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CHAPTER 3

"They Just Don't Get It"

A Diversity-Informed Approach to Understanding Engagement

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> Rena walked slowly into the office of her supervisor Lorraine. It had been 3 weeks since she had seen Jesse and his mother Crystal. Things weren't going well. They'd missed several appointments. Rena was worried about Jesse. He was only 32 months old and might soon be expelled from his day care. He kicked other kids, hit a teacher, and his speech was very delayed. The day care staff thought he needed a different placement. Jesse was in need of serious intervention, but his mother just didn't seem to get it. Rena didn't understand Crystal. Why didn't she see Jesse's problems and recognize that he needed help? Why didn't she appreciate the fact that the services Rena was offering were free? Didn't she understand that without help Jesse's problems might get worse? Rena had been trying her hardest to see Crystal and Jesse. She didn't know what else she could do. She wondered what Lorraine would say.

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This chapter begins with a vignette that is common in the field of infant mental health. A young child is in need of intervention. The family is referred to services, but somehow the family fails to engage. Research shows that 10–30% of families invited to participate in home visiting programs either

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fail to enroll or drop out early, in the first month of services (Ammerman et al., 2006; Duggan et al., 2000; Gomby, Culross, & Berhman, 1999). Similarly high attrition rates are seen for parenting programs and mental health interventions (Fernandez & Eyberg, 2009; Gross, Julion, & Fogg, 2001; Kazdin, Stolar, & Marciano, 1995; Miller, Southam-Gerow, & Allin, 2008; Staudt, 2007). Given that services are limited, that significant resources are expended to recruit and retain families, and that engagement failures have emotional costs for families and practitioners, it is critical that as a field and as individuals we understand the factors and processes that contribute to engagement and disengagement.

Emergent research in this area suggests that many factors associated with poor uptake and low retention are related to aspects of diversity, including ethnicity, socioeconomic status, and environmental context (Kazdin et al., 1995; Kummerer & Lopez-Reyna, 2006; McCurdy, Gannon, & Daro, 2003; McGuigan, Katev, & Pratt, 2003a; Snowden & Yamada, 2005). For example, community violence and poor community health, including higher infant mortality and accidental death rates, have been linked to lower participation in home visiting programs (McGuigan et al., 2003a, 2003b). African Americans are more likely than whites or Latinas to have zero home visits (Wagner, Spiker, Linn, Gerlach-Downie, & Hernandez, 2003), but research suggests that the context of service delivery may influence engagement; African Americans report greater comfort seeking help in disasters compared to nonemergency contexts (Kaniasty & Norris, 2000). Together, these findings suggest that a diversity-informed approach to understanding engagement may be useful.

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This chapter examines how differences in experience, connected to differences in ethnicity and socioeconomic status, among other variables, influence interactions among individuals, perceptions of intervention, and engagement with services. We first briefly present a diversity awareness model (Ghosh Ippen, 2009) to provide a framework for examining this perspective. Then, because learning about and working with diversity involves dialogue and exploration of processes, not just assimilation of facts, the chapter is organized around interactions among Rena, Crystal, Lorraine, and Jesse. Vignettes involving these characters are presented, details regarding their lives are discussed, and questions are posed to stimulate discussion. We encourage the reader to pause and think about your response to these questions before reading further. An analysis of the interaction is presented, with current work in this area linked to to research on diversity and engagement, and to four selected core concepts related to diversity (see Ghosh Ippen, 2011). The core concepts highlight the following themes: (1) History and experience shape assumptions and interactions; (2) mismatches and conflict between practitioner and family perspectives affect engagement; (3) our emotional state influences our ability to hold in mind another

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person's perspective; and (4) reflective practice is critical to integrating a diversity-informed approach. We connect these concepts and reflect on how they apply to our understanding of diversity and engagement. The way this chapter is written is also a product of culture. We honor the tradition of holistic cultures, in which learning occurs through experience and example, at the same time that we offer core concepts and analysis, consistent with Western tradition (Nisbett, Peng, Choi, & Norenzayan, 2001).

DIVERSITY AWARENESS MODEL

Figure 3.1a depicts a diversity awareness model that can be used to enhance awareness of differences in perception and diversity-related conflicts (Ghosh Ippen, 2009). Each circle represents the experience and perspective of a person involved in the interaction. The intersections represents the overlap in perspectives. When the overlap is large (Figure 3.1b), the triad is more likely to agree on the goals of intervention. When there is less overlap (see Figure 3.1c and 3.1d), the potential for conflict and misunderstanding increases. As we explore interactions among Rena, Crystal, and Lorraine, this visual model may help the reader hold multiple perspectives in mind and reflect on their intersections and conflicts.

