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The importance of racial concordance and the childhood experiences of Black students and practicing clinicians in the field of social work

Candice Tara Karber
Smith College

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ABSTRACT

This study was conducted in order to examine the relationship between practicing

social work clinicians' and students' attitudes toward racial concordance as a precursor to

a positive therapeutic outcome, while exploring the possible predictors of such attitudes

based on their background childhood experiences and their scores on the

Multidimensional Inventory of Black Identity (MIBI). Sixty-eight subjects were used in

the web based data collection process. Preliminary data concluded that most participants

(89.6%) thought that racial concordance was an important factor in order to foster a

positive therapeutic experience. In addition, the majority (61.2%) of participants thought

racial concordance was a somewhat to extremely important issue from a clinician's

perspective. However, there were no significant findings related to differences in

background childhood experiences or their scores on the MIBI as predictors of attitudes

towards racial concordance. Limitations of this study as well as implications for further

research and social work training are discussed.

THE IMPORTANCE OF RACIAL CONCORDANCE

AND THE CHILDHOOD EXPERIENCES OF BLACK

STUDENTS AND PRACTICING CLINICIANS

IN THE FIELD OF SOCIAL WORK

A project based upon the independent investigation,
submitted in partial fulfillment of the requirements
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Candice Tara Karber

Smith College School for Social Work
Northampton, MA 01063

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CHAPTER I

INTRODUCTION

The desire to challenge and study psychotherapy models grounded in the values of a Eurocentric world view is not a new research phenomenon in the mental health field (Queener & Martin, 2001). Much of the research related to racial issues in mental health began to appear before the 1960s and have since continued to thrive throughout the research community (Reynolds & Baluch, 2001). The domination of the goal oriented unilateral stages and methods of psychoanalytic theory utilized to understand the origins of human behavior have worn thin the patience of those who identify as people of color paving the way for a greater demand for more specialized and racially/cultural sensitive treatment modalities (Queener & Martin, 2001).

Since there is such a large amount of literature regarding race and mental health, various theoretical perspectives have been introduced. Historically, these perspectives and models were created out of racist ideologies and from a psychopathological lens that depicted Blacks as mentally unhealthy (Liggan & Kay, 2006). For example, Freudian psychiatrists Kardiner and Ovesey (1951) conducted a study of Blacks and their "basic personality". They write, "the Negro has no possible basis for a healthy self-esteem and every incentive for self hatred" (p. 297). These kinds of models were considered the norm and went unchallenged for decades.

As time progressed, the literature began to change along with laws and social norms, which gave way to issues of civil and human rights. Instead of White researchers

being largely the only ones writing about the social conditions and psychological dysfunctions of Blacks and measuring them based on their standards, Blacks began to study, research and produce literature about their findings themselves. They struggled with the duality of being African and American. W. E. B. DuBois (1903) described this phenomenon as "double consciousness" in his literary masterpiece, *The Souls of Black Folk*. Blacks explained their values and beliefs through concepts like interconnectivity, spirituality, ritual, tradition and non-linear approaches to mental health that prized Afrocentric and African-centered ideologies.

The present study is guided from those premises and addresses the following: Is the concept of racial concordance between client and clinician important for a positive therapeutic process according to Black students and practicing clinicians in the field of social work? Secondly, is there a relationship between these Black students and practicing social work clinicians' feelings about racial concordance being important and their childhood community experiences or their scores on the Multidimensional Inventory of Black Identity (MIBI) (Sellers et. al, 1997) or both?

The theoretical perspective that this study will utilize is the Multidimensional Model of Racial Identity (MMRI). The researcher seeks to use the MMRI to serve as the theoretical framework that encompasses underground and mainstream Black racial identity research. The MMRI's theoretical perspective gave birth to the MIBI, which seeks to serve as an empirical measurement of Black racial identity

Despite the growing amount of literature on racial concordance in the therapeutic process (Gushue & Constantine, 2007; Wallace & Constantine, 2005), many researchers have failed to specify what practicing clinicians and students in the field of social work

think about racial concordance and its value in predicting positive outcomes in therapy. For the purposes of this research study, racial concordance is defined as the client (that is the person seeking out therapy) and clinician/therapist (that is the person that provides the therapy) having the same race as one another.

This study examines the concept of racial concordance as it relates to Black clinical social work students' and practicing clinicians' perceptions of the importance of racial concordance in predicting a positive therapeutic outcome. It examines its importance and gives the reader some insight into the background environmental and childhood factors that may have an influence on participants' decision feelings about the importance of racial concordance. It is the intent of this study to increase understanding of the nature of past experiences and current feelings of Black identity as they relate to feelings about the role of racial concordance among students and practicing social work clinicians. By asking future and current clinicians whether they believe racial concordance is important in a positive therapeutic process, this may give further insight into a change in social work curriculum and raise questions for further study.

CHAPTER II

LITERATURE REVIEW

This literature review addresses various components of how the concept of race is viewed within the mental health community. This literature review encompasses such subjects as racial concordance, help seeking behaviors/patterns, background childhood community experiences, and racial identity. Although these factors have all been independently studied, they have not been thoroughly researched within the social work community. Furthermore, the previously mentioned themes have not been studied within the social work community among practicing clinicians and students.

It is well documented that people of color feel that they will be stigmatized by society if they engage in help-seeking behaviors (i.e. counseling, psychotherapy, etc.) (Thompson & Chambers, 2000). In particular, Blacks worry that seeking help is especially stigmatizing (Sanders Thompson, Bazil, & Akbar, 2004). Sanders Thompson and colleagues (2004) suggest that racially matching Black clients with Black clinicians may alleviate fears of stigma. Various studies of mental health professionals' attitudes about treating African American women (Smith & Wermeling, 2007; Kendall & Hatton, 2002; Henderson Daniel, 2000), African Americans in general (Sanders Thompson et. al, 2004) and African American college students (Wallace & Constantine, 2005) reveal that racial concordance can lead to a positive therapeutic process. For the purposes of this study, the term Black will be used interchangeably with the term African American. The term Black in this study will include those that may consider themselves Black but not self identify as African American (i.e. Caribbeans, Africans, etc.).

Within our contemporary society, many may argue that significant strides have been made toward cultural competence and race sensitivity. Along with those who conceptualize this as truth, there are also many others that are challenged everyday to think just the opposite. Most are aware of the overt and covert differences related to acts of racism. According to Sue, Capodilupo, & Nadal (2007), there is an additional theme within the realm of racism, which is known as microaggressions. Sue and colleagues (2007) explain:

> Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color. Perpetrators of microaggressions are often unaware that they engage in such communications when they interact with racial/ethnic minorities. (p. 271)

These microaggressions permeate everyday life, which means that no relationship is exempt. For example, in 2007 a qualitative study was conducted regarding the perceptions of microaggressions in cross racial dyads with Black supervisees (Constantine & Sue). The study included 10 Black doctoral candidates with White supervisors. Seven microaggression themes were found: invalidating racial– cultural issues, making stereotypic assumptions about Black clients, making stereotypic assumptions about Black supervisees, reluctance to give performance feedback for fear of being viewed as racist, focusing primarily on clinical weaknesses, blaming clients of color for problems stemming from oppression, and offering culturally insensitive treatment recommendations.

There are also studies that contradict the concept of racial concordance as an important part of a positive therapy experience. Martin (1991) conducted a study that concluded that African Americans, Asian Americans, Mexican Americans, and Whites did not agree that racial concordance acted as a predictor of positive treatment outcomes

(Mexican Americans were the only sample that disagreed). In fact, racial concordance took a back seat to length of treatment instead in this study.

Presently, the current concept that White America wants to see is beyond race, which could be defined as color blindness (Sue & Sue, 1999). That is, race should be dismissed entirely and should work from the concept of humanity (Sue et. al, 2007). Miller & Garran (2007) describe the "invisible knapsack" of privilege that whites carry, which gives them the opportunity to see themselves as "just people, or Americans, but with little core awareness of being white and what that means in this society. It means that white people can view themselves as individuals rather than as members of groups whose identities are imposed on them by society" (p. 89). Cress Welsing (1991) takes this concept to the next level by stating that "modern man means Western man, means white man, means the global white collective" (p. 34).

This concept of humanity suggests that race is not nearly as important as people seeing each other as human beings first. According to Gushue & Constantine (2007), within contemporary racism terms, the notion of color-blindness is not only practiced in the clinical community, they go on to say that it was even endorsed by the American Psychological Association in 2003. The nursing field also contemplates race in a clinical setting. According to Kendall & Hatton (2002) color-blindness is a taught method but denial is incorporated as well. Some may agree that this is a necessary premise to begin with. However, it is just as equally important to see race, gender, sexuality, and any other dimension that a person wants to identify themselves.

In terms of clinical practice, race is important and worth the continued study within the therapeutic relationship. Liggan & Kay (2006) writes "Studies examining the

therapeutic dyad are not without racial bias. White reviewers predominately state that neither race nor ethnicity impact on treatment outcome; Black investigators hold the opposite view" (p. 103). If race is dismissed entirely (i.e., we are all human) or personal and worldview biases (i.e., individualism versus communalism) are placed on the client, they may never fully develop a healthy therapeutic alliance with their therapist or counselor.

