human Subjects Review Committee (Appendix F).

Data was collected for this study through semi-structured, open-ended interviews. Six interviews were conducted in person, three interviews were conducted via Skype, and one

interview was conducted via telephone. An interview guide consisting of seven demographic questions and six interview questions (Appendix G) was used to ensure consistency in soliciting participants' responses. The average interview length was 26 minutes. All interviews were recorded using GarageBand software on an Apple brand laptop computer.

Data Analysis

Interviews were transcribed verbatim from the audio recordings. In order to protect the confidentiality of the participants' clients, any identifying client information that was inadvertently revealed during the interview process was erased from the audio recording and thus excluded from the transcript. Due to the large amount of data collected, content analysis was utilized to organize the information. Themes and sub-themes were created according to the data. Descriptive statistics were utilized to analyze demographic information and characterize the sample.

In the following chapter, the findings of this study will be presented thematically and narrative examples from participants' responses will be utilized.

CHAPTER IV

Findings

This chapter will reveal the findings of the collection of qualitative interviews conducted with the ten participants. Demographic information about the participants will be reviewed to provide a backdrop for the presented findings. A brief note of researcher demographics will also add to the context of these findings. The organization of the remainder of the chapter is guided by the interview questions themselves and the chapter is divided into five major sections accordingly: a) Working with Asian clients, b) Working with ethnically similar Asian clients, c) Working with ethnically different Asian clients, d) Working with non-Asian clients of color, and e) Additional themes. Within each section, major themes that arose from participants' responses are identified and explored using examples from interview transcripts as evidence. These themes and their applications to the existing literature and the field of clinical social work as a whole will be further explored in the Discussion chapter to follow.

Demographic Data

Ten participants who identified themselves as Asian therapists were interviewed for this study. The majority of the participants (n=9, 90%) self-identified as female and one (10%) self-identified as male. Participants identified with a broad range of ethnic and cultural backgrounds: two identified as bi-racial (Filipino and White), two identified as Taiwanese, two identified as Chinese or Chinese-American, and one each identified as Japanese-American, Laotian, Korean-American, and Burmese. More than half of the participants (n=6, 60%) placed themselves in the

age range of 31-40 years, while two (20%) placed themselves in the range of 21-30 years, one (10%) in the range of 41-50 years, and one (10%) identified as being over 50 years of age. The number of years of post-graduate clinical experience ranged from 2.5 years to 25 years, with an average of 8.9 years. Notably, the participants identified a range of degree types: four participants (40%) held a Master's in Social Work degree, two participants (20%) held a Master's degree in Clinical Psychology, one (10%) held a Master's degree in Counseling, one (10%) held a Master's degree in Counseling Psychology, one (10%) held a Master's degree in Marriage and Family Therapy, and one (10%) held a Ph.D. in Clinical Psychology. The majority of participants (n=7, 70%) stated that private practice was their primary setting and one each practiced in a non-profit organization (10%), a community mental health agency (10%), and a medical center/HMO (10%). Nine individuals worked primarily with individual clients (90%) and one participant worked primarily with groups (10%).

Researcher Demographics

As the sole researcher and interviewer for this project, it is important to acknowledge my identity as a Japanese-American individual and the influence that this may have had on the findings. It is not certain that all of the participants were fully aware of my Asian identity as not all interviews were conducted face-to-face. However, the personal statement given at the beginning of each interview (see Appendix G) alluded to my racial identity within the context of the study. As such, it is relevant for readers to consider how participants and their responses were impacted by the knowledge that they were speaking to an Asian individual and the subsequent feelings that resulted.

Working with Asian clients

Each of the ten participants interviewed for this study stated that he or she was impacted by having an Asian identity and working with Asian clients. The ways in which these factors impacted the participants and their therapy relationships with their Asian clients varied. From their responses, four main themes emerged: Client Connections, Therapist Connections, Direction, and Self-Disclosure.

Client connections: One major theme that materialized from participants' responses about being an Asian therapist and working with Asian clients is the way in which Asian clients connected with Asian therapists. Seven participants (70%) described their sense of how Asian clients connected with them based on the therapist's Asian identity. Interestingly, a significant number of them discussed their awareness of being sought out by Asian clients because of their Asian identities. For example, Participant #9 described how she is profiled by prospective Asian clients who are seeking a therapist.

I definitely believe that my Asian ethnicity impacts my practice because I've had clients, in a way, track me because they're looking for specifically Asian therapists. So they call and they say, "Hey, I want to find somebody that is Asian-American female," so they definitely in a way profile me when they were seeking therapy.

Similarly, Participant #6 described being sought out by Asian clients and how it allows the clients to identify with her as a therapist: "It definitely impacts my work because I think that's one of the reasons that some clients choose me. They are looking for someone who they can identify with and one of the ways by doing that is by appearance." Participant #5 described her thoughts about clients' desire for an Asian therapist and how this factors into the clients' feelings of being understood.

I think also just because of my background, I think some of my clients want to see me because we share an ethnic background and they have the assumption that I will understand what they're going through better, in terms of acculturation issues or emotional issues related to being Asian in a Caucasian culture.

In the same vein, Participant #3 explained the clarity she gained about clients' perceptions of her as an Asian therapist and their perceived notion of her ability to relate to them.

I'm thinking that it's very clear to the clients, the Asian clients that I have, that I am Asian. And it's clear to me that it's clear to them. Just in the way that it's referenced or comments that they've made about, you know, my ability to maybe be able to relate to them.

Participant #8 discussed her perception of being attractive to Asian individuals who are seeking out a therapist with whom they can identify and to whom they can relate.

I think that initially it attracts people to me in a way. They're kind of curious...there's not a lot of us out here in ____ that are Asian-American practicing therapists. I'm one of a few. And so I think sometimes when people are looking for somebody that they want to work with, they're sometimes kind of looking, like, who I can identify with, who might understand my story a little bit better because they might be able to identify on some level. They don't know exactly what that might mean, but I think that kind of identifying factor in terms of how they see me, what they see when they see me on the website, or what they take from bits and pieces of my bio, kind of contribute to them seeking me out.

Participant #7 described the immediate trust he perceives from clients based on his Asian appearance.

It does because I think it builds some measure of trust or credibility right off the bat, at least from their perspective. They think I can identify with their issues. I might not be able to, they just think I do because I look Asian. Like, “Well, you know what it means, you know this, you know that,” and I’m like, okay. So I think that piece is important because trust is hard to garner if I’m just a White therapist and they have to explain everything, they have to explain their culture, it’s just a lot of work.

Participant #4 described a similar experience with her Asian clients and further explored how a mutual connection based on a shared Asian identity facilitated trust and confidence from the client.

Since I’ve been in private practice, just my Asian presence and, you know, for the clients and the families not knowing even my educational background or experience, there’s already a connection, a connection you’re not going to get in school, and school’s not going to train you to connect with a client that way. So already they come in, they already see I reflect their cultural identity and they already feel comfortable. And so they’ll just spill the beans and share and be really darn open...I think it’s mutual, it’s pretty mutual. And with any kind of therapy process, you know, that is going to dictate whether the therapy, therapeutic process is going to be successful or how effective is not so much, I got all these tools behind me and I got 25 years of experience. If you sitting across from me, if you as a client don’t feel connected, you’re not going to trust me, you’re going to question my judgment, my confidence, you’ll sit there and you may come very week but the progress may be slow because you’re still trying to...but if you trust me, and you feel a connection with me...if you feel a connection with me, you’re going to trust me and we’re going to move along a lot faster.

Therapist connections: Along with the participants' awareness of their clients' connections and affinity towards them as Asian therapists, the second theme that arose from participants' perspectives about working with Asian clients was the connection that some participants felt with their Asian clients. Three participants (30%) discussed their often immediate connections with their Asian clients and how this facilitated the therapeutic relationship. Participant #2 described her conscious awareness of being drawn toward Asian clients in particular: "Every time I see an Asian client, I always do a few seconds of just my own conscious awareness of seeing someone who looks like me and feeling akin to seeing that client." On a related note, Participant #10 discussed her personal connection and how it cultivated the development of the therapeutic relationship.

I think it's for me, being able to feel a personal connection with them and I think they also have a little bit more of a comfort level with me. So that helps build the therapeutic relationship a lot easier.

Participant #8 explored the impact of having a similar racial identity to her Asian clients and the feelings it triggered in terms of her own personal history.