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In returning to the original vignette, it is clear that it is incomplete in many ways. First, it focuses only on Rena's perspective (Figure 3.1a, area A). At this point, we do not know how Crystal, Jesse, and Lorraine feel about the situation. This is because, at this moment, Rena is absorbed in her own view. She is not aware of Crystal's perspective (Figure 3.1a, area B). The vignette also does not provide information about Rena's role (e.g., home visitor, therapist, speech–language pathologist, day care consultant). The chapter starts this way so that infant mental health interventionists from diverse disciplines can read the vignette, think about how it applies to them and the families they serve, and answer the following questions:

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- How do you understand Rena's perspective? How do you think she feels?
- How does the vignette make you feel?
- How do you think Rena's emotions and perceptions affect her interactions with Crystal, the way Crystal perceives her, and the intervention Rena is offering?
- Have you worked with people like Crystal and Jesse?
- If you were Lorraine, and Rena shared this information with you, how might you react?
- What types of policies does your system have in place regarding families' engagement or lack of engagement with services?

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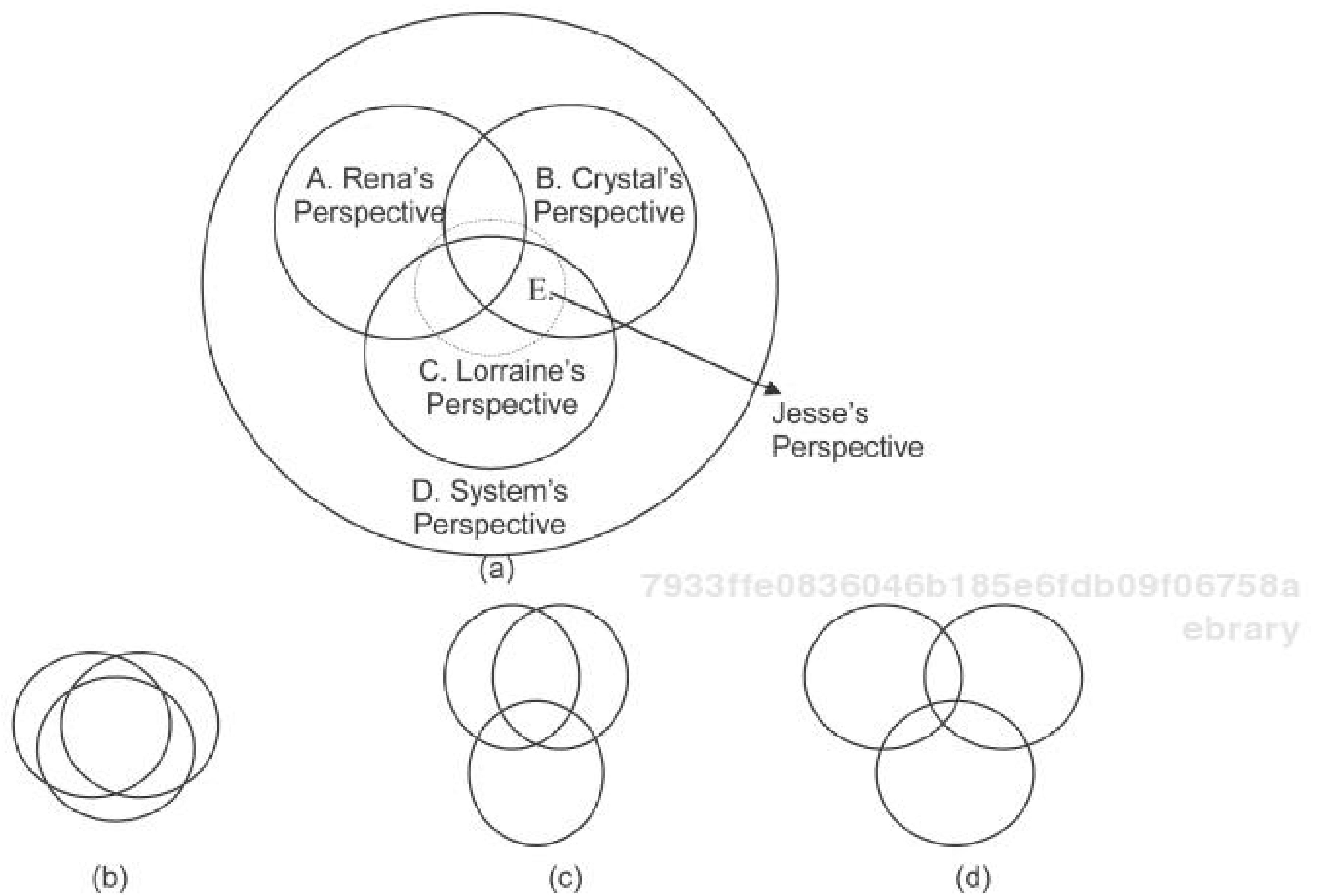

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FIGURE 3.1. Diversity awareness model.

The vignette also provides no details, other than gender, about the individuals involved. We do not know their ethnicity, cultural or socioeconomic background (education and income, as well as professional status), religion, immigration status, age, or sexual orientation. These and other aspects of diversity contribute to each person's social identity (Lewis & Ghosh Ippen, 2004; Sue, Bingham, Porché-Burke, & Vasquez, 1999). Examples are presented below to illustrate a core diversity-related concept by experimenting and changing Rena's and Crystal's ethnicity and age.