Blacks and Help-Seeking

> One of the strongest Black cultural patterns is that of extensive help systems. The family's effective environment is composed of a network of relatives, friends and neighbors. The social network acts to provide emotional support, economic supplements, and most importantly, to protect the family's integrity from assault by external forces. (McAdoo, 1978, p. 761)

Previous literature recognizes that kinship care networks and extended families were Blacks first guide to resources (McAdoo, 1978; Billingsley,1968; Martin & Martin, 1985). In the late 1800's there were state and local governments that attempted to provide low budget segregated institutions, which did not follow separate but equal standards. Since these facilities were unequipped and underfunded to help Blacks, they created their own help networks. Some of the resources they provided within the community included midwifery, child care, nursing homes (Martin & Martin, 1985), and folk medicine (Paniagua, 2005).

Historically Whites saw Blacks for their skin color and therefore demoralized and dehumanized them because of it. As Blacks have endured slavery, Jim Crow laws, and the kind of medical disregard that resulted in such actions as the Tuskegee Experiment, one can see why many Blacks have not been very trusting of the medical field in general (Northington Gamble, 1997). Although such blunt examples are not currently reported

today (although some mental health and medical professionals may disagree), the small nuances may still be seen and experienced.

In Gordere's, On the Couch segment in Sister 2 Sister Magazine (a Black entertainment and lifestyle magazine), he asks quite boldly with his entitled article, "Are Black Folks Afraid of Therapy?" (2007). He visits the various possibilities of why Blacks do not go to therapy. They range from various issues such as the lack of cultural sensitivity from Whites, the high cost of therapy, and the issues of fear and shame. Gordere (2007) explains that in his opinion, Blacks will "admit to doing jail time before they'll talk about their therapy. Yet they will discreetly pull me to the side quite often and quickly ask me about my professional contact information for a future visit" (p. 62).

What Gordere (2007) speaks to is the notion of cultural paranoia, which was introduced by Grier & Cobbs in 1968. It is described as "a profound, practically pathological distrust of white people" (Martin & Martin, 1995, p. 78). The distrust stems from prior and current acts of violence that ensued out of acts of lynching, rapes, dehumanizing acts, and daily discrimination. Paniagua (2005) suggests that two relevant factors make up/give rationale to a healthy cultural paranoia in African Americans; they are slavery and racism.

The concept of racial concordance is also discussed within the medical framework not just the mental health arena. For example, Harrison Stinson & Thurston's (2002) study looked at the concept of racial concordance within the African American and Hispanic community between patient and physician. According to their statistics there have been countless studies that attempt to address the concept of racial matching.

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Researchers have questioned why there have been larger percentages of racially matched patients and doctors. After demographic characteristics were controlled for in Gray and Stoddard's study (as cited in Harrison Stinson & Thurston, 2002), results revealed "Blacks were three and a half times more likely than non-Blacks to have a Black doctor, while Hispanics were nine and a half times more likely than non-Hispanics to visit a Hispanic doctor" (p. 411). Initially within the Hispanic community the issue of language may be a large reason for why racial concordance is so important to their community. However, what can be said about the Black community in this instance?

Background Childhood Environmental Factors

Researchers have found that racial identity is formed through environmental factors such as family and school settings (Helms, 1990; Cross, 1971; Tatum, 2004; Demo & Hughes, 1990). Through various external factors related to skin color, exposure to racism, and stereotypes, racial identity may become salient to one group of Blacks and not the other. Research that uses within-group data has helped to substantiate racial identity attitudes within the field of identity development for Blacks (Jones, 1996).

The phenomenon of environmental/residential segregation is an issue that deserves attention within this literature review. There are more upwardly mobile middle and upper class Blacks than ever before (Tatum, 1987; Jones, 1998; Sue & Sue, 1999), which may influence their perception of racial identity and might create an in-group discord between Blacks (Gay, 2004). An upwardly mobile Black family/person that may have experience with residential segregation may have had the opportunity to have trustworthy and genuine relationships with Whites by nature of their residential community or through academic (college) and/or work (corporate America) settings. If

the above statement is accurate, then it is important to explore whether a person's background and/or present day relationships with Whites might affect their views of racial concordance.

Scholar and author Beverly Daniel Tatum (1987), who identifies herself as a middle-class Black, who lives, works and raises her family in a predominately White community, writes that the upwardly mobile Black family is invisible. Furthermore, feelings of isolation and disconnect may appear because a Black family is residentially segregated into predominately White communities (Tatum, 1987). Harris (1995) echoes other researchers by stating that "Blackness is like a uniform" (p. 228), which can be interpreted as a defining characteristic that others view and make assumptions about. Whether Blacks will work with White health care providers will depend on, for many Blacks, issues of apprehension that may exist when dealing with Whites for fear of racism, although for others race just might not be that important. The truth is, Blacks that live behind the gates of middle and upper class America may still be just as likely to experience racism from Whites.

There is also another group of Black Americans that are described in relation to the issue of their environment. They are depicted as quite successful in their professional career but suffer from large burdens of emotional pain and distress largely in part because of their accomplishments. Jones (1998) describes them as:

> Either lost sight of the continuing influence of societal oppression or [they] have become obsessed with professional achievement to the exclusion of other personal family needs. In either case, their paths towards success have been accompanied, ultimately, by a sense of disillusionment and emptiness. (p. 381).

Sue & Sue (1999) discuss the dual roles that successful African Americans struggle with from society. They are "…exposed to feelings of guilt of having 'made it,'

frustrations by the limitations imposed by the 'glass ceilings,' and feelings of isolation"

(p. 236). These thriving African Americans, that have become upwardly mobile and

change their physical environment due to their social status, wrestle with the feelings of

seclusion due to the climate of their racial environment. Some data even suggests that

successful Blacks had to rearrange/redefine their relationships with their less successful

kin (McAdoo, 1978).

According to Gay (2004), many psychological and social factors are affected due

to residential segregation among Blacks. Some of them include political attitudes,

socioeconomic status, cultural identity, and Blacks' racial attitudes. Therefore, within this

study, background environmental data of the participants will be examined in order to

research whether past influences have a bearing on the decision of whether racial

concordance within a clinical setting is important.

Black Racial Identity

Initially, the term racial identity was developed in order to prevent stereotypes

and misguided therapy with specific racial groups (Reynolds & Baluch, 2001). Over the

years, the term racial identity has been widely developed, researched, integrated and used

within the psychological realm (Yip, Seaton, & Sellers, 2006) in relation to identity

formation, racial and ethnic attitudes, gender identity, professional identity and so on.

This surplus of research has been guided from the premise that race is an important issue

to study.

For the purposes of this study, Sellers' et. al. (1998) multidimensional model of

racial identity will be used in order to concretize some generalizations related to Black

racial identity attitudes. However, Black racial identity cannot be discussed without

giving a brief overview of its metamorphosis through two schools of thought. They are categorized as mainstream and underground (Sellers et. al, 1998).

Mainstream Black Racial Identity Research

The mainstream approach to Black racial identity could be best described as a universal approach. Its theoretical framework did not create a large space for culture to be discussed. In fact, most of the early research regarding Black racial identity formulated around the concept of Black self-hatred due to the concepts of racism and oppression (Sellers, et. al, 1998). These researchers studied self-concept and cognitive processes without legitimizing one's individual cultural experiences. In addition, the qualitative experiences of an individual's experience were not explored.

The concepts that initially guided Black racial identity research created lots of generalizations. To its credit, mainstream authors did set the tone for Black racial identity to be discussed in the literature. For example, through mainstream research, the notion of a specific characteristic of an individual being more pronounced to them in a specific setting was introduced. Sellers et. al. (1998) describe this phenomenon as racial salience.

Underground Black Racial Identity Research

There have been a number of racial identity attitude scales and theories directed at studying Black mental health. The underground theoretical approaches take into account "uniqueness of their oppression and cultural experiences" (Sellers et. al, 1998, p. 19). Initially, Cross' (1971) model of Nigrescence introduced a racial identity development model that began to identify how one's racial attitude toward themselves might help to explain how they interacted within society. Cross's (1971) model included the following stages of the Negro to Black conversion experience: (a) Pre-encounter, (b) Encounter, (c)

Immersion-emersion, (d) Internalization, and (e) Internalization-commitment. Parham & Helms's (1981) research produced a widely accepted scale called the Racial Identity Attitude Scale (RIAS), which was developed using the Nigrescence model from Cross (1971). Parham & Helms' (1981) revised version of racial identity attitude research included the following stages: (a) Pre-encounter (pro-White/anti-Black), (b) Encounter (confused White/euphoric Black), (c) Immersion/Emersion (idealized Black/anti-White), and (d) Internalization (internalized Black/accepting White).