I do feel like I identify...it affects me. I do feel that whole transference thing going on all the time internally and definitely feel stirred up sometimes in my own story and process in that. And then also just a joint kind of sorrow or sadness or grief to hear some of the experiences that the women of color I work with are experiencing and how they're seen or identified or labeled and how damaging and harmful that has been to their own development and voice.

Direction: The final major theme that developed from participants' responses regarding their work with Asian clients was the commonality of using more directive therapy techniques

with those particular individuals. Four out of the ten participants (40%) discussed their awareness of giving more direction to Asian clients based on a variety of factors. For Participant #2, the difference in technique was clearly based upon client preference.

Research shows a lot of Japanese and Asian-Americans prefer CBT versus a more psychodynamic approach. So I'm much more psychodynamically oriented from being trained at _____ and in my medical setting, we practice more CBT and patients tend to want to have a more here-and-now, CBT approach than me delving into a lot more of their family and psychosocial history.

Participant #9 also acknowledged her perception that her clients desired a more directive approach.

I think some of the cognitive-behavioral work and solution-focused kicks in a little bit more, because they want an answer and they want a remedy and they want their symptom to reduce. They're pretty proactive in the goals that they're in here to deal with. So I tweak it a little bit in that aspect.

On a similar note, Participant #10 also stated that she was more directive with her Asian clients, but based this upon the clients' relative levels of acculturation. She also expanded on her perception that her Asian clients required the direction in terms of understanding therapy and therapeutic roles.

For those that are less acculturated, I think I am a little bit more directive, a little bit more sort of involved. I think with other clients, particularly with Caucasian clients, I would be a little bit more laid back. I would take less space with them in the room and just follow their lead a little bit more. But with Asian clients, and with some other ethnic clients as well, I tend to be a little bit more directive and a little bit more psychoeducational... They

really need a little bit more orientation to what therapy is and so I think I'm trying to, the psychoeducation part of it, I'm trying to orientate them to what therapy is. And maybe guide them a little bit more in some of their roles as clients. It's like, okay, maybe these are some of the things you might want to talk about, and maybe guide them into questioning some of the issues and seeing what's going on here. And also explaining what my role is so they have more realistic expectations, understanding some of the boundaries that might be there between a therapist and a client.

In addition to simply acknowledging one's tendency to be more directive with Asian clients, two participants (20%) discussed how this impacted them as therapists and the actual process of therapy. Participant #9 explained the challenge of helping a client feel a sense of achievement while remaining in the process.

Sometimes they are so goal-oriented that it's hard to do the process with them. And they want, a lot of times they want homework assignments or they want specifically to know what they should work on when sometimes I can't give them that because sometimes we're just kind of trying to deal with the process and it's hard for them to recognize that. So that can be a challenge.

Similarly, Participant #7 described the conflict he feels when working with Asian clients who are clearly looking for expert answers.

I want to do psychotherapy, I don't want to give advice. I'm not an advice-giver. I don't want to tell anybody what to do and so that is really hard because of a lot of the Asian clients are looking at me or you as an expert.... They want definitive answers, they want answers, what to do, action steps. And I'm here, let's just process everything.

Self-Disclosure: The final idea that arose from speaking with participants about their work with Asian clients was the use of self-disclosure. Two participants (20%) clearly acknowledged their use of self-disclosure with Asian clients and two others (20%) questioned how to use self-disclosure ethically and effectively with Asian clients.

Participant #6 summarized her use of self-disclosure and her reasons for doing so: “Definitely. I think I do self-disclosure more with them, which I think is helpful to kind of build the rapport and establish that trust a little bit quicker.” Participant #7 also discussed his use of self-disclosure while also exploring his ability to simultaneously maintain professional boundaries.

Another thing that I’m still working out because I’m still a fairly new clinician is how much therapeutic self-disclosure to give to ethnic clients. Because they need a little bit more but I’m still trying to maintain some strong therapeutic boundaries. So that’s a piece that’s still in the head a little bit. I think I am comfortable in sharing, because they always say, you guys think I must be crazy or something. I’m like, you know what, just to let you know, I’m always constantly working on my self. I’m seeing a therapist too on a regular basis. I mean, I don’t tell them what I’m seeing a therapist for but...a little bit more self-disclosure than I may a more traditional client.

Rather than clearly discuss self-disclosure as a technique, Participant #8 explored and questioned how to use self-disclosure while still maintaining a necessary anonymity with clients.

Therapists, we’re trained like, okay we don’t self-disclose, we don’t self-disclose, and I’m like, there’s got to be a better place to figure out how you do that a little bit better.

Because people are asking the questions whether you know about it or not, and is there a

way to be able to identify a little bit out there, and still hold to that distant anonymity that people need and think. So I'm still trying to figure that out.

Similarly, Participant #1 discussed the continuous struggle to balance neutrality with use of self.

I think for me, part of what I've been trying to learn over time, like trying to form who I am as a clinician, is how much to be that sort of blank slate....versus how much to bring your self into the room, and taking up, kind of turning the sessions about you.

Working with ethnically similar Asian clients

Each participant was asked to discuss how ethnic similarity between himself or herself and an Asian client would impact the participant or the way he/she worked with the client. If a given participant had never worked with an ethnically similar client, the participant was encouraged to speak hypothetically. The majority of the participants (n=9, 90%) either stated that ethnic similarity did have an impact when working with Asian clients or indicated that they thought there would be an impact if an ethnic similarity existed. Three general themes emerged from participants' responses: Connection, Boundary Challenges, and Difference.

Connection: Six out of the ten participants (60%) specifically discussed some aspect of connection with Asian clients based on ethnic similarity.

Participant #6, who identified herself as Korean-American, provided a brief and simple summation of what it means to work with Korean clients: "The fact if they're Korean, there's an automatic connection and so that changes the dynamic based on that fact alone."

For Participant #4, connection through ethnic similarity existed in the form of a mutual understanding.

I think there would be a lot of unspoken sense of understanding because the client knows we're both of similar background, there's not much elaboration of her story and her challenges that she would have to share. It would be understood.

As a Japanese-American therapist, Participant #2 also discussed the concept of understanding in terms of building rapport with clients of Japanese heritage.

Again, there's that natural bent to feel some similarity or that I could help them because I can understand maybe a little bit of what they're going through, having Japanese parents or knowing about Asian culture and knowing that they may have some hesitancy about...in terms of entering mental health treatment. And I feel like I could build rapport with them on a more sensitive level because I am Japanese-American.

Participant #10, a self-identified Burmese-American therapist, spoke about the connection that was facilitated by having a shared history with her Burmese clients, noting that each individual still has a unique experience of that particular history. Interestingly, she likened the experience to a high school reunion.

We have a shared cultural history, at least a shared political history, and so that part, we can talk about it in a way that's familiar, that we already know about it. I mean, there might come a time when how we experience it is different and that gets talked about. But there isn't that need for me to ask them to teach me about it. There's more of like, oh this happened, it's like old friends coming up, meeting up and how are you. If you come from the same high school and you have a reunion, you can talk about these teachers. You don't have to say, oh this teacher is so fun, you don't have to describe it and ask, but your experience of that teacher is still going to be different, individual.

Participant #9 discussed how her clients assume a similarity of experience based upon similar ethnicity. As the participant stated, in most cases, she was able to validate the client's assumptions, thus facilitating a sense of understanding and an opening for clients to speak about their experiences.

I think it helps with the relationship that in a way, we look alike and if they're talking about family dynamics or a certain cultural situation, that in a way, they might just assume that I know what they're talking about and I usually validate that I know what they're talking about, so that kind of changes the dynamics a little bit. And also, family of origin stuff also comes into play and the expectations of the family, and I think that impacts how I assess and associate things with them as well. A lot of times, they'll say, "I'm sure you've experienced this," which a lot of the times, I have. And I think that helps them maybe even open up a little bit more to feel like, okay, I understand them a little bit better than maybe previous experiences.

Participant #7, a Chinese-American therapist, discussed the connection as a matter of gaining trust from an adolescent client's parents through use of the Cantonese language. He also mentioned the comfort and identification provided to a Chinese client who was otherwise isolated in his personal life.

I have one guy who is Cantonese-speaking...well, actually I have two. It impacts it on entry because the parents – I was seeing this 17-year-old – and they could speak with me conversational Cantonese. My Cantonese is not very good but it was enough that they trusted me with their son. And I didn't speak Cantonese to the son but he heard me speaking Cantonese with his mom, I think there was a better bond. And then same thing with the adult Chinese. He was actually Canadian Chinese, but he would say some things

in Cantonese, just some phrases once in a while, about Chinese New Year or whatever. Same to you, in Cantonese. So I think it's comforting, especially since he's in American, working in the IT world, somewhat isolated, and I'm one of the few people he can identify with on an ethnic level but also on an interpersonal level because we can go deeper than he can with his friends or peers.