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Core Concept 1: Our assumptions influence our interactions with each other. Our assumptions are shaped by our personal and family history, and by the history of our cultural group.

This concept suggests that when Crystal first meets Rena, her perceptions of Rena and the services she is offering are shaped by her assumptions about people "like Rena." Even before Rena has said a word, Crystal is likely to have an opinion about "who she is." What Rena says and the ways she interacts with Crystal will either reinforce Crystal's assumptions or lead Crystal to form a new opinion. The same can be said of Rena's view of Crystal. Read through the following examples and reflect on how Rena and Crystal

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may view each other. While we do not want to make assumptions about them, how might their personal experience (including ethnicity, age, cultural values, immigration history, and treatment in the United States), the history of their cultural group, and interactions between their cultural groups influence their assumptions about the "other" and their interactions?

Example 1

Imagine for a moment that Rena is a 28-year-old African American woman and Crystal is a 39-year-old Vietnamese immigrant who speaks fluent English.

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- How might Crystal's cultural background affect whether she engages in the type of services Rena can provide? Leong and Lau (2001), describe barriers to providing effective mental health services to Asian Americans, including cognitive barriers (e.g., different conceptualizations of illness and treatment) and affective barriers (e.g., feelings of shame and fear of stigma).
- How might Crystal's and Rena's beliefs about each other's ethnic group influence their interactions?
- If you were Lorraine, Rena's supervisor, how would you open a door to talking with Rena about how ethnicity culture, age, and other factors may affect her interactions with Crystal?
- Crystal is 39 years old. She was born in 1971. Is this an important fact? Wikipedia on the Internet provides an overview of the Vietnam War. How might awareness of this history affect your assessment of this mother? What questions might you have?

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Example 2

Now imagine that Rena is a 28-year-old Vietnamese American and Crystal is a 19-year-old Chinese Vietnamese American; she is of Chinese ancestry, but her parents are from Vietnam. She has gang tattoos, and her son Jesse is half-Vietnamese and half-Latino. Rena and Crystal speak English, but both speak Vietnamese in the home. Ethnically they seem similar; they share the same country of origin and the same language; both are the children of immigrants, and both grew up in Orange County, California, which has one of the largest Vietnamese communities in the United States. The questions described following Example 1 can be applied to these individuals, along with additional questions that may be especially relevant to this dyad.

- In their community, each would be seen differently. Rena has her master's degree; she might be considered a success. Crystal has dropped

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out of high school. How might the way each is viewed in the community affect their interactions with one another?
- Is it possible that the history of their people in Vietnam and Orange County, California, might affect their current interactions? Trieu (2008) provides an excellent description of the dynamics among Vietnamese and Chinese Vietnamese youth from these ethnic subgroups.

Many of us are unaware of the history of the Chinese in Vietnam. Here are some facts that might inform our thinking (Trieu, 2008): (1) In the 1970s, anti-Chinese sentiments grew in Vietnam due to economic tension and clashes between the Vietnamese and Chinese governments; (2) many ethnic Chinese were forced to resettle into "new economic zones" and lose their land and means of subsistence; (3) there was a mass exodus of Chinese from Vietnam from 1978 to 1982, with many families leaving the country in small fishing boats. These people were called "boat people." Their journey away from Vietnam was often treacherous, with pirates attacking their boats, people dying along the way, and poor conditions in refugee camps once they were rescued from their boats. Children often immigrated without their parents. Imagine that Crystal's parents immigrated this way.

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- How might Crystal's family history influence her desire to receive help from Rena?
- How might the history of Crystal's parents have affected the way they parented her and the way that Crystal in turn parents Jesse?
- What do we think about the role of historical trauma in terms of how it affects current relations between Crystal and Jesse, and between Rena and Crystal? Is this an important topic for supervision?

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The answer to many of these questions is that we do not know. However, we do not want to ignore the history of the groups from which they came given that present-day and historical conflicts between groups can affect interactions among individuals. History should inform our hypotheses and lead us to open doors to dialogue about the possible role of culture, intercultural conflicts, and historical trauma. Although to Western eyes Rena and Crystal may seem "matched," they are part of subgroups that may be at odds with each other. Crystal's family was persecuted by the Vietnamese. Crystal and Rena were in two very different groups at school. Rena was in the group that excelled at school. Crystal was in the group that "ditched" school to hang out with their boyfriends. Crystal's parents wished she could be "like Rena." Rena knew people like Crystal at school. She felt that they were throwing away their chance to succeed.

- If this is their experience, how might it affect their interactions?
- If Rena is more "traditional," how might she view the fact that Crys-

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tal has gang tattoos and a mixed-race child? Is it possible that Crystal may worry about how Rena perceives her?
- This seems like personal information. However, in supervision, is it important and safe for Rena to talk about how her upbringing and cultural values affect the way she perceives Crystal and the choices Crystal has made? Under what conditions might Rena discuss how their cultural groups have typically perceived each other, and how this may affect engagement?