In the Pre-encounter stage, White is seen as good while Black is as seen bad and anything remotely related to Black is discouraged and pushed away. Within this stage, acculturation and assimilation to White society exists. Additionally within this stage, a person is more likely to suffer from "poor self-esteem, feelings of inferiority, and anxiety" (Jones, 1996, p. 171). The Pre-encounter stage would suggest that the preference for White counselors would be valued. A person usually moves to the next stage of the Encounter stage because they have not been able to fit into the White world. Initially while in the Encounter stage some confusion may occur, which can be related to not feeling "Black enough". Within this stage "positive self-esteem, self-actualizing tendencies, and low anxiety" (Jones, 1996, p. 172) may occur. The Encounter stage suggests that there is a preference for a Black counselor.

During the Immersion stage, a person may suffer from "unhealthy affective adjustment as indicated by poor self-esteem, high anxiety, low levels of self-actualization tendencies, and high levels of anger or hostility" (Jones, 1996, p. 172). While a person adjusts within this stage, everything that is associated with Whiteness is devalued and

everything that is related to Blackness is idealized. As reported in the previous stage, there is a preference for a Black counselor.

In the last stage of racial identity attitude development, the process of Internalization occurs. There is a mimicking of the Immersion stage, which is related to internalizing one's Blackness but leaves out the high levels of anger and hostility. There is no longer a need to overemphasize one's Blackness because it has been internalized and remains resilient within that person. According to Parham & Helms (as cited in Jones, 1996), "internalization attitudes predicted a rational decision-making style" (p. 172). Through this stage, one may experience Whites as less threatening and may seek to work together with an end result of anti-racism efforts.

This theory does work from a linear premise, using stages. However, it is important to recognize that through various circumstances and individual situations, regressive behaviors and attitudes may occur. Also noteworthy is the issue that one may never experience a stage at all, which just re-emphasizes that there is not a specific progression within this model. Instead, the experience is different for each individual person. Some scholars have questioned the reliability of the RIAS because the uniqueness of the African American experience is much more complex than the scale allows for measurement (Akbar, 1989).

Multidimensional Model of Racial Identity

Through Sellers and colleagues' (1997 & 1998) research on Black racial identity, the theory of the Multidimensional Model of Racial Identity (MMRI) was developed, which produced the scale that this research will be using, the Multidimensional Inventory of Black Identity (MIBI). "The MMRI defines racial identity in African Americans as the

significance and qualitative meaning that individuals attribute to their membership within the Black racial group within their self-concepts" (Sellers et. al, 1998, p. 23). According to the MMRI there are four assumptions. The first assumption is that "identities are situationally influenced as well as being stable properties of that person" (Sellers et. al, 1998, p. 23). The second is that there are various identities that a person holds and within those identities, they are classified into a hierarchy (i.e., gender, race, sexual orientation, ethnicity, class, ability, etc.). Thirdly, the most valid part of a person's identity is their own perception of their racial identity. Lastly, an individual's racial identity status is the most important—not the development process (the here and now is priority).

The MMRI seeks to act as bridge between underground and mainstream theoretical premises that address the widely studied issue of Black racial identity among researchers. The MMRI attempts to take into account the previous literature regarding Black racial identity while incorporating newly fleshed out concepts. This model acts as a one stop shop that addresses the following dimensions: "racial salience, the centrality of the identity, the regard in which the person holds the group associated with the identity, and the ideology associated with the identity" (Sellers, 1998, p. 24).

Racial identity salience explores how much one considers race an important aspect of their self concept at a particular moment in time. It "…is dependent on the context of the situation as well as the person's proclivity to define her or himself in terms of race (i.e., centrality)" (Sellers, et. al, 1997, p. 806). Racial identity centrality on the other hand measures how important race is to a person's perception of themselves. It is concerned with the extent to which a person normally defines themselves in relationship to their race.

A third element of racial identity ideology is related to how much emphasis a person puts on how they think others should act within their race. "This dimension represents the person's philosophy about the ways in which African Americans should live and interact with other people in society" (Sellers, et. al, 1997, p. 806). The fourth dimension of the MMRI, is regard, this dimension focuses on the positive and negative perceptions others have towards African Americans and their group membership. This dimension has a public and private component. Private regard is how people themselves feel about African Americans and public regard is how people feel others view African Americans.

Additionally, the MMRI consists of four ideologies: (a) a nationalist philosophy, which places value on the uniqueness of being of African descent; (b) an oppressed minority philosophy, which stresses the shared experiences of members from various disadvantaged groups; (c) an assimilationist philosophy, highlighting the common experiences African Americans share with other non oppressed groups in American society; and (d) a humanist philosophy, which focuses on the shared experiences of all human kind. "These ideologies are manifested across four areas of functioning: political - economic issues, cultural-social activities, intergroup relations, and interaction with the dominant group" (Sellers, et. al, 1997, p. 806).

Racial Concordance in Clinical Relationships-Therapist to Client

For many, the undertones and silent stares of perceived racism still permeate everyday life (Sue et. al, 2007). Within everyday life comes stress and for some that means seeking out mental health professionals that may be able to assist them in alleviating some of that stress. However, what if that therapist racially represents some of

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the reasons for the client's discomfort? This discomfort between therapist and client can impede on self-disclosure and building a therapeutic alliance. This may lead to the client terminating prematurely, cancelling visits or simply an unsuccessful treatment.

The majority of mental health professionals are White and "trained primarily in Western European models of service delivery" (Sue et. al, 2007, p. 271); however there are various ethnic and racial groups that seek out their services. However, poor Black urban dwellers may be the least likely to have the choice to decide who their mental health service provider is due to racial disparities in healthcare (Northington Gamble, 1997; Kendall & Hatton, 2002). Prior researchers have found that within the realm of client and therapist between Blacks and Whites, Black clients believed that racial concordance was an important factor when choosing a therapist (Nickerson, Helms, & Terrell, 1994). Additionally, the study reported that a person's racial identity attitude could be used as a predictor to determine whether racial concordance was important.

Previous authors have taken the concept of racial concordance within the therapeutic process and researched whether levels of Afrocentrism might be related to higher self-concealment (Thompson & Chambers, 2000). Older studies focused on the Black client and White therapist's relationship in regards to the cultural mistrust that Blacks have in general with Whites (Watkins, Terrell, Miller, & Terrell, 1989; Watkins & Terrell, 1988; Terrell & Terrell, 1984). According to some, one of the ways in which high self-concealment levels among Black clients could be reduced is by obtaining culturally sensitive counselors (Wallace & Constantine, 2005; Miller & Garran, 2007). Because their study was conducted at a traditionally White institution (TWI), it is important to

take into account that cultural mistrust toward White mental health professionals might remain high for reasons that are related to institutional racism and it's after effects.

Although racial preferences from the clients' perspective in the clinical relationship have been extensively researched (Teasdale & Hill, 2006; Watkins et. al, 1989; Watkins & Terrell, 1988), it is important to explore the clinicians' perspective to learn whether there are significant differences and what they might be attributed to. In addition, it is also important to investigate that if changes have occurred what the implications are for social work, mental health, and education communities that students learn from.

Review of the literature highlights the importance of a clinician recognizing racial, cultural, and individual experiences in the clinical relationship. However, the existing studies emphasize the client's individual perspective of their therapy process and fail to ask clinicians how their personal and professional beliefs interact with their clients and the outcomes of treatment. Therefore, within this study Black clinical social workers' and students' responses of whether racial concordance is important for a positive therapeutic process were investigated. Furthermore, this study attempted to explore their responses through the use of the following possible predictors: background childhood community experiences and scores on the MIBI.

CHAPTER III

METHODOLOGY

The purpose of this study is was to identify whether the concept of racial concordance between client and clinician was important for a positive therapeutic process according to Black students and practicing clinicians in the field of social work. Secondly, the study worked to answer whether there was a relationship between these Black students and practicing social work clinicians' feelings about racial concordance being important and their childhood community experiences or their scores on the MIBI or both.

This study was conducted using a quantitative relational design. The use of an online survey, created by this researcher, was used in order to gather data. The author designed a survey that was modified from Matthews' (2007) study that addressed the similar concept of the connection between environmental factors and racial identity. There were sections of the survey that gathered demographic information, background childhood environment data, views regarding the importance of racial concordance, and social work education preparation. Racial identity information was collected independently from the MIBI scores.

Participants within the study took a questionnaire that was broken into five separate sections. The first consisted of obtaining demographics, such as where they received their social work degree. The second section briefly explored their background childhood community experiences which related to environmental factors like the racial

composition of their neighborhoods and school communities. Thirdly, and perhaps the most important issue to be studied was the section that addressed their views regarding racial concordance importance. Fourth, participants were briefly asked about their views of whether their social work education had fully prepared them to work with particular groups of clients (all previously mentioned sections can be found in Appendix F). Finally, the short form of the MIBI was also given in order to determine their scores on various degrees of their Black identity (see Appendix G).