Boundary challenges: A second important theme that emerged from participants' responses regarding how ethnic similarity impacts their work with Asian clients was the issue of boundaries. Four of the ten participants (40%) mentioned various ways in which professional and therapeutic boundaries were challenged by the issue of ethnic similarity.

In addition to discussing the connection that was made with her Korean clients, Participant #6 also noted the riskiness of transference and countertransference issues and the need for extra awareness in those situations.

Transference and countertransference issues. I have to be very, very aware of those. Reading too much or too little into a situation based on your own experience as a clinician. And growing up, identifying too closely with somebody and losing sight of professional boundaries. That's a threat. And having clients think that you understand where they're coming from or think or believe the same way they do, when maybe that's not true.

Similarly, Participant #5 mentioned transference and countertransference, specially in reference to the parents of adolescent clients.

I guess one danger of it is I can assume I know too much, given my own experience, or in terms of transference or countertransference with the parents of the teens I work with, feeling like, Oh these are my parents, I don't want to make them feel upset. Or them

feeling like I'm a kid, or stuff like that. So I guess the demographic similarity sometimes maybe makes that more complicated.

Having discussed the connection and familiarity that is facilitated by a shared ethnicity with clients, Participant #10 was also very conscious of the risk of over-identifying with Burmese clients and projecting her own cultural values onto them.

I think the challenge with Burmese clients is over-identification. I know I have to be really careful not to project what my experience has been and what some of my cultural values that I have onto my client. Just because I have it doesn't necessarily mean they would be holding that and practicing it. So I have to be really careful about that.

From a more pragmatic standpoint, Participant #10 also discussed her awareness of the boundary challenges posed by being a member of a small ethnic community.

And one of the things which hasn't quite happened yet but I'm always mindful of is how small the Burmese community is and the different roles that I play in the community and also sort of bumping into each other in the community, issues of confidentiality. Of course, it is our ethics to hold confidentiality so it's not like I'm going to talk about them. But just how they experience me, if they do run into me in the community, and what kind of role I have. So that part, and then with the non-Burmese, Asian clients, I think that's less of a concern. I actually run more into my non-Burmese, Asian clients than I run into my Burmese clients but I think it's less of a concern about the role confusion. Even if they run into me outside, they know... they can still see me as the therapist versus seeing me in my own community, in the Burmese community, then I'm all these other things. It's harder to just see me as a therapist, and I'm sort of aware or mindful of how that might come into the therapy.

Participant #4 also spoke of how ethnic similarity could act as a barrier for clients to speak openly in therapy, based on acquaintance or affiliation with other members of the same ethnic community.

Especially with the Laotian community, we're so small. I mean, there's over 3000 of us here in [the] state but it's still small enough that if you don't know me, you would know my uncle. And so that would be a deterrent for an individual to sit in front of me and disclose even more, not because they don't trust me but because they know my uncle or they know my cousin.

Difference within same ethnic group: The third and final theme that developed from participants' perspectives regarding ethnic similarity was the concept of difference within ethnic groups and sometimes despite the match. Seven participants (70%) explored the existence of some difference between himself or herself and the ethnically similar client. For some participants, there was recognition of each individual's unique experience of the same cultural history, based on various other factors.

Participant #6 stated her understanding of how a variety of experiences can exist in regards to one country's history.

And also, not to make assumptions because just because a country has a particular history, it doesn't mean that everybody's experience of that history has been the same or how they've processed it and come to terms with it has been the same.

Participant #10 gave a very similar explanation.

With the Burmese clients, I'm still curious because I think every person's experience of culture is different. Like I said, also because of the acculturation level and my

background, how I came here is very different from how other Burmese came here. You know, there's many different ways of coming here so I don't assume to know exactly.

Participant #7 also recognized the differences that exist based on smaller systems within ethnic groups, such as families and communities.

Along the same thread, I don't know everything about their culture. I don't know everything about their family system. I might be able to relate to a similar degree but I'm not them....we all grew up in different families and communities.

In addition to the awareness that individual experiences exist within one ethnic group's cultural or political history, some participants pointed out their clients' responses to ethnic similarity and the differences that emerge within such a relationship.

Participant #2 spoke about age difference and language difference as factors that impacted her Japanese clients, despite having a similar ethnic background.

A couple of times, I've had older Japanese patients feel like I wasn't as familiar with their culture and then they just really shut down. And I think some of that bias toward being Japanese-American and not speaking Japanese. And again I also have thought that they may be a little concerned or distrustful that I did know more about what their circumstances may be and they were not ready to share as openly with me because of that.

As a Laotian therapist, Participant #4 discussed in depth her understanding of the various groups within the larger Laotian culture and how differences such as class, socioeconomic status, and language could impact her work with a Laotian client.

Being Laotian, I mean in Laos, there's so many other different ethnic groups, and like any Asian country, there's different ethnic groups and there's a class order too, and so I

have to be cognizant of my role, my caste, my social-economic status. So if I'm working with...let's say because I'm from Laos, and in Laos, there's the Hmong and the Mien ethnic groups too, those are like the mountain folks. And there's a history where the lowland Lao, the city Lao, which is the group that I associate with, has tortured and mistreated this ethnic group, the Hmong and the Mien, so when I get one in front of me, I have to kind of win their trust and be very careful in my interaction with them, so that I don't kind of repeat what our history has done....So even though we can speak the same language, they're still going to be very careful in what they say because they're going to watch how I'm going to judge, or if I'm going to talk down to them as if they're uneducated and don't know anything because I'm higher up. So all these things...there's intra- and inter-cultural differences too.

Notably, the two participants in this study who identified as bi-racial (Filipino and White) also had similar responses regarding the existence of differences when working with Filipino clients. Interestingly, both clients had not had significant experience working with Filipino clients, and thus spoke hypothetically. However, each spoke of feeling outside of the Filipino culture and how this would impact their feeling in sitting with a Filipino client.

Participant #8 explained her experience of growing up outside of a Filipino community and her awareness of this knowledge gap that could impact her work with Filipino clients.

I really didn't feel like I got the sense of community, the feeling of being part of this larger community in that way. I've had to do a lot of work on my own to figure out what that means....And so I think there might be, if someone was a Filipino person that I was working with was describing some of their experiences from that, I wouldn't know that from an experiential level. I would just be with, and I think, again it would stir up a

certain kind of sadness. I've had to grieve that and I've had to process that on some level in my own personal story. So I think that could be a little bit challenging, you know, and not in a bad way, but just in an awareness kind of way, that there's a gap there that I haven't experienced on my own. And maybe on the other end, there may be an expectation that I would know that or I would understand that on some level, and I would understand to a certain extent but not from an experiential place.

Similarly, Participant #1 explained her feeling of being an outsider and how this impacted her ability to connect with a Filipino client.

I almost feel like a Filipino poser in a way. It's sort of like I know a little bit about the culture but I'm definitely not...I'm definitely Westernized. And so I feel kind of like an outsider in the Filipino culture. And so it was almost like I didn't...I almost maybe didn't want to bring it up to them too because I felt embarrassed about it.

Working with ethnically different Asian clients

Participants were asked to speak about their experiences working with Asian clients who identified with different ethnic backgrounds from their own. Most of the participants indicated that ethnic difference did indeed have an impact on their work with Asian clients. Two themes emerged from participants' responses to this question: Room for Learning and Cultural Histories.

Lack of knowledge regarding other Asian cultures: Half of the participants (n=5, 50%) spoke in some way about their perceived lack of knowledge regarding other Asian ethnic cultures, which either became apparent or clearer than before when working with clients who belonged to other Asian ethnic groups. While most of the participants who responded within this theme understood the knowledge gap as an opportunity for learning, some viewed it as an area of incompetence.

In response to the question regarding her experience working with ethnically different Asian clients, Participant #9 discussed her awareness of differences between herself and ethnically different clients as well as her continuous efforts to explore those differences further by learning from the clients' stories.