These examples demonstrate that both the client's and the intervenor's ethnicity, culture, and history matter, in that they can shape assumptions and interactions. While much has been written about cultural conflicts between white–ethnic-minority dyads (Duan & Roehlke, 2001), these examples illustrate that cultural conflicts can also occur within ethnic-minority dyads, including those who share the same race and ethnic identity. A report from the American Psychological Association Office of Ethnic Minority Affairs (2008) suggests that more ethnic minorities are entering the mental health field. In 2004, 30% of associate's degrees, 29% of bachelor's degrees, 27% of master's degrees, and 20% of EdD and PhD degrees in psychology were awarded to members of ethnic minorities. As the field become more diverse, it will be increasingly important to understand and learn to address not only white–ethnic-minority practitioner–client cultural conflicts but also tensions that can occur between ethnic-minority dyads.

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These examples, while focused on particular ethnic groups, are meant to illustrate core concepts that are applicable to practitioners of all ethnic groups. They illustrate a process for understanding how differences, whether they arise from culture or other factors (e.g., age, educational background, socioeconomic status), may shape our interactions. They also demonstrate how, as supervisors, we need to be aware of the way these processes may shape interactions, so we can facilitate dialogue in this area when it is clinically relevant.

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Before we move on to explore other core concepts, let us return to Rena and Crystal. We have chosen another example for the remainder of the chapter in which both Rena, the therapist, and Crystal and Jesse, the clients, are African American, and the supervisor Lorraine is white. While we feel strongly that diversity conflicts are not limited to black–white interactions, we also feel there is much we can learn from interactions between these groups. Moreover, the research suggests that disparities within numerous service systems, child welfare, mental health, and education are greatest for African Americans (Farkas, 2003; Kazdin et al., 1995; Miller et al., 2008; van Ryn & Fu, 2003). Furthermore, African Americans have high dropout rates from services and are significantly less likely to engage in early intervention (Ammerman et al., 2006; Wagner et al., 2003). While

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some researchers have shown that poverty may contribute to lower engagement, others (e.g., Kazdin et al., 1995) have found reduced participation for African Americans even after accounting for socioeconomic differences. For the example, we chose to make Rena an African American because in the mental health field we often attempt to match ethnic-minority clients with practitioners of similar ethnic backgrounds. However, it is important to note that ethnic matching does not eliminate the need to integrate a focus on diversity-related issues.

Example 3

Introduction

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Rena, a 26-year-old African American woman, grew up in a middle-class black neighborhood in Chicago that borders on a high crime public housing area. When Rena was 8, her father died of a heart attack. Rena helped her mom raise her 3-year-old brother. In seventh grade, her mother became concerned about gangs in the public schools. They moved to a suburban neighborhood outside the city, and Rena and her brother attended an affluent private school where there were few other black students. Rena excelled at school and ultimately decided to attend a historically black university in Washington, D.C. She obtained her master's degree in psychology and decided to return to Chicago for her psychology internship because she wanted to help her community, which she saw as riddled with racial disparities.

Crystal, age 19, was raised in the infamous public housing developments of Chicago's South Side. The reality of her history fit the worse stereotypes about black people. She was removed from her mother's care at age 3 because her mother had significant substance abuse problems. Her father was in and out of her life and often violent to her mother. When Crystal was placed in foster care, her father visited her initially but soon stopped. Crystal lived in three different foster homes. There were allegations that she was abused in one of them. Crystal now lives with Jesse's father Marcus. Her mother is sober and helps care for Jesse, but Crystal and her mother often have serious arguments. Crystal and Jesse were referred for therapeutic services by their day care provider due to Jesse's aggressive behavior. The day care provider felt that if Jesse does not get help, they may not be able to keep him at their center. Jesse is very active and big for his age. The day care center personnel also note that Crystal has at times come in with bruises on her face.

Lorraine, Rena's 51-year-old supervisor, is of Irish and German ancestry. She grew up in a suburb outside of Boston. She earned a master's degree in social work and later a certificate in Infant Mental Health from the Uni-

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versity of Michigan. She lives in Chicago's historic "rainbow" district, now gentrified, with her partner Gloria.

- In thinking again about the opening vignette and the questions raised in earlier sections, how do we begin to understand each person's perspective given the limited information provided about them?

"She Just Doesn't Get It"

Rena sat down in a chair opposite her supervisor Lorraine. She had all her case folders, with her notes neatly typed and well organized.

"Where would you like to start?" asked Lorraine.

"Well," said Rena, "we could start with Crystal and Jesse. That should go pretty fast. They didn't show again."

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"No?" said Lorraine. "It seems like it's been a while since they've come in."