Recruitment

Once approval was received from the Human Subjects Review Board, the researcher began collecting data (see Appendix E). A snowball sampling method was used in order to gather participants for the study. This method was employed due to an "…initial access to a limited number of identifiable sample members" (Anastas, 1999, p. 289). The qualifications to be included in the study were: to be at least 18 years of age, self identified as Black (which included African, African American, Caribbean, etc.), and to be a student or practicing clinician in the field of social work.

Members of the National Association of Black Social Workers were initially contacted by electronic mail to obtain participants (see Appendix B). Within the electronic mail, potential participants were asked to forward the electronic mail to someone who might be interested and who met qualifications to participate. Recipients of the electronic mail were also given and electronic version of the Informed Consent Form (see Appendix D). The researcher also sent a very similar electronic mail to other personal and professional contacts that were eligible for participation or to those who

might have known a potential candidate that was eligible to be considered for the study (see Appendix C).

Data Collection

Participants within the study had complete anonymity throughout the survey process. They were informed of the survey process and their anonymity through the Informed Consent Form. The online survey data collection software that was used encrypted all data so that information could not be traced back to participants. Names were never associated with participants in the project. The survey was open from February 2008 to April 2008 through an electronic link that did not retain the respondents email address or ask the respondents to identify themselves in any way. The online survey collection program compiled initial aggregate data for the future use of specialized statistical analysis software. Issues of anonymity were discussed along with possible risks associated with participation.

Data Analysis

The data collected was analyzed using SPSS, a statistical software program. Frequencies were run for all variables and descriptive statistics for all ratio level variables. Crosstabs, nonparametric correlations, one way anovas, chi-squares, and t-tests were used when analyzing the data. The MIBI (short form) is a 27 item measure that was introduced to the research community in Sellers' et. al (1997) article entitled Multidimensional Inventory of Black Identity: A Preliminary Investigation of Reliability and Construct Validity. As explained earlier, the construction of the MIBI developed out of the idea that there were inconsistencies within the concept of measuring Black racial identity. Through the MMRI, Sellers et. al (1998) produced a second article entitled

Multidimensional Model of Racial Identity: A Reconceptualization of African American

Racial Identity. Through these two articles, the concept of racial identity within the

Black/African American community was investigated thoroughly to produce the MIBI

and the validity and reliability was discussed. The researcher chose the MIBI because it

accurately evaluated the population that the study sought out to investigate (i.e., Black

racial identity populations).

CHAPTER IV

FINDINGS

The operational research questions in this study were:

1. Is the concept of racial concordance between client and clinician important for a positive therapeutic process according to Black students and practicing clinicians in the field of social work?

2. Is there a relationship between these Black students' and practicing social work clinicians' feelings about racial concordance being important and their childhood community experiences or their scores on the MIBI or both?

For the purposes of this research, the dependent variables are the two racial concordance questions within the survey (questions 29 and 30 in Appendix F). These are described in detail throughout this chapter. Participants feelings about the importance of racial concordance were measured against the following independent variables: place of childhood rearing, neighborhood racial composition, childhood conversation about race with parent(s)/primary caregiver(s), parents' personal experience with racism, whether respondents had therapy, and the MIBI subscale scores. These are also described in detail throughout this chapter.

Sample Descriptive Statistics

Demographics

The participants were comprised of a non-probability sample of convenience. The volunteering participants self-identified as Black, English speaking and writing, current student or practicing clinician in the field of social work. Anyone under 18 was excluded from this study. It was also necessary that all participants had a computer available with

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internet access to participate. The sample's initial n=70, however due to missing data, 68 were fully analyzed. The participants ranged in age from 24 to 64 with a median age of 36 and an average age of 37.72 (*SD*=10.73). There were 53 who identified their gender as a woman and 15 as a man. Further detailed analysis can be found in Table 1.

Table 1: Sample's Descriptive Statistics of Age

SCALE		
N	Valid	68
	Missing	2
Mean		37.72
Median		36.00
Mode		36
Std. Deviation		10.730
Variance		115.130
Minimum		24
Maximum		64

The participants spent the majority of their childhood ranging from life in a large city, to somewhat large city, to small city, to suburban, to rural, respectively (see Table 2). Data showed that participants' places of birth varied from continents such as North America, Africa, and South America. There was also data collected from the Caribbean nation of Haiti. Participants were also asked about the racial makeup of their neighborhood while growing up (see Table 3).

Table 2 Question 17: Please describe the place where you spent the majority of your childhood.

SCALE	N	%
Rural	5	7.6
Suburban	13	19.7
Small City	12	18.2
Somewhat Large City	17	25.8
Large City	19	28.8

*Table 3 Question 19: Overall, what was the racial composition of your neighborhood
while growing up?*

SCALE	N	%
Different Races	11	16.4
All Black	19	28.4
Mostly Black	24	35.8
Mostly White	12	17.9
All White	1	1.5

Two different variables were combined in order to create a new variable which

created the following three groups from the sample: MSW students, PhD students and

practicing clinicians. This was necessary due to some overlap in these categories when

looking at the two questions separately. Specifically, there was one person who indicated

in question 11 (How long have you been a practicing clinician?) that they were a clinician

and then in question 7 (Are you an advanced placement standing student?), they said they

were a PhD student. They were counted as a clinician. Further overlap ensued when there

were 10 people who said they were PhD students, were an advanced placement standing

student and yet entered a number for question 11 (How long have you been a practicing

clinician?). They were counted as PhD students. Table 4 presents the frequencies for this

new grouping variable.

Table 4: Frequencies for Education/Clinician Status

SCALE	N	%
MSW	26	39.4
PhD	9	13.6
Practicing Clinician	31	47.0

In response to the question regarding the marital status of the subject's parents,

57.6% (38) were married, 12.1% (8) were separated, 15.2% (10) were divorced, 12.1%

(8), and 3% (2) were together but never married. There were 6.0% (4) of subjects'

parent(s)/primary caregiver(s) that never discussed personal experience with racism,

while 19.4% (13) reported rarely, 28.4% (19) reported sometimes, 28.4% (19) checked

often, and 17.9% (12) checked always. There was a separate question that asked the

sample about whether their parent(s)/primary caregiver(s) spoke with them about race

(see Table 5).

Table 5 *Question 21: When growing up, did you parent(s)/primary caregiver(s) talk to you about race?*

SCALE	N	%
Never	4	6.0
Rarely	13	19.4
Sometimes	19	28.4
Often	19	28.4
Always	12	17.9

MIBI Subscales

The MIBI was scored by taking a mean of the relevant questions for each of the 7

subscales. The resulting scales had a possible range between 1 and 5. Descriptive

statistics for each subscale are presented in Table 6. A lower score indicates a higher

level of agreement on the scale. Before creating the subscales Cronbach's alpha was run

to test the internal reliability of each subscale. The centrality scale had an alpha below

the acceptable cutoff of .6. As a result this scale was not included in the analysis. The

remaining subscales had internal reliability that was adequate or moderate (see Table 7).

Table 6 *Descriptive Statistics for the MIBI Subscales*

SCALE	Min	Max	Mean(std dev)
Public regard	1	4.25	2.66(.70)
Assimilation	1	5	3.83(.75)
Humanism	1	5	3.30(.76)
Private Regard	3.5	5	4.72(.38)
Nationalist Items	2.5	5	3.84(.69)
Minority Items	1.5	5	3.07(.87)

Table 7 Results of the Tests of Internal Reliability for the MIBI Subscales

SCALE	Cronbach's alpha	N	N of items
Centrality	.39	64	4
Public regard	.70	64	4
Assimilation	.69	63	4
Humanism	.61	64	4
Private Regard	.54	64	2
Nationalist Items	.73	64	4
Minority Items	.66	64	4

Racial Concordance Questions

There were two questions that addressed the issue of racial concordance. The first asked "Do you think that racial concordance is important to foster a positive therapeutic experience?". For this question the vast majority, 89.6% (60) said it was somewhat or extremely important (see Table 8). The second question asked "How important do you think racial concordance is from a clinician's perspective?". Again, the majority, 61.2% (41) said racial concordance was somewhat or extremely important. Table 9 presents the detailed responses.

Table 8 Question 29: Do you think that racial concordance is important to foster a positive therapeutic experience?

SCALE	N	%
Not At All Important	0	0
Not Very Important	5	7.5
No Opinion On Importance	2	3.0
Somewhat Important	43	64.2
Extremely Important	17	25.4

Table 9 Question 30: How important do you think racial concordance is from a clinician's perspective?

SCALE	N	%
Not At All Important	5	7.5
Not Very Important	18	26.9
No Opinion On Importance	3	4.5
Somewhat Important	25	37.3
Extremely Important	16	23.9

Respondents were asked to think about their most positive experience in therapy as a client. They were then asked whether there was racial concordance in that relationship. Table 10 reflects their responses. This was broken down further by running a crosstab to examine the percent of students (MSW and PhD combined) and clinicians who had never received therapy, and found that a larger percent of students had never had therapy (42.9%) than clinicians (25%).

Table 10 Question 31: Thinking of your most positive experience in therapy as a client, were you and your therapist racially matched?