And just trying to gain awareness and educating myself as much as I can so I can help that person as much as possible. And sometimes when I work with Japanese clients, there's some of that...there's obviously cultural differences but I think there's enough similarities where we can get through some of those things.... I think with the Japanese culture, it's definitely the formalities and what their expectations are from their families. And a lot of times, it's financial stuff too, like they're supposed to give money to their families and they don't want to do that because they're assimilated into the American culture. So there's that dynamic which can be kind of challenging as well. Understanding what their expectations are from their family members and their culture. And I don't know much about the Cambodian culture either. [When asked more about learning about clients' cultures] I learn from them. And I ask them, you know, to help me understand and I think that they're more than willing to share their stories because they're here to tell me what's going on and what the challenges are.

Participant #10 identified her role as "learner" when working with ethnically different clients and discussed her curiosity of clients' cultural histories.

Even though I might be working with an Asian client, but if we are ethnically different, I think there is a little bit more curiosity on my part and sort of learning. I put myself more in the position of being the learner, I guess, at least in regard to culture. And sort of exploring the culture aspect of it from that perspective because I won't know what it's

like to be a Pacific Islander and even that's very diverse, right? What it's like to be a Hawaiian or a Samoan, I don't know what that's like at all. I don't know the cultural history, the political history, all that stuff. So I need to get the information, it's part of assessment, history taking, so I'm asking more questions around it, more curious around what's going on with those things. Same with Chinese-American clients or Japanese-American clients. I mean, I have some understanding because of my training, knowing some of the Chinese-American and Japanese-American histories and so forth. But where they are with it, and they have their own stories to tell and their own experiences, which I'm not as familiar because I'm not in that ethnic group. Then I would, again, I have that I'm the learner kind of person, I'm learning about them, can you please tell me.

Participant #4 stood out in her response to this question because she was the only participant to discuss her cultural competence. However, she still acknowledged her position of having room to learn about other Asian cultures.

So in being culturally competent, which I consider myself to be, and to work with a diverse group of clients effectively, you have to be culturally competent. That doesn't mean that you have to know everything about every culture, but that you are aware that there are some differences and some similarities, and trusting and knowing how to ask the clients so they can educate you too as a therapist.

The following two participants (20%) portrayed their knowledge gaps about other Asian ethnicities as deficiencies in their practices. For example, Participant #1 identified feelings of guilt and discomfort as resulting from this perceived fault.

It is always a little weird because, on the one hand, it's like we're Asian and that's like the general category that society sort of lumps us all into, but when you think about...it's

the same with South America...you know, when you think about Asia, like, huge, and cultures are very different in a lot of ways so it's one of these things of...at least in my head, it's this uncomfortable-ness of feeling like I want to connect because it's like we sort of have that connection that we're Asian except we don't because we're obviously of different cultures. Then I have my own Westernized issue on things and so it's hard sometimes, it's almost like I feel guilty that I'm not able to connect more, or I feel like I should be able to connect more. And then it also makes me feel really guilty because then I realize I don't know a lot of other Asian cultures.

Participant #7 had a similar view in that his ethnically different clients inadvertently forced him to acknowledge his gap in knowledge. While he indicated that this gap was due to a different cultural experience, his proposed solution was to do outside research in order to fill that gap.

It impacts you because you realize how much you don't know...I mean, I do kind of understand but it's hard because I didn't live that experience. I lived the Asian, or the Chinese-American urban experience. That's the experience I know. If you come in and you're Asian-American but you grew up in a predominantly White setting, I don't...that is a struggle. I mean, I can mentally put myself in your shoes and empathize. But there's a lot of areas that I'm not very familiar with. I haven't had any Southeast Asians come in yet, but I would have to brush up on my Cambodian history or my Thai history or understanding their refugee status and how they came to be, because I'm an immigrant. And some of the clients that are here, their parents came here as the first wave of wanting to be here. They didn't come here because they were forced to. We had a choice. These people, the refugees, they don't. So I feel incompetent in that area. It can make me feel

incompetent. But I just know that I would have to go back and start reading up on it when I get the client.

Client response to ethnic difference/cultural histories: Three participants (30%) discussed their clients' acknowledgement and reactions to the histories that exist between their respective ethnic groups or countries of origin. For the most part, these histories initially posed an obstacle to the relationship but ultimately transitioned to an opportunity for healing.

Participant #3 spoke about her Chinese client's reaction to discovering that she (the participant) was of Taiwanese descent. As the participant explained, this ethnic difference triggered anxiety for the client as well as an opportunity for the therapist to gain his trust.

Well, this client that I was just talking about, his family is from mainland China. Before this, the former therapist, before he left, he was trying to introduce me as somebody that would be a really good match for this client to the client. And somehow it came out that I was Taiwanese and he, the client, was just like, "Oh no no no, I don't think that's going to work out at all. We do things really differently." And you know, I think that's interesting because actually both of our families, or both he and I, are pretty Americanized. But just kind of this sense of comfort and a scenario in which he was already experiencing a lot of anxiety about this change and working with a new person. It became this big thing and I kind of had to prove myself in the beginning that because I was Taiwanese and not mainland Chinese, that I could work with him.

Participant #2, a Japanese-American therapist, spoke about her experience working with Korean clients who had endured historical trauma and mistreatment by Japanese people.

We actually have a fair number of Korean patients who come in. And definitely with more Korean patients and Chinese patients, not so much with Vietnamese patients, I am

aware of a lot of the history and intra-racism between Japanese and Koreans, and Japanese and Chinese. So I am very conscious of that, especially if I'm working with someone who's older and what their perception of working with someone who's Japanese-American would be...A couple of times, it's come out. Patients have been older and they have gone through historical trauma and discrimination by Japanese. And that's been very direct as far as them stating as much. And one patient saying, "I wasn't sure if I wanted to work with you or not, and then I realized that I have to get past this basically.

From the opposite side of the same historical conflict between two cultures, Participant #6 spoke about her experience as a Korean-American therapist working with Japanese clients. She briefly described the process that took place in addressing the history between the different ethnic groups.

I've had older clients where the histories of our countries, even though maybe neither of us ever lived in our family's country of origin, but it still had an impact on our relationship at the beginning until we talked about it. I'm thinking specifically of a Japanese client who, you know, if you know the history between Japan and Korea, there's tension, you know, the Japanese occupied Korea for a long time. There's still a lot of bitterness in the older generations. And that was something that this client and I had to talk about because we both heard things growing up. And we're of similar ages. And I had to ask her, is this going to get in our way, to work it through and to say no, that had nothing to do with us. Our parents were affected, they passed down their legacy to us. We can put that outside, this is not our legacy.

Participant #6 also mentioned how, across ethnic differences, a common historical experience may also facilitate understanding

I've had Vietnamese people say, "Oh, you're Korean so you understand what it's like because your country also had a civil war." So little things like that, little nuances in a country's history and social climate and things like that can have an impact on the relationship.

Working with non-Asian clients of color

Participants were asked to discuss their experiences of working with non-Asian clients of color (e.g., Black clients, Latino clients) and how they perceived the racial differences to interact in terms of the therapeutic relationship. Three themes emerged from participants' responses: Identification/Comfort, Conflicts, and Other Differences.

Identification and comfort: Four participants (40%) stated that they either felt a tendency to identify with non-Asian clients of color or felt a sense of comfort with these clients in particular.

Participant #9 explained that there was an ease to the work with non-White, non-Asian clients, which she attributed to both being different in a White-dominated society.

I feel like it's easier to work with, sometimes, other ethnicities that are non-White. I think for me, it's natural and I wonder if it's because I did a lot of my training with the Hispanic population... I think it's just almost an ease of, okay, we both don't look the same as the general population out there so it makes it almost easier, I want to say, not more challenging.

Similarly, Participant #7 spoke of identifying with non-Asian, non-White clients' experiences of feeling like outsiders in the racial context of this country.

They know they're an outsider. In that respect, I can understand what it means to be in American but not really be an American. To know that I'm different by my ethnicity or

heritage and they recognize it too. And they struggle to find community...so those areas I can understand on a more gut level.

Participant #1 spoke about her increased comfort in talking about race with these clients and wondered whether they felt the same comfort with her.

I feel like I'm a little more comfortable having the conversations around race, and the effects of...it's something that comes up, for example, in the work that I do now. A lot of it is HIV education and so it is kind of talking about what different barriers exist that help keep HIV rates going, you know, poverty being a huge thing and also a lot of it does have to do with race. Like, the African-American population is disproportionately impacted. I guess I would have to ask my clients this, but I do wonder if being able to have that conversation with another person of color makes them feel a little more comfortable talking about it, or kind of bringing that into the room.

Participant #2 spoke in depth about her position as the only person of color on her treatment team and how this facilitated an attachment between her and her non-Asian clients of color.