"Yes," said Rena, "I would just close their case, but his day care really wants me to see him. I was there consulting on another kid, and they told me that Jesse had just thrown a pencil, and it nearly hit a little girl in the eye. I called Jesse's mom and tried to explain the school's position; they just can't keep him, if she doesn't get help for him. But I don't think she gets it. She said she'd meet me, but she showed up half an hour late and said she only had 10 minutes because she had to go see her mom."

Lorraine listened to Rena and wondered if she should let her close the case. It was evident that Crystal and Jesse did not seem to be using the services Rena was offering. She thought further that Rena could just see Jesse at the day care center; however, it seemed that there might be problems at home linked to his behavior. She reminded herself that Crystal represented a hard client population to reach. Lorraine wondered how Rena felt about this. She was having a hard time engaging several other families in services and seemed to be getting frustrated. A week earlier during a case conference, Rena had remarked, "I don't think we can help people who don't want help." Lorraine reflected that she had often made this statement herself, but the way that Rena said it made Lorraine wonder. She could sense Rena's frustration. Instead of focusing on the facts of the case, Lorraine felt it would be important to process Rena's feelings about it.

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Core Concept 2: The success of our interventions and our systems depends on whether those we serve share our assumptions and our perspective.

In beginning to process this interaction, it is important to return to the diversity awareness model (Figure 3.1) and think about how to visually

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depict interactions among Rena, Crystal, and Lorraine. As noted before, Rena appears to be focused on her own (circle A) and the day care provider's perspectives. All her efforts are geared toward changing rather than understanding Crystal. She does not appear to be holding Crystal's view (circle B). The intersection between Rena and Crystal seems small: "She just doesn't get it." This sentence applies as much to Rena as it may to Crystal. García Coll and Meyer (1993) offer questions that may help us reflect on the perspective of each person in the interaction: "Is there a problem? Why is there a problem? What can be done? And, who should intervene to address the problem?" (p. 61).

- How might Rena, Lorraine, and Crystal answer these questions?
- If they do not share the same answer, how might this influence their interactions?
- How might they begin to talk about this?

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While Lorraine might help Rena explore the answers to these questions, any efforts to get Rena to reflect on Crystal's perspective may be less successful if Rena is in a charged emotional state. Right now, Rena is worried about Jesse. She is angry that Jesse's mom is not doing what she "should" to help Jesse. She feels helpless because she cannot change things for him, and she worries that Lorraine and the day care provider may view her as incompetent. Lorraine needs to be able to understand Rena's perspective in order to help her reach out more sensitively to this mother and child. In attempting to change Rena's perspective without understanding it, Lorraine would do exactly what Rena has done to Crystal. For Rena to "get it," Lorraine, as the supervisor, needs to "get it." To help and understand Rena, Lorraine will need to consider the role that emotion plays in influencing Rena's ability to see Crystal's perspective.

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Core Concept 3: Our emotions influence our ability to see another person's perspective.

Visual diagrams (Figure 3.2), influenced by Fadiman (2008), illustrate this concept. To simplify, the graphic focuses only on Rena and Crystal. Figure 3.2a shows two overlapping circles representing Rena and Crystal's perspectives. When Rena is calm, she is able to travel, metaphorically, to the edges of her belief system and reflect on Crystal's perspective (see the calm position). When she is affectively aroused, however, her cognitive flexibility becomes more limited. She tends to return to her core beliefs, depicted in the center (see the aroused position), because it is here that she feels safest. The same process happens for Crystal. In Figure 3.2b, we see a dyad that has a