SCALE	N	%
Yes	21	31.3
No	23	34.3
N/A Never Had Therapy	23	34.3

Analysis Results

Differences by background variables

In order to gain a greater understanding of what influences attitudes toward the importance of racial concordance, the two racial concordance questions were analyzed for differences based on place of childhood rearing, neighborhood racial composition, childhood conversation about race with parent(s)/primary caregiver(s), and parents personal experience with racism.

In order to determine if attitudes toward racial concordance varied by where respondents grew up, the racial concordance questions were run against question 17 (Please describe the place where you spent the majority of your childhood.) after it was re-coded to reflect suburban and rural versus cities. A t-test was run to determine if there was a difference in the mean response to the racial concordance questions between those who lived in a rural/suburban area versus those who lived in a city. There was no significant difference between the two groups.

The importance of racial concordance questions were run against question 19 (Overall, what was the racial composition of your neighborhood while growing up?) after it was re-coded into 3 categories: all and mostly Black, all and mostly White, and other races. A oneway anova was run to determine if there was a difference in the mean response to the racial concordance questions by the racial makeup of their neighborhood. No significant difference was found between the three categories (Black and mostly Black, White or mostly White, and other races).

The importance of racial concordance questions were run against question 10 (What was your graduation year?), which was re-coded into three groups: 1970-89, 1990-99, 2000 or later. A oneway anova was run to determine if there was a difference in the mean response to the racial concordance questions by the decade in which they graduated. No significant difference was found between the three categories.

The importance of racial concordance questions were run against question 11 (How long have you been a practicing clinician?) after it was re-coded into three categories: 1 year or less, 2-9 years, and 10 years or more. A oneway anova was run to determine if there was a difference in the mean response to the racial concordance

questions by the number of years they had been a clinician. No significant difference was found between the three categories.

The importance of racial concordance questions were run against question 9 (What school do/did you attend for your MSW?). Schools were separated to reflect Historically Black College or University's (HBCU) versus non-HBCU's. A t-test was run to determine if there was a difference in the mean response to the racial concordance questions between those who attended a HBCU versus those who did not. There was no significant difference between the two groups.

The importance of racial concordance questions were run against the new variable which defined whether respondents were MSW students, PhD students, or practicing clinicians. A oneway anova was run to see if there was a difference in racial concordance by these groups. There was no significant difference found.

Spearman rho correlations were run between the two racial concordance questions and how often their parents talked to them about race or racism. There was no significant correlation found. Another factor that might affect attitudes about racial concordance was whether or not the respondent had been in therapy themselves. A t-test was run to determine if there were differences in racial concordance between those that had therapy and those who had not. There were no significant differences found.

Relationship with Black Racial Identity

The two racial concordance questions were also analyzed in relation to the MIBI scores. Spearman rho correlations were run between each racial concordance question and each MIBI subscale. No significant correlations were found.

CHAPTER V

DISCUSSION

This section seeks to explain the results of this empirical study. The purpose of the study was to attempt to investigate an underrepresented group in the literature, Black social work students and practicing clinicians. Their views on the importance of racial concordance were explored and analyzed against a demographic questionnaire that explored the sample's background childhood environment as well as incorporating their sores on the MIBI. These findings are a reflection of prior studies that examined the relationship of racial outcomes as a predictor of a positive therapeutic experience (Nickerson, Helms, & Terrell, 1994). This research provided an exhaustive attempt to locate other variables (i.e., background childhood environment, scores on MIBI, educational institution affiliation, etc.) that may have acted as predictive factors and could have lead to views regarding the importance of racial concordance. Major findings will be discussed in relation to the literature, and then a detailed analysis of the implications for the social work community will follow. These implications will include references to changes in curriculum, practice, and the social work education community.

Previous literature regarding the Black population and mental health has included examinations of variables like the environment (McAdoo, 1978: Tatum, 2004; Demo & Hughes, 1990), scores on the MIBI (Sellers et. al, 1997; Sellers et. al, 1998) and racial identity (Gay, 2004; Helms, 1990; Yip et. al, 2006). Other authors have focused on many

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of the previously mentioned variables while investigating clients' preferences of racial concordance and positive outcomes in therapy (Parham & Helms, 1981; Teasdale & Hill, 2006; Watkins et. al, 1989; Watkins & Terrell, 1988). They all suggest that racial concordance is an important issue to be studied in the attempt to better understand positive mental health outcomes among the Black population. However, these researchers did not incorporate within their investigations the opinions of Black practicing clinicians and social work students and their views on the importance of racial concordance. This study attempted to model what previous studies have examined, with an emphasis on the helper/clinician instead of the client. Furthermore, this study attempted to seek a relationship between childhood background variables and a belief in the importance of racial concordance as indicative of a positive therapeutic outcome.

The most important finding from this study was that racial concordance is deemed to be an important aspect for a positive therapeutic outcome according to students and clinicians in social work which details previous research showing a similar response from clients (Sanders Thompson et. al, 2004; Wallace & Constantine, 2005; Watkins et. al, 1989; Watkins & Terrell, 1988). Therefore, social work curriculum should be re-examined in order to reflect the literature and present data. Although there were no statistically significant findings regarding any of the variables that may have predicted clinicians' and students' feelings about the importance of racial concordance within this body of research, interesting findings will be explored and inferences will be made. Conclusions will not be overgeneralized, yet linked to the collected data. Within the realm of research standards some generalizations and speculations may occur in order to offer some suggestions to change (if applicable). Due to the nature of this study,

implications for social work curriculum, social work practice, and future research will be addressed.

Findings

Frequencies were run for all variables and descriptive statistics for all ratio level variables. Crosstabs, nonparametric correlations, one way anovas, chi-squares, and t-tests were used to analyze the data. Initial descriptive statistics gathered introduced a fairly homogenous sample. For example, most people were raised by their married parents, grew up and went to school in Black neighborhoods, and currently identify that the majority of their friends are Black. As further analysis ensued there were some differences noted among the responses of the homogenous sample. Of the 68 surveyed (there were 2 missing data), 35 were students and 31 identified themselves as practicing clinicians (see Table 4), so there was a relatively even split of clinician's and students. Another example of difference within the sample was reflected in their responses to whether there was racial concordance in their most positive therapy experience as a client. Their answers were split up almost evenly into thirds (see Table 10). This gives the researcher room to infer that other Black social work students and practicing clinicians believe that racial concordance is important to foster a positive therapeutic process.

There were no significant findings in the correlations between background childhood factors, racial concordance importance, and MIBI scores. Descriptive statistics from the MIBI indicated that private regard, nationalist, and minority items, respectively were most important to the sample. Public regard, assimilation, and humanism items, respectively were the least important (see Table 6).

One of the highly celebrated concepts that the social work community boasts among the profession is diversity as a part of its code of ethics. What is noteworthy to mention is that according to the data from this present study, it appears that the social work field may doing a fairly good job at teaching social work ethics and values. National Association of Social Workers (NASW) holds social workers to a standard that promotes putting personal biases to the side in order to provide competent assistance for clients. This could be inferred based on sample responses. For example, data analysis showed that although the majority of the sample (89.6%) believed that racial concordance was important in order to have a positive therapeutic experience, a good amount of the sample (38.92%) thought that from a clinician's perspective, racial concordance was not important or they had no opinion on importance (see Table 9). In other words, although someone may personally believe that racial concordance is important in order to foster a positive therapeutic process, when asked from a clinician's point of view, there appeared to be some discrepancy in their opinion. This researcher concludes that some of the discrepancy between personal and professional attitudes may exist due to social work ethics that encourage appreciation of difference. A Black social work student or practicing clinician may feel that they can assist any client, however their personal beliefs (i.e., racial concordance feelings, racial identity salience, etc.) and experience, tells them that they have a greater chance at a positive outcome if there is racial concordance between them and their client.

Of the 23 subjects that had never received therapy, there were 25% who identified as clinicians (see Table 10). Research within the social work community has explored concepts like burn out, secondary trauma, and vicarious traumatization. These

are not simply theoretical ideas, but very serious consequences of not taking care of oneself. With 25% of clinicians reporting that they had never received any personal therapy of their own, it leads the researcher to question why. Within the student sample 42.9% had never received therapy. The researcher ponders where their conclusions/perceptions regarding racial matching and positive outcomes came from. Their decisions were made from never having a personal clinical experience of their own. Were their perceptions related to their experience as a beginning clinician, or their own personal racial salience within their social work community based on classroom role plays, readings, or maybe discourse between educated colleagues?

Implications

Social Work Curriculum

Review of the literature as well as the results of this study reemphasize that racial concordance is very valid theory for predicting a positive therapeutic outcome (Nickerson et. al, 1994; Teasdale & Hill, 2006; Watkins et. al, 1989; Watkins & Terrell, 1988). As this study reflects, the importance of racial concordance holds weight within the therapeutic relationship from the clinician's point of view. Furthermore, since preference of racial concordance has been studied among a number of various populations, maybe asking what background experiences may predict feelings about racial concordance is not as important as what we do with the gathered information. In simple terms, racial concordance is reflective of a positive therapeutic outcome. If this statement continues to be reaffirmed, then why are there no clinical courses that teach from that premise?