I'm the only clinician of color in a four-person team and everyone else is White. And I've had African-American patients state that even though I can't work with someone who's Black, it really means a lot to me to be working with a person of color. Or be in groups where we have everyone who's a person of color, and when I put myself out there as, you know, everybody in the room is a person of color, there's almost always a very positive and communal discussion and dialogue that happens about the safety in all being people of color and our own experiences or hardships in navigating not only mental health but in navigating in the community as a person of color. So that almost always becomes a very

bonding, immediate attachment that patients feel when they look in the room and they scan who the therapists are and they say, you know, it means a lot to me to be with someone who's not White.

Conflicts: Four of the ten participants (40%) indicated feelings of conflict that arose when working with clients of color who identified with non-Asian racial groups. For some, this seemed to have a negative impact on the therapy relationship and for others, it was a positive challenge or an opening for more dialogue.

Participant #1 discussed her feelings about how being an Asian therapist created a sense of ambivalence for her clients of color and, in some ways, for herself.

Half the time, I feel like other folks of color don't quite know where to put us and it's like, we're sort of people of color but then also sort of not. I guess it's sort of an insulting statement but someone had said jokingly, it's sort of like we're the other white meat. And so it is one of those...like on the one hand, I think it helps that I'm a person of color but then I'm like, who knows? Maybe it doesn't, maybe it's all in my head. So it is an unusual experience because sometimes I think clients aren't quite sure what to make of me.

While reluctant to name it as a conflict, Participant #6 discussed the perception of Asians as the "model minority" and how this view from her non-Asian clients of color might impact the relationship.

There can be...I don't want to say conflict, but it can bring an edge to it because Asians have traditionally been seen as the quote, unquote, model minority. And so there's some members of some ethnic minorities who feel that they've had a rougher time. And I don't want to say they're defensive or have a chip on their shoulder, but I can't think of any

other...And so that's something to talk about too. And alright, how is this going to impact our relationship? What is it doing and how can we work with this?

Participant #8 also discussed the perception of Asians as the "model minority" but explored the therapeutic questions that might arise from this view and the opportunities it affords to discover similarities.

I think we have a really good openness to talking about those dynamics here. Because there's a lot of perceptions from the African-American community to the Asian-American community about being the model minority. And there's a big divide in that and I think my job and my role is to make this space as safe and as broad as possible for people to be able to talk about those things in a real way. And talk about, well, then what is it like for you to sit across from somebody that's Asian-American and maybe has had an easier path in some ways because of the way I look or because of the opportunities that have been afforded to me because of my background, ethnically speaking? And what are some of the similarities? Maybe there's something more there that we're not even really aware of because we're just coming at this from our assumptions.

On a similar thread, Participant #10 clearly identified her awareness of the different histories that exist for people of color in this country, particularly between Asian-Americans and African-Americans. She also acknowledged the interracial conflicts that exist in her community and in herself in the form of stereotypes.

So I think me having that perspective, not just because I'm Asian-American, but an Asian-American who came to the U.S. I'm very much aware that is a different experience than for the African-American clients who came in a very different way, and came several, several generations, you know, centuries ago. So it's a very different experience,

and how that impacts interethnic, interracial dynamics, understandings, the misunderstandings. I am aware of my own stereotypes I might be holding and maybe some of the interracial conflicts that does happen in the communities around here. I think I understand where that's coming from. I mean, I don't want to go into that whole political...you know, people have been disenfranchised, two groups of them, when they come together, a lot of it is projection onto each other versus people who have oppressed them. So I am very much aware of that, but it also...I guess, the differences become very, very visible for me as an Asian therapist, knowing that and knowing, even though I understand how other ethnic groups have their own stories and histories, we're all in the same boat together. But then I also can see how each ethnic group deals with it differently and all that.

Other Differences: Two participants (20%) identified other differences besides racial differences that impacted their work with non-Asian clients of color. Participant #2 spoke about her personal history of religion and how it affected her work with her African-American clients for whom religion served as a protective factor.

My background is agnostic and we didn't grow up with going to church. I think my parents very much had an outlook that was very bicultural. My mom, born and raised in Japan till she was 18, and my dad till he was about 11. And there are some very traditional values that I grew up with and that I mirrored, especially in terms of modesty and as far as humility and not being too showy, and then also just in terms of faith, relying more on our family than any kind of other outside resources. And that, I think, really shows up a lot in my own countertransference, especially working with a lot of African-American patients who tend to rely very heavily on their church. That took me a

while to really recognize this is a real protective factor for them and really honor that for them even I don't understand that background or culture.

Also of note, Participant #2 discussed more subtle differences that emerged in her work with racially different clients of color.

For me, I think the biggest difference is not so much around skin color or ethnicity, it's more the other kinds of differences. Generational, of age, geographical differences, social class, sometimes differences that you can't see, I think those can be harder to get a read on, or the things that are not politically correct to talk about. Those, I think, are more slippery.

Afterthoughts

At the conclusion of each interview, participants were provided an opportunity to discuss any additional topics or issues that they felt were important to include in the study. From these supplementary discussions, two notable themes developed.

Isolation of Asian-American therapists: A significant number of participants (n=4, 40%) mentioned their understanding of Asian-American therapists as being isolated in the professional community, whether through personal experience or from the experience of colleagues.

For Participant #7, the personal feelings that result from being a racial minority in the greater societal context are related to the feeling of being a minority in the profession. As someone who had previously worked in a professional field with a strong sense of community, the sense of isolation and desire for connection among fellow therapists are clear.

I think it's hard professionally because you're once again a minority. Here, I think there might be one sliver, there might be an Asian sliver from the American Psychological

Association. But nobody understands what I'm doing. My parents don't understand it, regular people don't understand it, meaning peers, friends. They have no idea what's going on so there are very few Asian therapists in the _____ area where there's some level of career connectedness and this is a very isolating job without some unifying body. So I think that would be helpful to have, not only a national but also local chapters...I think that would be one thing that would help the profession.

Participant #9 also spoke about lacking a network of Asian therapists, although for her, it was not a negative aspect of her professional experience.

I mean, definitely, I don't have a network. All my peer group colleagues are of Caucasian ethnicity. I mean, it would be nice but it's pretty difficult to find a consultation group of all Asian American counselors. That would be awesome, if that were the case....And I guess it would be nice if I could have another Asian counselor that I could refer to, even. But I haven't run into that problem yet, but I think it would be nice just to have, in the event that I needed that.

Participant #2 acknowledged the general scarcity of Asian therapists in the field and credited her participation in various email networks with her ability to not feel isolated in the profession.

I think it would probably be a different study than what you're doing, but because there are not a lot of us in the field, it can be difficult to mobilize as far as be able to find a group of therapists who are Asian-American and are Japanese-American, and I do think that that could be...it's a really powerful way to be able to continue to look at identity issues but also feel this sense of community that I think is really important because there are so few of us in the field. And it can be challenging to sometimes have other people

relate to our experiences or be scapegoated or stereotypically take a lot of people's biases or...having microaggressions in terms of racism that happen. So I'm part of two different list-serves, one is a queer therapists of color list-serve and another is a list-serve for just Asian-American therapists. Even though these are just emails that come through, they really hearten me as a clinician to know that there's so many of us out there and connected. So I think that's really important and something that I would encourage all Asian-American therapists to be able to try to find or do, is to find a group, a professional group just so that there isn't this sense of kind of being an island.

Resources for Asian clients and therapists: A handful of participants (n=3, 30%) discussed a need for resources, both for Asian therapists and for Asian clients.

For Participant #4, her awareness of the need for resources has come from having other Asian therapists reach out to her for professional support.

I think your research is great and I wish there was more stuff out there. And I have a few colleagues a lot younger than me that – we used to work together and now we're all in different places, some in private practice, some in different facilities – still contact me and ask if I have any resources for their Asian clients or if there's this and that and just to kind of help support their clinical development. And it's not like just being Asian, you know how to use that.

Participant #8 expressed her desire to find resources for her Asian clients in the form of shared stories or experiences.

I'd love to see more of what your thesis, what comes out of your thesis, and if you have resources available that might be helpful. I think, I'm always looking for resources and I'm always looking for stories to share with clients. And there's not a lot out there that's

readily available to folks. To just give them a place to identify or to put some language to some of their experiences that they have.

Similarly to other participants, Participant #9 acknowledged the relative shortage of Asian therapists and simultaneously discussed her wish to make Asian therapists more accessible to Asian clients.