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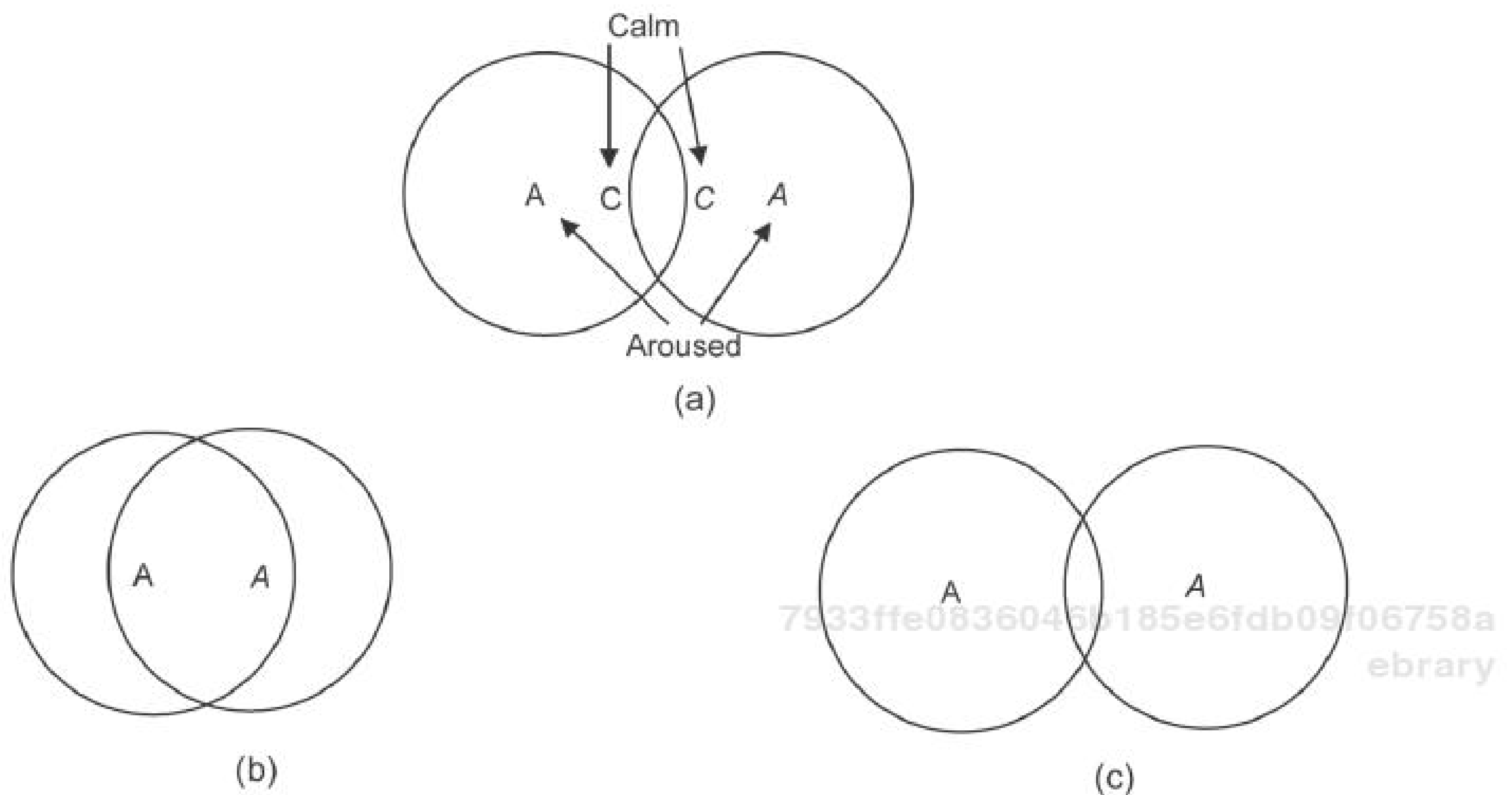

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FIGURE 3.2. Affect and perception.

sizable overlap in terms of perspective and experience. When members of this dyad are aroused, and each goes to his or her "center," they still share perspective. In Figure 3.2c, the dyad members share little in common. When members of this dyad are aroused, they are more likely to be blind to each other's perspective.

The connection between affect and relationships is well documented. As Pawl (1995) noted, "It is not possible to work on behalf of human beings to try to help them without having powerful feelings aroused in yourself.... In working with families who are in great difficulty, rage can become the most familiar affect—at the system, at a world with too much violence that creates too much helplessness and also at a family who will not be better or even seem to try" (p. 24). The research shows that our emotions affect the way we process information and relationships. When we are angry, we are more likely to perceive people rather than situations as responsible for a problem (Keltner, Ellsworth, & Edwards, 1993). With anger, we are less likely to trust others (Dunn & Schweitzer, 2005) and more likely to make judgments based on stereotypes (Bodenhausen, Sheppard, & Kramer, 1994; DeSteno, Dasgupta, Bartlett, & Cajdrie, 2004; Tiedens & Linton, 2001). This happens even when the anger originates from an unrelated event or situation.

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Ethnicity and race are linked to deep, unconscious feelings (Comaz-Díaz & Jacobsen, 1991). Strong emotions are linked to stereotypes (Lewis,

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2000). A study by Phelps and colleagues (2000) shows an interesting link between physiology, emotions, and our evaluation of social groups. They conducted functional magnetic resonance imaging scans of white participants as they looked at black and white neutral male faces. They focused on the amygdala, a structure in the brain linked to emotion processing. They found greater activation of this area when white participants looked at black compared to white faces, and they showed that activation in this area was correlated with measures of unconscious racism. Interestingly, when they repeated the study but used famous and well-regarded black figures, the patterns did not hold. This study suggests that at a physiological level, emotions and judgments of others are connected. Our brains process social information. If one's brain notes that someone is different and less familiar, it may signal a potential threat. The resulting emotions may affect the way one interacts with the other person; the greater the difference, the greater the potential divides.

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Qualitative interviews with parents suggest that anger and fear related to being judged, cultural conflicts, and safety concerns are related to engagement (e.g., Gross et al., 2001; Woolfolk & Unger, 2009). The following quotes from interviews with parents show the connections between parents' emotions, their assumptions about practitioners, and their motivation to participate in intervention. The first quote involves an African American mother speaking about her parent educator. The second quote comes from a white parent from rural Appalachia, expressing initial concerns about participating in a university-affiliated group. This quote highlights that cultural concerns are not limited to ethnic minorities.