"Therapists are trained to recognize their personal values and not let these interfere with treatment" (Teasdale & Hill, 2006, p. 115). This study was not conducted

to dispute the previous statement nor to dismiss the importance of teaching diversity. However, this study's intention was to reemphasize the concept that "race less therapy" (Liggan & Kay, 2006, p. 103) does not exist within society—even within our social work community. This is not a pessimistic view point, but a relational standpoint that all clinicians must face and be prepared to address transferentially and countertransferentially.

> **Educational Policy 2.1.4—Engage diversity and difference in practice.** Social workers understand how diversity characterizes and shapes the human experience and is critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation. Social workers appreciate that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. (Council on Social Work Education [CSWE], 2008, p. 4)

The above excerpt from CSWE specifically explains the important role of a social work educator. CSWE is an accrediting body that charges social work institutions to uphold the NASW Code of Ethics. Social work educators must coach students on multiple levels in order to produce a competent social worker. The social work profession attempts to train students via curriculums, instructors, and internships. The ideal professor would be well versed in explaining how to navigate through difficult cases that a social work student may come across in their professional career. In the researcher's opinion CSWE is missing a key element in producing a competent social worker, which is educating the community about the positive predictive qualities of racial concordance.

Social work curriculums are guided from the principles that CSWE enforces through courses that address human behavior, social justice, diversity, integrity, and many other important topics (CSWE, 2008; NASW, 1999). The courses that develop out

of the approved CSWE curriculum must then be filtered through an instructor, which the social work institution has deemed competent to lecture. Their goal is to produce a well-rounded professional social worker. In a perfect world, the system would be full proof. However, how can a social worker be classified as competent to service clients if they are not adequately informed about racial concordance in the therapeutic relationship? No social worker, seasoned or new to the field wants to experience incompetence or feel that they may not be able to service their clients.

The point is not to devalue NASW's push to support diversity, but to give an equal amount of respect to what the research says. In light of this study's sample responses, it leads the researcher to boldly state that racial concordance in the clinical dyad can act as a predictive factor for a positive outcome of treatment. So then the question is posed; why are there no forums or continuing education programs that talk about this statistically proven fact? There are all kinds of cultural competence and diversity trainings. There are racism lectures and symposiums that discuss the importance race. However, these outreach efforts may gloss over or exclude the importance of how race continues to be an important issue in the clinical hour. According to Teasdale & Hill's (2006) study on Preferences of Therapists-In-Training for Client Characteristics, race is a "touchy subject" in the clinical community.

This researcher speculates that institutions do not teach about racial concordance because they are scared to talk about race. In discussing race, issues like racism and oppression can immediately follow. In the researcher's opinion, race is not adequately addressed because it is too threatening. The very topic of racial concordance is not politically correct and can create controversy. Racial concordance goes against the

celebrated topic of diversity within our society. In addition, a byproduct of discussing racial concordance in the social work community will surely highlight the disparity between the numbers of White clinicians and clinicians of color. Since educational institutions do some teaching about race, the researcher's charge to the social work community and its curriculum is to be honest and transparent about discussing the importance of positive therapeutic outcomes and racial concordance data.

It is equally important for the social work community to remain up to date with new theoretical approaches that have been written by people of color for people of color. Furthermore, this researcher suggests that social work educators incorporate more literature from people of color. Classroom discussion would be the opportune time to introduce and/or discuss in detail the literature regarding racial concordance. If social work educators were introducing this information in the classroom setting, it would no longer be an overlooked subject.

Social Work Practice

There is no one size fit all approach in working with any client. One of the first lessons a social worker must learn is to meet the client where they are. Just because this researched population believes that racial concordance is important to them as individuals does not mean that their Black client would agree. A skilled clinician will use various techniques to establish rapport with the client, tackle their presenting problem with them, and provide feedback. Psychodynamic models within certain clinical cases can be an invaluable tool with any client; however it is a clinician's responsibility to explore other modes of treatment for all clients. This could be explored through additional supervision, peer group discussion and continuing education units.

Linear and stage methods should be used with caution regarding any client, however they should be used apprehensively with African Americans because of their uniqueness within the therapeutic setting (Paniagua, 2005). Furthermore, as literature indicates, Blacks struggle with issues of cultural paranoia (Gordere, 2007; Grier & Cobbs, 1968; Martin & Martin, 1995), which may keep them from entering into a White clinician's office. Therefore, For example, the clinician should always have a heightened awareness of cultural sensitivity that lies within the therapeutic hour. Again, psychodynamic models may be helpful, however every clinician must remember that they were created out of a Eurocentric framework and not for people of color and should be adjusted for each client (Kambon, 1998).

Throughout this research study, race (although a social construct) has been deemed an important issue as a predicting factor of a positive therapeutic outcome in therapy among Black practicing social workers and students. Outside of generic cultural competence lectures and diversity examples within case studies, race is not discussed enough classroom settings. Knowledge of this reality comes from the researcher's own personal experience as a BSW and MSW student that has attended HBCU and non-HBCU institutions. Within the researcher's experience, the traditional White institution (non-HBCU) has glossed over race related matters because of discomfort and/or colorblindness. The HBCU makes the assumption that because you personally identify with being in an oppressed group that you only need advanced training in working with racially similar clients. Both are very real concepts that the social work community should explore in further detail.

It is suggested that an entire course be inserted into the required social work curriculum at all levels (BSW, MSW, PhD) which explicitly address working with people of color regarding the issue of racial concordance. In addition, the researcher also suggests including electives that specifically assist students in working with specific groups (i.e., African Americans, Asian Americans, Latino Americans, etc.). These courses are to act as a supplemental resource outside of a professor's one case study that includes a person of color. Within the course discussion, an emphasis would be placed on recognizing the literature that unambiguously addresses the value of the ideal relationship between client and clinician reflecting racial concordance.

The implication for the social work field is to recruit more people of color to pursue the profession in order to close the gap between the numbers of White therapists and therapists of color so clients of color have more of an opportunity to find a like therapist. This will not only give clients a greater selection to choose from for services but also provides diversity to the field of social work. A byproduct of diversity within the profession may increase positive race relations between colleagues and possibly potential clients.

Limitations and Future Research

The researcher believes that further analysis into this study's topic should incorporate a mixed methods design. For example, although a 1-5 Likert scale was used for some questions, future studies should include sections where participants can leave comments regarding their decisions if they choose to do so. In addition, this researcher believes that a full qualitative study would be helpful in exploring the variables discussed

within this study in greater detail. More specifically, one on one interviews could have generated a richer more in depth discussion.

The literature regarding social work curriculum evaluation is quite limited. The social work profession is known for not welcoming evaluation of treatment with open arms (Anastas, 1999), so why would evaluation of curriculums be treated differently? In addition, acculturation levels could affect the outcomes of racial concordance and should be considered along with the other variables included in this study.

This study reflected a small sample (Black practicing clinicians and students) of the social work community. This limitation could be addressed in a larger study that is inclusive of other people of color and their views regarding racial concordance. Lastly, because the study utilized a snowball sample for recruitment purposes, the researcher cannot be sure how wide the survey was disseminated. With a larger sample population, there could have been a greater likelihood of statistical significance found.

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APPENDIX A

PERMISSION TO USE MULTIDIMENSIONAL INVENTORY OF BLACK
IDENTITY SCALE

Candice,

Its great to hear from you! I hope everything is going well for you. The MIBI scale is
open to the public so you don't need permission to use it. Go right ahead!

Email me if you have any other questions,
Rhonda
****
Rhonda L. White, MA
Doctoral Candidate
Department of Psychology
University of Michigan

Quoting "Candice T. Karber":

Hi Rhonda,

I just wanted to thank you again for sending me all the MIBI information for my thesis. I
am about to begin collecting my data and just wanted to double check with you whether I
had your permission to use the scale. I understand that the regular version of the MIBI is
online and is for public use. However, since you were generous enough to send me the
short version, I just wanted to make absolutely sure that I had permission to use it. Please
let me know as soon as possible.

I hope that your studies and your New Year are going well.

Thanks again,
Candice

Candice T. Karber
MSW Candidate

APPENDIX B

EMAIL INVITATION

Hello Fellow NABSW Member,

I am sending you this email in order to request some assistance from you to recruit some participants for my MSW Thesis. As the subject states, I was referred to you by NABSW. I am a former BSW student of Morgan State University and am currently pursuing my MSW at Smith College in Northampton, MA. I am attempting to conduct my MSW thesis through the use of NABSW member involvement through an online survey. Participation will be anonymous and will likely take 30 minutes to complete. My goal is to have a minimum of 60 participants complete the survey, your help would be greatly appreciated and surely add to the field of Black social work research. Qualified participants include the following criteria: be at least 18 years of age, self identify as Black (which includes African, African American, Caribbean, etc.), and be a student or practicing clinician in the field of social work.