I think there's definitely a need out there for more Asian-American therapists. But it's hard to pinpoint how to make that happen. Definitely I think people just go on Psychology Today and look at the pictures and try to pick demographically, but there's got to be a better way of marketing that and I haven't figured that out yet, since I've never taken even one marketing class...I wish that we could make it easier for the community to access that.

In the following Discussion chapter, the themes presented in this chapter will be discussed and analyzed. Limitations of this study will be explored and implications for the field of clinical social work will be discussed.

CHAPTER V

Discussion

The purpose of this study was to explore the perspectives of Asian therapists as to how their work with Asian clients was impacted by racial similarity and difference, as well as ethnic similarity and difference, with their clients. The Findings chapter outlined in detail a number of themes that developed from the participants' responses regarding their experiences working with Asian clients as well as other clients of color. This chapter will first outline and discuss the themes that proved consistent with the existing literature previously reviewed in this study. This chapter will then focus on the most salient themes that have newly developed from the study's findings. This chapter will discuss limitations of this particular study and end with a discussion of implications for future research and the field of clinical social work as a whole.

Themes Consistent with Existing Literature

Connections: Throughout the findings of this study, one theme that consistently echoed the existing literature regarding race and ethnicity in the therapy relationship was the theme of Connections. As previously mentioned in the Findings chapter, participants in this study were asked to discuss how their Asian identity impacted their work with their Asian clients. A majority of the participants identified their Asian identity as a vehicle for their Asian clients to connect with them. Some participants described their sense of being sought out by prospective Asian clients because of an assumed level of understanding or identification with their clients. This point echoes research regarding the common theory in research around racially matched

therapy relationships, which espouses that assumed or perceived similarity supports the therapeutic relationship (e.g., Banks, 1972; Chang & Yoon, 2011).

Further along in the interview process, participants were asked to explore how ethnic similarity between themselves and clients impacted the way in which they worked with those clients or any issues that arose as a result of the similarity. As with the previous topic of racial match, ethnic match also seemed to facilitate connections between Asian therapists and their Asian clients in this study. This finding confirms previous research that demonstrates the effectiveness of ethnic and language match for Asian clients in terms of utilization of services and positive therapy outcomes (e.g., Flaskerud & Liu, 1991; Fujino, Okazaki, & Young, 1994).

Self-disclosure: Four participants (40%) in this study identified self-disclosure as a unique feature of their work with Asian clients, and at least two individuals spoke about the constant challenge of using self-disclosure in an ethical and effective manner. Ito & Maramba's study (2002) similarly discussed the therapeutic use of self-disclosure with Asian clients, which is confirmed by participants' responses in this study.

Boundary challenges: Challenges regarding maintenance of professional boundaries comprised a second theme within this topic of ethnic similarity. Two participants (20%) discussed the therapeutic issues of countertransference and transference in their relationships with ethnically similar clients, which speaks to Comas-Diaz and Jacobsen's (1991) concepts of "intraethnic transference and countertransference." Both of these participants used words such as "threat" and "danger," which convey a sense of caution that must be used when working with ethnically similar clients. Participants also referred to the specific risk of over-identification with ethnically similar clients. Comas-Diaz and Jacobsen (1991) explicitly discuss the detrimental effects of over-identification by a therapist with her ethnically similar client on both the process

and outcome of the therapy (p. 398). Along the same thread, Maki's studies (1995 & 1999) focus on the theme of over-identification and the ways in which this particular dynamic of therapy impacts the therapist. As such, it seems that this topic has been and will continue to be an idea that calls for ongoing attention and awareness.

New and Developing Themes

Use of Direction: One new theme that emerged from the findings regarding Asian therapists' work with Asian clients was the theme of Direction. It is worth noting that this particular theme is the only one that addresses a practical aspect of the therapy relationship; in other words, it is the only new theme that speaks to a particular technique or skill used with clients as opposed to an internal feeling or awareness on the part of the therapist. A number of participants described their increased use of directive techniques (e.g., cognitive-behavioral, solution-focused, psychoeducation) with Asian clients. Ito & Maramba (2002) also discussed the modification of therapy techniques within an ethnic-specific clinic serving an exclusively Asian population, so in some way, this finding confirms and further specifies findings of prior studies. While most of the participants discussed the use of this technique as a simple adjustment in their work, at least two participants identified this as a specific challenge and one participant described it as a direct conflict between his clients' wishes and his desires as a therapist.

Differences within ethnic similarity: A fresh idea that arose from participants' perspectives about working with their ethnically similar clients is the concept that differences exist even within seemingly homogeneous groups and that these differences can impact a therapeutic relationship. A number of participants expressed their recognition that individuals within the same cultural context can have completely different experiences of that culture. One participant specifically mentioned the differences in family and community situations that can

exist within one ethnic context. Another participant spoke of age and generational differences between her and her ethnically similar clients that, in a way, indicated an even deeper cultural distinction. Yet another participant spoke about how class, socioeconomic status, and language were areas within the historical and cultural context of Laos that had a present-day impact on the therapeutic relationship. Two participants who both identified as bi-racial spoke of their experiences growing up outside of the Asian communities to which parts of their families belonged and how this impacted their abilities to identify with their ethnically similar clients. While this study did not focus on the experience of bi-racial individuals, this brings up the important point that bi- or multi-racial therapists may have experiences of identity and community that can impact them by adding further complexity to their relationships with clients who are similar on this one particular level of distinction. In light of previous findings in this study and in other research that suggests that assumed similarity supports the therapeutic relationship, this theme of differences within similarity suggests a new perspective from the therapist's seat and sheds light on the issues and complications that an Asian therapist may be forced to navigate when working with an ethnically similar client.

Challenges in working with ethnically different clients

Knowledge gaps and the context of histories: These two unique themes emerged from participants' discussions of their work with Asian clients from differing ethnic backgrounds. Half of the participants in this study (n=5, 50%) indicated some level of a knowledge gap regarding other Asian cultures and each participant held a slightly different perception of himself or herself in relation to this knowledge gap. Some understood it as a challenge or a learning opportunity, another saw it as a necessary component of being culturally competent, and for others, it stirred up feelings of guilt, discomfort, or incompetence. However it

was perceived, this was clearly an aspect of the relationships that the participants formed with their respective clients.

The second theme of working with ethnically different clients was the context of the respective cultural and ethnic histories of the therapist and client. Three of the ten participants (30%) described the impact of doing therapeutic work with Asian clients while being simultaneously aware of the historical relationships between their respective countries of origin. For the most part, the acknowledgements of these historical relationships and the impacts they would have on the therapy relationships were initiated by the participants' clients. However, the participants were also affected in that they were faced with the challenge of using these histories as means to therapeutic and healing ends.

Challenges in working with non-Asian clients of color

Identification and comfort, conflicts, and other differences: Like the topic of Asian therapists working with ethnically different Asian clients, the experiences of Asian therapists working with other clients of color have been waiting to be explored through formal studies. From the narrative responses gathered through this study, three prominent themes emerged in this particular area of inquiry: identification and comfort, conflicts, and other differences. Interestingly, each one of these themes parallels findings from other sub-topics within this study.

The concepts of identification and comfort have been previously been explored and discussed in the context of Asian clients and Asian therapists, as well as with ethnically similar Asian clients and Asian therapists. However, it is still relevant to point out that the participants in this study also indicated these elements of the therapy relationship as salient to their work with non-Asian clients of color. In fact, almost half of the participants (n=4, 40%) spoke of feeling

this type of connection with these particular clients. Equally important, the participants discussed how these feelings facilitated and supported the therapeutic relationship, specifically in approaching conversations about race with their clients.

In stark contrast, an equal number of participants spoke about feelings of conflict that emerged between themselves and non-Asian clients of color. Two participants mentioned how the pervasive “model minority” stereotype regarding Asian people became a part of the dynamic between themselves and their clients who belonged to other racially oppressed groups. Another participant discussed the different collective histories of people of color in the United States and the “understandings” and “misunderstandings” that happen as a result. Embedded in this finding, one can clearly see how the greater social contexts of race, racism, and interracial dynamics have a direct influence on the therapeutic relationship (e.g., Harrison, 1975; Greene, 1985; Vasquez, 2007). The participants who spoke about these feelings of conflict also spoke of the subsequent opportunities for increased awareness, dialogue, and healing around these topics. Although we can only know the therapists’ perspectives in this context, the hope is that the clients in these situations experienced similar consequences.