> "Because [she is] White and because I'm Black ... it's like a certain way that she might do something that I don't do. I don't know what she's talking about. We was not raise like that. I just put up with her. I mean, because you have your way of doing things, and I have mine, we come from two totally different backgrounds." (in Woolfolk & Unger, 2009, p. 193)

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> "I was afraid that you were going to push down our throats how we should raise our kids, and I didn't want to hear that." (in Owens, Richerson, Murphy, Jageleweski, & Rossi, 2007, p. 188)

Now, as we return to Crystal and Rena, imagine Crystal feeling similarly to these parents.

- Is it possible that Crystal could feel this way even though she and Rena are both black? What might be the intraracial dynamics between Rena and Crystal?

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- How will Rena's insistence that she get Jesse into treatment affect Crystal (affectively and cognitively)?
- How does Crystal's passive refusal to participate in treatment affect Rena (affectively and cognitively)?
- Lorraine believes that rather than processing the facts right now, it may be more useful to focus on Rena's feelings. What do you think of this?

We believe that Rena's emotions affect her ability to see alternative perspectives. Perhaps if Rena regulates her affect, she will gain a greater understanding of the situation and see more ways to intervene.

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Core Concept 4: Reflective practice is critical to integrating a diversity-informed approach.

Although Rena is in many situations capable of regulating her emotions by herself, when emotions are especially charged, reflective supervision is crucial. As Pawl (1995) noted, "A family with a child with a difficulty that troubles you particularly and with whom you cannot seem to find your balance—that belongs in supervision" (p. 24).

"Let's Think about This Together"

Lorraine paused. She and Rena had only recently begun working together. She hoped that Rena felt comfortable with her. "I can see how hard you've been trying to engage this family" she began. Rena nodded. "It seems like it's been hard." Rena nodded again. "I'm wondering if it might be helpful to talk about how you're feeling?" Rena seemed apprehensive. Lorraine sensed this. Rena was not sure whether she should talk to Lorraine about her feelings. She wanted Lorraine to think that she was competent. Rena also remembered previous encounters with supervisors. She remembered expressing her anger to her supervisor over the interactions of a day care center with a young African American boy she was treating. She felt he was being racially profiled. Her supervisor, a white male, told her that she would need to control her emotions if she was going to be able to work in this field. He said that he understood that, in her culture, it might be acceptable to display anger in this way, but it was not therapeutic. After that experience, understandably, she hesitated to share her feelings with a supervisor.

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- It may be helpful to think about the first core concept and reflect on how Rena's experience is shaping her current interaction with Lorraine.

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- It may be helpful to review the second core concept and think about whether Rena and Lorraine share the same assumptions and perspective about the process of supervision. Specifically, is supervision a place where you talk about your own experience and feelings?
- Is it important to focus on the potential role of ethnicity and culture in this interaction in terms of perceptions and safety?

The event that Rena is remembering with her former supervisor can be characterized as a "racial microaggression," defined as a "brief and commonplace daily verbal, behavioral or environmental indignity, whether intentional or unintentional, that communicates hostile, derogatory, or negative racial slights or insults towards people of color (Sue et al., 2007, p. 271). While insensitive supervision can occur in any supervision dyad, comments or judgments that appear to be related to race or stereotypical cultural assumptions may be especially detrimental to ethnic-minority practitioners. Constantine and Sue (2007) interviewed African American supervisees and identified seven microagression themes this group frequently experienced in supervision. Rena's interaction with her former supervisor touches three of these themes: (1) making stereotypical assumptions about black supervisees; (2) focusing primarily on clinical weakness, and (3) invalidating racial–cultural issues. Rena felt like she was being viewed as a stereotypical "angry black woman"; she felt that her insights about racial profiling were being overlooked, and her competence was continually being questioned. Reflective supervision is meant to provide a safe and supportive context in which the supervisor and supervisee work together to regulate emotions and enhance reflection (Shamoon-Shanok, 2009). The supervisor's comments shattered Rena's sense of safety and interrupted her ability to feel free to reflect not only in that relationship but also in later supervisory relationships, such as that with Lorraine. Although Lorraine seemed different, Rena carried the memory of her past supervisor into this relationship.

Unfortunately, the literature suggests that interactions like this occur frequently (Constantine & Sue, 2007; Hird, Cavalieri, Dulko, Felice, & Ho, 2001; McLeod, 2009). Also common is a failure to integrate a diversity-informed perspective into supervision. The integration of diversity-related factors is new in our field (García Coll & Meyer, 1993). Research suggests that supervisors may have less experience and comfort addressing these factors than supervisees, and many supervisors overestimate the degree to which they focus on them (e.g., Duan & Roehlke, 2001).

"Can We Talk about Feelings and about Race and Culture?"