Please find the link to my survey within this email. Thank you for entertaining this opportunity to assist a fellow social work student. If for any reason you are uninterested or do not meet the qualifications to participate in my survey, PLEASE pass this email along to someone who might be interested and who meet qualifications to participate. You can find my research questions below and a copy of my Informed Consent Form is attached to this email. Feel free to contact me for any further information.

The purpose of this study is to identify whether the concept of racial concordance* between client and clinician is important for a positive therapeutic process according to Black students and practicing clinicians in the field of social work. Secondly, the study will work to answer whether there is a relationship between these Black students and practicing social work clinicians' feelings about racial concordance being important and their childhood community experiences or their scores on the Multidimensional Inventory of Black Identity (MIBI) (Sellers et. al, 1997) or both.

*For the purposes of this research study, racial matching/concordance is defined as the client (that is the person seeking out therapy) and clinician/therapist (that is the person that provides the therapy) having the same race as one another.

   https://www.surveymonkey.com/s.aspx?sm=SZw8dtzMsaDbS3yIX9KKDw_3d_3d

Thank you in advance for you participation,
Candice T. Karber
2008 MSW Candidate

APPENDIX C

EMAIL INVITATION 2

Hello,

I hope this email reaches you well. I wanted to update/inform you of my MSW thesis progress by inviting you to participate in my survey. I am attempting to conduct my MSW thesis through the use of an online survey. Participation will be anonymous and will likely take 30 minutes to complete. My goal is to have a minimum of 60 participants complete the survey, your help would be greatly appreciated and surely add to the field of Black social work research. Qualified participants include the following criteria: be at least 18 years of age, self identify as Black (which includes African, African American, Caribbean , etc.), and be a student or practicing clinician in the field of social work.

Please find the link to my survey within this email. Thank you for entertaining this opportunity to assist me with my graduate studies. **If for any reason you are uninterested or do not meet the qualifications to participate in my survey, PLEASE pass this email along to someone who might be interested and who meet qualifications to participate.** You can find my research questions below and a copy of my Informed Consent Form is attached to this email. Feel free to contact me for any further information.

The purpose of this study is to identify whether the concept of racial concordance* between client and clinician is important for a positive therapeutic process according to Black students and practicing clinicians in the field of social work. Secondly, the study will work to answer whether there is a relationship between these Black students and practicing social work clinicians' feelings about racial concordance being important and their childhood community experiences or their scores on the Multidimensional Inventory of Black Identity (MIBI) (Sellers et. al, 1997) or both.

*For the purposes of this research study, racial matching/concordance is defined as the client (that is the person seeking out therapy) and clinician/therapist (that is the person that provides the therapy) having the same race as one another.

   https://www.surveymonkey.com/s.aspx?sm=SZw8dtzMsaDbS3yIX9KKDw_3d_3d

Thank you in advance for your participation,
Candice T. Karber, BSW
2008 MSW Candidate

APPENDIX D

INFORMED CONSENT FORM

Dear Participant,

My name is Candice T. Karber and I am a Master's of Social Work (MSW) second year graduate student at Smith College School for Social Work (SCSSW). The study that you are about to participate in seeks to find out whether the concept of racial concordance between client and clinician is important for a positive therapeutic process according to Black students and practicing clinicians in the field of social work. Secondly, this study also seeks to find out whether there is a relationship between these Black students and practicing clinicians' feelings about racial concordance being important and their childhood community experiences or their scores on the Multidimensional Inventory of Black Identity (MIBI) or both. The specific use of the data collected will be used to fulfill my Master's of Social Work thesis requirements at SCSSW as well as for presentation and publication.

As a participant, your involvement in this research study includes filling out a demographic survey and the short version of the MIBI (Multidimensional Inventory of Black Identity) provided to the best of your knowledge and memory. Your participation should likely take 30 minutes and is anonymous. The demographic survey asks about your background. The MIBI is a questionnaire that seeks to measure on five different levels where a Black person is in his or her own racial identity. You are being given this survey because you identify as a Black person and you are either a student or a practicing clinician in the field of social work. If this does not apply to you, please do not fill out the survey as your data will not be used. The procedure that is included in this study is to fill out an electronic survey. The survey will be conducted using Survey Monkey, an electronic web based survey site.

The possible risks associated with your involvement of this research are very minimal. Personally, involvement within this study could provide participants an opportunity for self reflection and may have an impact on practicing and future social work clinicians about their clinical interactions with clients. In addition, introduction to this study may begin to stimulate others to add to the growing body of literature related to Black/African African mental health. The data collected could be used in order to enhance clinicians', schools and universities sensitivity to culture and race related matters. There will not be any compensation provided to participants in this study.

Your answers will be completely anonymous throughout this entire process. Survey Monkey will encrypt data so that information cannot be traced back to participants. Your name will never be associated with your participation in this project. The only persons that will have access to the data collected will be myself and the research advisors assigned to the project. Although my advisors will have access to the data, neither I nor my advisors will know participants' identities.

In publications and presentations, the data collected will be presented as a whole. All data will be kept in a secure location for a period of three years as required by Federal guidelines. If the data is needed for further analysis beyond the three year period, it will continually be kept in a secure location and will be destroyed when no longer needed.

Your participation in this study is completely voluntary. If you wish to withdraw from the study while filling out the survey, you only need to leave the Survey Monkey website before clicking on the "Next" button or by closing your web browser. You WILL NOT be able to withdraw once you have submitted your answers since the study is anonymous and I will not be able to identify your data. You may withdraw from the study at any time during the data collection process and you may refuse to answer any question without penalty. If you would like to contact the researcher of this study for any additional questions or wishes to withdraw, please call or email Should you have any concerns about your rights or about any aspect of this study, you are encouraged to call me, Candice T. Karber at the above contact information or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

BY BEGINNING THIS SURVEY, YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN OPPORUTNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY. PLEASE DOWNLOAD, PRINT AND KEEP A COPY OF THIS CONSENT FOR YOUR RECORDS.

Thank you for your participation in this study,

Candice T. Karber, BSW
2008 MSW Candidate

APPENDIX E

HUMAN SUBJECTS APPROVAL LETTER

January 30, 2007

Candice T. Karber

Dear Candice,

Your revised materials have been reviewed and you have done a fine job. All is now in order and we are glad to give final approval to this very interesting study.

Please note the following requirements:

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

Maintaining Data: You must retain signed consent 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. It is great that NABSW is sending your materials out to their members. Recruitment is so hard and this is a real opportunity to reach people.

Sincerely,

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

CC: Caroline Hall, Research Advisor

DEMOGRAPHIC SURVEY

Please fill out to the best of your ability.

1. Age

   _____

2. Self Identified Gender
   Woman
   Man
   Trans
   Other_____ (please specify)
3. Place of birth (country, city, state, province, etc.)

   _____
4. Race (i.e. Black)
   _____ (please specify)
5. Ethnicity (i.e. African, African American, Caribbean, etc.)
   _____ (please specify)
6. How long have you been in your Social Work program?
   < 1 year
   1 to 2 years
   2 to 3 years
   More than 3 years
   Other_____ (please specify approximate length of time)
7. Are you an Advanced Standing Placement student?
   Yes
   No
   No, I am a PhD student
   No, I am a practicing clinician
8. What degree(s) have you received in social work? (please check all that apply)
   BSW
   MSW
   DSW
   PhD
9. What school do/did you attend for your MSW?
   _____ (please specify)
10. When is/was your graduation year?
   _____ (please specify i.e., 1992)
11. How long have you been a practicing clinician?
   _____ (please specify)
   N/A, I am a current student
12. Growing up, who were your primary caregivers? (please check all that apply)
   Parent(s)
   Grandparent(s)
   Uncle(s)

Aunt(s)
Other_____ (please specify)
13. Growing up, were your parents?
    Married
    Separated
    Divorced
    Never Together
    Together but Never Married
    Widowed
14. Please fill in the race of your parent(s)/primary caregivers. (i.e. Black, White, Latino, etc.)
    Caregiver 1_____
    Caregiver 2_____
    Caregiver 3_____
    Caregiver 4_____
15. Please fill in the ethnicity of your parent(s)/primary caregivers. (i.e. African, African American, Caribbean, etc.)
    Caregiver 1_____
    Caregiver 2_____
    Caregiver 3_____
    Caregiver 4_____
16. Were you adopted?
    Yes
    No
17. Please describe the place where you spent the majority of your childhood.
    Rural
    Suburban
    Small City
    Somewhat Large City
    Large City
18. Where specifically did you spend the majority of your childhood? (i.e. Addis Ababa, Ethiopia; Washington, DC; Parrot Hall, Trinidad and Tobago, etc.)
    _____ (please specify)
19. Overall, what was the racial composition of your neighborhood while growing up?
    All Black
    Mostly Black
    Different Races (i.e. Latino, Pacific Islander, Asian, Native American, etc.)
    Mostly White
    All White
    If different races, please describe other races:_____
20. When growing up, did your parent(s)/primary caregiver(s) socialize with other Blacks?
    Never
    Rarely
    Sometimes

Often

Always

21. When growing up, did your parent(s)/primary caregiver(s) talk to you about race?

Never

Rarely

Sometimes

Often

Always

22. Did your parent(s)/primary caregiver(s) ever discuss personal experiences with racism?

Never

Rarely

Sometimes

Often

Always

23. Did your parent(s)/primary caregiver(s) belong to any race-based organizations? (i.e. Jack and Jill, NAACP, Urban League, etc.)