Additional themes

Isolation of Asian-American therapists and the need for resources: An extremely important result of this study was the emergence of additional themes that were not intentionally elicited from the participants. The topics of isolation and the need for resources were brought up freely by a number of participants at the end of their interviews when asked the question: “Is there anything I haven’t asked that you feel is important to include in this study?” Four participants (40%) discussed their feelings of isolation as Asian therapists within the profession of therapy, as well as their sense that it would be helpful to have such a network. On a

related note, a number of participants (30%) also discussed the notable lack of resources for themselves, which may very well include a professional network of Asian therapists, and the lack of resources for their Asian clients. Based on participants' expressions of interest in this study and the results of the thesis project, it seems possible that their feelings of isolation and desire for resources may be directly related to their willingness to participate in this study. This may also have been influenced by this researcher's Asian identity and the participants' internal responses to a shared identity with me as the researcher.

Limitations

When considering the findings of this study, as with any research, it is equally important to understand the limitations inherent to the study as a result of the sample, the methodology, and other factors.

In this particular study, the limitations were mainly a result of the low number of participants, which is a common limitation of many qualitative, exploratory studies, and does not allow for broad generalization of the results. As is evident in the demographics of the sample, female Asian therapists inadvertently became the primary focus of this study. Thus, it is possible that the findings have been skewed by this imbalanced perspective through the lens of gender. Additionally, the questions regarding clientele demographics did not require participants to give information about the gender characteristics of their clients along with racial characteristics. A clear and detailed understanding of the interplay of race and gender within the therapy relationship would benefit from attention to these aspects of a future research sample. Also in regards to demographic characteristics of the sample, it is relevant to note that all of the participants recruited for this study happen to practice, by coincidence and perhaps as a result of the recruitment strategy, in the Western half of the United States. This region has historically

been a place where Asian communities have developed and established themselves. In terms of mental health and social services, culturally-specific agencies have been established in metropolitan areas where large Asian populations reside (Murase, 1992) and “when visible, culturally relevant services are provided, there is a significant response among Asian clients” (Murase, 1992, p. 103). Thus, one must consider how the outcomes of this study may have looked very different if the sample of Asian therapists were practicing in areas of the country without large Asian populations and culturally-specific services to fit their needs. Indirectly, the sample of clientele upon which the participants’ perspectives were assumedly based would likely be significantly different in such areas of the country in terms of numbers as well as access to and familiarity with mental health services. In short, the location from which this study’s sample came has a distinct history and community context for the experiences of Asian providers and clients in the mental health service system. Were this study to be conducted in another region of the United States with a different context, those results could be significantly different.

In regard to learning about the perspectives of Asian therapists working with Asian clients, it is crucial to acknowledge that not all participants in this study had experience of working with clients from particular groups and thus spoke at times from a hypothetical point of view. This was especially true in the case of therapists working with ethnically similar Asian clients. While the purpose of the study was to capture the perspectives of Asian therapists when working with clients in particular groups, one must consider the implications of grouping responses that are both results of hypotheses as well as from actual lived experience.

A final limitation of this study exists in regard to the method of interviewing participants. It is relevant that the interview process did not include any definitions of terms (e.g., race, ethnicity) and, as a result, participants’ interpretations of these concepts may have been quite

varied. It was necessary for this researcher at times to provide clarification in regard to the interview questions, particularly when the concepts of ethnic similarity and ethnic difference were introduced during the interview. For these reasons, this researcher is compelled to acknowledge that this may be a significant limitation to this study and the inclusion of definitions may produce different results in a future study of a similar nature.

Implications for the Field of Clinical Social Work

Because therapists come from a variety of educational and professional backgrounds, the scope of this study was not limited to clinical social workers specifically; however, the study's implications for the field of clinical social work are great. As demonstrated in the Literature Review section of this study, the amount of existing research that explores and seeks to understand the perspectives of Asian therapists is quite limited. This is one area in which further empirical research may be beneficial to a growing number of Asian therapists and other therapists of color.

An implication for clinical social work practice, and specifically for Asian therapists treating Asian clients, is the consideration of differences within ethnic similarity. This is an area that has not been explored from the perspectives of Asian therapists, but that clearly has an impact on these clinicians for whose clients' ethnic match can be such an important factor in the therapy itself. Being able to anticipate that differences will exist and preparing oneself to be open to varied experiences of the same ethnic identity may be a key aspect of practicing with ethnically similar clients.

Another area in which this study has meaning for future social work practice and research is the role of historical contexts in both ethnically different and racially different therapy relationships. If therapy is indeed permeable to the greater social contexts of race, racism, and

oppression, then it is extremely important for practicing social work clinicians and social work educators to consider how the historical relationship between a therapist's and client's respective countries of origin and/or ethnic groups may impact the therapy relationship. From the lens of transference and countertransference, how does the cultural history of an individual unconsciously interact with that of his or her therapist? This is an area that could be addressed through coursework in clinical social work programs as well as other professional fields that educate therapists. It is also an area of exploration and thought that may be important for supervisors of Asian therapists and other therapists of color. Regardless of one's theoretical angle, these questions are worthy of consideration by practitioners, educators, and researchers alike.

A final area to discuss regarding the implications of this study's findings is the support of Asian therapists. Feelings of isolation as a practicing therapist are risky and contradictory to the ideals of self-care that our profession upholds. For Asian therapists to feel isolated in the professional world can only negatively impact their work with clients and thus negatively impact their clients' lives. How can the social work profession support Asian therapists and other therapists of color in finding support and community? While creating professional networks is partly an individual effort, it is also vital for the social work profession as a whole to provide space and opportunities for Asian therapists to connect, collaborate, and support each other. The feelings of isolation among Asian therapists may also be attributed to a lack of presence of Asian therapists or other clinicians of color in the field; thus, recruitment of Asian individuals into the field, as well as strategies to retain and support Asian social work students and other social work students of color who are entering the field, is a topic that deserves serious attention.

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Appendix A

Recruitment Email

Dear Potential Participant,

My name is Andrea Yoshida and I am a graduate student obtaining my Master's of Social Work degree at the Smith College School for Social Work. I am currently working on my master's thesis, which explores the impacts of race and ethnicity on Asian therapists and their clinical work. My hope with this project is to provide an opportunity for the experiences of Asian therapists to be heard in the professional literature as they are currently underrepresented.

I am writing to you because you have been recommended to me by a colleague, classmate, or friend as someone who may be interested in participating in my study. You are eligible to participate if you:

- Self-identify as being of East Asian and/or Southeast Asian descent or ethnicity, or self-identify with either of these groups as part of a bi- or multi-racial identity
- Are a therapist practicing outpatient individual, couple, group, and/or family therapy in the United States
- Hold a master's or doctoral degree in at least one of the following disciplines: social work, psychology, clinical psychology, counseling, counseling psychology, mental health counseling, marriage and family therapy, or psychiatry
- Have at least two years of post-graduate clinical experience

The research process will consist of an interview, approximately 45 minutes in length, which will be conducted in person, over the phone, or by Skype, depending on your geographic location and availability. During this interview, some demographic information will be obtained. If we arrange to meet in person, I will email or mail you an Informed Consent form upon scheduling the interview. You may choose to sign this form and bring it with you to the interview, or you may sign it in person at our meeting. If the interview is conducted via phone or Skype, I will mail you two copies of the consent form with a self-addressed, stamped envelope. You will need to mail the signed form back to me prior to the interview time. This study and all of its components have been approved by the Human Subjects Review Committee at the Smith College School for Social Work.

Your decision regarding participation in my study will remain confidential. Additionally, there is no penalty for deciding to decline participation or withdraw at any point during the study. If you are interested in participating, or if you have any questions, please feel free to contact me by phone or email (see below). Please also feel free to forward this email on to any colleagues who may be eligible and interested in participating in my research. I appreciate your time and consideration.

Sincerely,
Andrea Yoshida
MSW Candidate 2013, Smith College School for Social Work

Appendix B

Introductory Letter to Colleagues

Dear Colleague,

I am writing to ask for your assistance in recruiting participants for research being conducted for my master's thesis at the Smith College School for Social Work. My study will explore the impacts of race and ethnicity on Asian therapists. The recruitment email below includes a list of eligibility criteria. Please forward this email to anyone you know who may be interested in participating in this study.

*Important note: If you work at an agency with individuals who may be eligible for this study, please DO NOT use your agency list-serve or agency email addresses to forward this email. Using agency list-serves or email addresses for recruitment purposes requires specific approval from the agency and from Smith College. As an alternative, you may simply pass on my contact information and encourage the individual to contact me directly via phone or email (see below), or forward the message to the individual's personal email address with his/her permission.