Yes

No

24. Overall, what was the racial makeup of your grammar/elementary school(s) while growing up?

All Black

Mostly Black

Different Races (i.e. Latino, Pacific Islander, Asian, Native American, etc.)

Mostly White

All White

Please describe other races:_____

Not applicable - Did not attend a grammar/elementary school

25. Overall, what was the racial makeup of your junior high/middle school while growing up?

All Black

Mostly Black

Different Races

Mostly White

All White

Please describe other races:_____

26. Overall, what was the racial makeup of your high school while growing up?

All Black

Mostly Black

Different Races

Mostly White

All White

Please describe other races:_____

27. What was the racial makeup of your closest friends while in high school?

All Black

Mostly Black

Different Races
Mostly White
All White
Please describe other races:_____
28. What is the racial makeup of your closest friends currently?
All Black
Mostly Black
Different Races
Mostly White
All White
Please describe other races:_____

Racial concordance for the purposes of this study is defined as the client (that is the person seeking out individual therapy) and clinician/therapist (that is the person that provides the therapy) having the same race as one another.

29. Do you think that racial concordance is important to foster a positive therapeutic experience?
Not At All Important
Not Very Important
No Opinion on Importance
Somewhat Important
Extremely Important
30. How important do you think racial concordance is from a <u>clinician's</u> perspective?
Not At All Important
Not Very Important
No Opinion on Importance
Somewhat Important
Extremely Important
31. Thinking of your most positive experience in therapy as a client, were you and your therapist racially matched?
Yes
No
Not applicable - Never had therapy
32. Do you believe that your school is preparing/did prepare you to successfully work with clients that are racially <u>different</u> from yourself?
Not At All Prepared
Somewhat Unprepared
Not Prepared or Unprepared
Somewhat Prepared
Very Well Prepared
33. Do you believe that your school is preparing/did prepare you to successfully work with clients that are racially <u>similar</u> to yourself?
Not At All Prepared
Somewhat Unprepared
Not Prepared or Unprepared

Somewhat Prepared
Very Well Prepared

APPENDIX G

MULTIDIMENSIONAL INVENTORY OF BLACK IDENTITY

We want to know a little more about your attitudes about race and being Black. Please read the statements below and select the response that most closely represents how you feel about each statement. Remember, all of your responses are confidential.

	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1) In general, others respect Black people.					
2) Blacks should strive to be full members of the American political system.					
3) I have a strong sense of belonging to Black People.					
4) Blacks should judge Whites as individuals and not as members of the White race.					
5) Overall, Blacks are considered good by others.					
6) Blacks should strive to integrate all institutions that are segregated.					
7) Blacks should feel free to interact socially with White people.					
8) Overall, being Black has very little to do with how I feel about myself.					
9) I have a strong attachment to other Black People.					

10) I feel good about Black people.				
11) Being Black is an important reflection of who I am.				
12) Being an individual is more important than identifying oneself as Black.				
13) It is important for Black people to surround their children with Black art, music and literature.				
14) Blacks would be better off if they adopted Afrocentric Values.				
15) The same forces which have led to the oppression of Blacks have also led to the oppression of other groups.				
16) Blacks should try to work within the system to achieve their political and economic goals.				
17) The struggle for Black liberation in America should be closely related to the struggle of other oppressed groups.				
18) Blacks should have the choice to marry interracially.				
19) The racism Blacks have experienced is				

similar to that of other minority groups.					
20) There are other people who experience racial injustice and indignities similar to Black Americans.					
21) Black people must organize themselves into a separate Black political force.					
22) I am happy that I am Black.					
23) Whenever possible, Blacks should buy from other Black businesses.					
24) I am proud to be Black.					
25) In general, other groups view Blacks in a positive manner.					
26) Society views Black people as an asset.					
27) Blacks would be better off if they were more concerned with the problems facing all people than just focusing on Black issues.					

Appendix M

Correction Sheet

SMITH COLLEGE SCHOOL FOR SOCIAL WORK
Northampton, Massachusetts 01063

SUBMISSION /CORRECTION SHEET

This form must accompany the Worksheet for Thesis Submission form when submitting the thesis.

Student's Name:__Candice T. Karber_____ Date:__6/26/2008_____

Approved for submission by (Advisor's Name) __Caroline Hall, Ph.D.,
MSW_____

Further corrections needed: [ ] Yes   [x] No   If yes, corrections to be reviewed.

Corrections reviewed by: _____ Date: _____

Typographical errors and errors in form:

Chapter # & Page #	Paragraph & Line #	Corrections to be Made	Error Corrected	Approved

Typographical errors and errors in form:

Chapter # & Page #	Paragraph & Line #	Corrections to be Made	Error Corrected	Approved

Appendix N

<u>Worksheet for Thesis Submission</u>

(MUST BE SUBMITTED WITH THESIS)

Student Name:_Candice T. Karber_____   Advisor Name: ____Caroline Hall, Ph.D.,
MSW_____

    Students are responsible for ensuring that each thesis manuscript is prepared in accordance with the directions in the *Guidelines* and in A.P.A. style (see *Manual* and *Guidelines*). This worksheet has been prepared to assist students and advisors in preparing manuscripts for submission.

    This worksheet should be filled out BEFORE the Correction Sheet is filled out. **All manuscripts MUST BE submitted along with this Worksheet and a Correction Sheet** which has been signed by the advisor whether or not additional corrections are needed, to document the fact that the advisor has seen the manuscript in its final, submittable form.

CHECKED BY:

POINTS TO REVIEW/COMMON PROBLEMS	STUDENT	ADVISOR	SEQUENCE
1. Author's name and thesis title agree exactly on abstract and title pages.	X	x	
2. Form matches examples in *Guidelines* for:			
Abstract page	X	x	
Title Page	X	x	
Table of Contents	X	x	
Tables and Figures	X	x	
3. Serif typeface is acceptable for text (see examples in *Guidelines*, includes no boldface type—except in Appendices).	X	x	
4. Double spacing is used (except on block quotes, acknowledgments, and references if desired).	X	x	
5. Margins are correct, including that all continuing text pages are the same length.	X	x	
6. Right justification of lines is not used.	X	x	
7. No running headings are used.	X	x	
8. All pages are numbered (lower case Roman numerals for preliminary pages) and the placement of page numbers is consistent throughout--to the LAST page of the thesis.	X	x	
9. Table or figure captions and labels should allow the material to "stand alone."	X	x	
10. Levels and styles of headings are correct.	X	x	
11. Chapter headings are correct.	X	x	

POINTS TO REVIEW/COMMON PROBLEMS	STUDENT	ADVISOR	SEQUENCE

12. No heading is separated on a page from its
 following text.   __X__   __x__

13. Any underlining is continuous (unbroken
 between words).   __X__   __x__

14. Labeling of Appendices agree in text and on the
 Appendices (A = A, B = B, etc.)   __X__   __x__

15. There is exact correspondence in <u>number</u> and
 <u>content</u> between works cited in text and
 listed on the reference list.   __X__   __x__

16. Spacing, indenting, and format of the entries
 on the reference list is in APA style and
 consistent throughout.   __X__   __x__

17. For all <u>empirical</u> projects—Human Subjects Consent
 Form and the Approval Letter from the Human
 Subjects Review Committee must be included as
 appendices.   __X__   __x__   _____

18. The general appearance of the manuscript is good,
 clean, etc.   __X__   __x_   _____

19. One copy is on archival/acid free paper;   __X__   __x__
 <u>plus</u>
 One copy on 20 lb. paper (regular copy paper).   __X__   __x__   _____

 When submitting theses, each copy must be in
 a separate, manila, clasped envelope.   __X__   __x__   _____

20. Two <u>additional</u> copies (on regular paper) of your   __X__   __x__   _____
 abstract are collected with thesis submission for
 listing in the *Smith Studies*

21. One copy of the thesis and abstract on a CD or diskette.   __X__   __x__
_____
 (These files must be saved in PDF and Word.
 This is for storage and safe-keeping)

22. Completed & signed copy of the Electronic Access   __X__   __x__   _____
 Permission form

23 **Student's Research Advising Evaluation**
 must be completed to obtain course credit
 for the thesis.   __X__   __**x**__   _____

<u>NOTE</u>: If there are corrections to the manuscript to be completed after the deadline, it is acceptable only **during the fourth week** to submit only one copy on photocopy paper until final corrections are made. In the end, 2 or 3 corrected copies must be submitted depending on whether or not the thesis is agency-based.