Thank you in advance for your time and effort. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Andrea Yoshida

Appendix C

Facebook Recruitment Posting

Dear friends,

I am currently recruiting participants for my Master's in Social Work thesis project and I am seeking your assistance. Through my qualitative research, I am exploring the impacts of race and ethnicity on Asian therapists and their clinical work. Eligible participants must:

- Self-identify as being of East Asian and/or Southeast Asian descent or ethnicity, or self-identify with either of these groups as part of a bi- or multi-racial identity
- Be a therapist practicing outpatient individual, couple, group, and/or family therapy in the United States
- Hold a master's or doctoral degree in at least one of the following disciplines: social work, psychology, clinical psychology, counseling, counseling psychology, mental health counseling, marriage and family therapy, or psychiatry
- Have at least two years of post-graduate clinical experience

If you or someone you know may be eligible and interested in learning more, please get in touch with me as soon as possible for more information. For confidentiality purposes, please do not respond to me on this page. Instead, please send me an email at _____
OR send a private message to my Facebook inbox.

Thank you!!

Appendix D**Flyer****Master's of Social Work student seeking participants for a study on impacts of race and ethnicity in the therapeutic relationship**

- Are you a therapist practicing outpatient individual, couple, family and/or group therapy in the United States?
- Do you self-identify as being of East Asian and/or Southeast Asian ethnicity or descent?
- Do you hold a master's or doctoral degree in social work, psychology, clinical psychology, counseling psychology, counseling, mental health counseling, marriage and family therapy, or psychiatry?
- Do you have two or more years of post-graduate clinical experience?
- Are you interested in participating in a study that explores whether and how Asian therapists are impacted by race/ethnicity in their clinical work?

If you can answer YES to all of these questions, please contact me!

Andrea Yoshida

MSW Candidate 2013, Smith College School for Social Work

Appendix E

Informed Consent

Dear Participant,

My name is Andrea Yoshida and I am a graduate student obtaining my Master's of Social Work degree at the Smith College School for Social Work. I am currently conducting a research study that explores the impacts of race and ethnicity on Asian therapists. The data collected through my research will be used for my Master's thesis, which includes a presentation of my findings to an audience. Data may also be used for future publications and further research studies.

Participation in this study involves providing answers to interview questions about your subjective experiences related to race and ethnicity and how they may have impacted your work as a therapist. You will also be asked to provide some demographic data. The interview will take approximately 45 minutes and will be audio-recorded and transcribed by me (the researcher). In order to participate in this study, you must:

- Identify as being of East Asian and/or Southeast Asian descent or ethnicity, or identify with either of these groups as part of a bi- or multi-racial identity
- Be a therapist practicing outpatient individual, couple, group, and/or family therapy in the United States
- Have a master's or doctoral degree in one of the following disciplines: social work, psychology, clinical psychology, counseling, counseling psychology, mental health counseling, marriage and family therapy, or psychiatry
- Have at least two years of post-graduate clinical experience

You are not eligible to participate in this study if you are not currently practicing outpatient therapy in the United States, if you do not hold a master's or doctoral degree in at least one of the disciplines mentioned above, or if you do not identify as fully or partly of East Asian or Southeast Asian descent or ethnicity.

A possible risk of emotional distress is associated with participation in this study. Thinking and talking about experiences involving race and ethnicity may cause emotional discomfort. Should you find participation in this study distressful, you may find it useful to consult with another mental health professional, if possible, or someone from your personal support network. A list of resources will not be provided. The benefits of participating in this study include an opportunity to share your individual perspective on issues of race and ethnicity as they relate to your clinical work, as well as the unique chance to think about your work with clients and ways in which you may better serve them. You may also benefit by knowing that you are directly contributing to filling the significant gap in current literature on Asian therapists and thus supporting future therapists and clients. No other compensation will be provided for participation in this study.

Steps will be taken to ensure your confidentiality as a participant in this study. Your decision whether to participate in this study will also remain confidential. Anonymity cannot be provided in this study due to the nature of the interviews. In order to protect the confidentiality of those you may talk about during the interview process, please be careful not to provide any

information that may be used to identify your clients. In the event that information is revealed during the interview, I will immediately stop and erase that information from the audio recording before continuing the interview. Data collected for this study will be available only to me and my research advisor. Any identifying information will be removed from the data before being made available to my advisor. Your name will not be attached to the data collected. Documentation matching your name with a study identification number, audio files of recorded interviews, and interview transcripts will be stored electronically on my password-protected computer. All data will be kept in a secure location for at least three years as required by federal regulations. Should I need to keep any data for longer than three years, it will continue to be stored securely and destroyed when no longer needed.

I may use email to communicate with you for purposes of my study. If this is necessary, I will use an exclusive, non-shared email address and will only email you for scheduling and other logistical purposes. I will not use email to obtain data for my study and will delete messages as immediately as possible.

Participation in this study is voluntary and you may choose to withdraw at any point during the recruitment or interview process without penalty. You may refuse to answer any question or stop the interview at any point. You may also notify me that you do not wish to have your data included in the study within 48 hours after the conclusion of the interview. If you choose to withdraw, any information about you will not be included in the study and will be immediately destroyed. If you have any concerns about your rights or any other aspect of this study, please feel free to contact me (see contact information below) or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

YOUR SIGNATURE INDICATES 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. PLEASE KEEP A COPY OF THIS CONSENT FORM FOR YOUR FILES.

PARTICIPANT SIGNATURE

DATE

Researcher Contact Information:
Andrea Yoshida

Appendix F
HSR Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

January 24, 2013

Andrea Yoshida

Dear Andrea,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

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 cursive script that reads 'Marsha Kline Pruett' followed by a stylized initial 'M'.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Vice Chair, Human Subjects Review Committee

CC: Fred Newdom, Research Advisor

Appendix G

Interview Guide

Brief Personal Statement

My name is Andrea Yoshida and I am obtaining my Master's in Social Work degree at the Smith College School for Social Work. This research project is the basis of my master's thesis. As context for this interview, I first became interested in this topic of how Asian therapists may be impacted by issues related to race and ethnicity because I felt particularly affected by the work I was doing with clients in my first-year internship at a college counseling center. When I tried to find any articles or books that might reflect my experience and offer some insight, I was hard-pressed to find more than one book. This project is an attempt to fill this gap for other therapists-in-training and practicing clinicians who may benefit from hearing the voices of people who have had similar experiences.

Demographic Information

Before we get to the interview questions, I'd like to start off by asking for some demographic information.

1. How do you describe your ethnicity? (e.g., Chinese-American, Korean, Filipino, Vietnamese and Irish)
2. How do you identify your gender?
 - a. Female
 - b. Male
 - c. Transgender
 - d. Other
3. Please indicate the age range in which you belong
 - a. 21-30
 - b. 31-40
 - c. 41-50
 - d. over 50
4. How many years of post-graduate clinical experience do you have?
5. What is your degree type and profession (e.g., master's in counseling psychology)?
6. What is your primary practice setting (e.g., private practice)?
7. What is your primary practice modality or modalities (e.g., individual, couple, family, group)?

Interview Questions (Remind participants to disguise identifying client information as much as possible.)

1. Please estimate the demographics of your current clientele. For example, what percentage of your clients is Asian? White? Black? Latino? Native American? Others?

2. Do you feel that having an Asian identity impacts you and/or your work with Asian clients in any particular way? If so, in what way(s)?
3. When you are working with Asian clients, do you feel that ethnic similarity between you and the client impacts you as a clinician? How?
 - a. If you do not work with ethnically-similar clients, how would you imagine this might impact your experience?
 - b. Can you speak about a clinical example without revealing client information?
 - c. What therapeutic challenges or issues arise for you?
 - d. What differences still seem relevant for you when working with an ethnically-similar client?
4. In your work with Asian clients, do you feel that ethnic difference between you and the client impacts you as a clinician? How?
 - a. If you do not work with ethnically-similar clients, how would you imagine this might impact your experience?
 - b. Can you talk about a clinical example without revealing client information?
 - c. What therapeutic challenges or issues arise for you?
5. Do you feel that your Asian identity impacts your work with clients of other non-White groups (e.g., Black or Latino) in any way? How so?
 - a. If you do not work with clients of other non-White groups, how would you imagine this racial difference might impact your experience?
 - b. Can you talk about a clinical example without revealing client information?
 - c. What therapeutic challenges or issues arise for you?
6. Is there anything I have not asked that you feel is important to include in this study?