Lorraine, sensing Rena's apprehensions, decides to check her assumptions about whether Rena feels safe talking about her feelings. "I know we don't

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know each other well, and I know you mentioned that you had some negative supervision experiences. I wonder if you feel safe talking about your feelings or if it even seems like something that is relevant to supervision. I want to be able to support you."

Rena is hesitant but decides to share a little. "I guess I'm frustrated with Crystal. She has an opportunity to really get some help for Jesse, but she doesn't, and I guess I'm frustrated because I really want to help."

Lorraine remembers Rena saying that she returned to Chicago because she wanted to be a part of the solution to the disparities facing African American communities. She says gently, "I can see how hard you are trying. I remember you saying that you wanted to help families in the black community here, and I wonder how you feel given that it has been so hard to help." Rena is at first surprised that Lorraine has mentioned race, albeit tangentially. She feels like a door has opened. She starts talking about how she wanted to be part of a solution, but now, when she works with clients, she feels shut out, like they don't want her help. She talks about how frustrating it is because she returned to Chicago to be able to gain experience working with poor urban black families. These families are not like the families from the stable, working-class black neighborhood where she grew up. She feels overwhelmed by the multiple challenges Crystal faces and her inability to get through despite sharing the same history as a member of the same racial group. Lorraine and Rena speak about the challenges the families face and those that they as workers face.

"It's interesting," says Lorraine, "you're African American, but you are not from the same economic group as Crystal. She may also see you as part of a system that has traditionally not treated the urban poor well."

Rena pauses and then reflects out loud, "I guess I was so busy trying to get them to come in, and I figured we shared the same cultural background. I never stopped to think about how they see me."

"That makes sense. It seems like you were really focused on trying to help Jesse," said Lorraine.

Rena continues to reflect, "Wow, I think I was so focused on getting Jesse what I thought he needed that I didn't think about Crystal. When she talked about the challenges she faced, I tried to problem-solve to see how we could overcome them, so she could come to treatment, but I don't think I ever really acknowledged her reality. I thought a lot about class issues and the stereotypes she and her son live with every day, but I never brought them up."

Lorraine says, "Perhaps we can think about whether that is something you might do with her in the future."

Rena and Lorraine have begun a process wherein regulating their affect enables them to think flexibly about numerous factors related to Crystal's engagement with services. Research shows that positive affect is associated

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with increased flexibility in thinking and action (Fredrickson, 2001). Because Rena feels that Lorraine is open to understanding her, she becomes open to thinking about Crystal's perspective; we see parallel process in action. Below are some of the questions on which Rena and Lorraine reflect. Not all of them are related to diversity, but many are. Diversity-related considerations are as relevant and offer the possibility of just as rich and important a dialogue as many other clinical considerations. Moreover, it is important to think about how it might feel if diversity-related lines of inquiry are overlooked.

- How might Crystal's early childhood history of neglect and multiple foster homes affect the way she views the "system" and interpersonal relationships? What does Crystal "need" to feel safe enough to engage with Rena?
- How does Rena's early history affect the way she sees Jesse and Crystal? Rena cared for her younger brother. She also left her old neighborhood and her old friends, many of whom never had the opportunities she had.
- How does Crystal see Rena? Rena comes across as upper-middle class, with clothes straight out of a Banana Republic catalog. Rena speaks in clipped Standard English and works hard to maintain an emotionless expression in Crystal's presence. Reading Comaz-Díaz and Jacobsen's (1991) description of patterns of intraethnic transference (e.g., the traitor) and countertransference (e.g., overidentification, survivor's guilt) may be thought provoking.
- Do the goals of treatment match Crystal's perspective and context? Is it "normal" for her to believe she should participate in her son's treatment when he is having problems in his day care?
- What practical barriers and daily stresses may keep Crystal from engaging (including a potentially violent relationship)?

Research on engagement supports the exploration of practical barriers and contextual factors that may impede a person's involvement in therapy with his or her child (McKay, Pennington, Renan, & McCadam, 2001; Staudt, 2007). Practical barriers may include transportation and cost issues, other responsibilities, objective safety concerns potentially related to domestic and community violence and immigration status, and family stress and mental health issues. For example, Crystal goes to school, and cares for her mother and takes her to medical appointments (other responsibilities); she is reluctant to have evening appointments because it is not safe to return home after dark (objective safety concerns), and she has significant symptoms of depression that interfere with her functioning (mental health issues). Process variables may be equally important, including mistrust of the provider

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or agency; motivation to change; and beliefs about the problem, its possible solutions, and the relevance of services. Crystal does not trust Rena. She feels forced to participate in Jesse's treatment when she believes that he is "just this way—aggressive" and nothing will change him. Reflective supervision offers Rena a space where she can learn more about her reactions and responses so that she can regulate her emotions and make a better assessment of all of these variables (practical, contextual, interpersonal). In this way, she will be better able to hold Crystal's perspective in mind and develop diversity-informed interventions.

SUMMARY

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In a book about young children and trauma, it may seem unusual to write a chapter in which the primary focus is not the young child or the trauma. Jesse, the main target of our intervention, is noticeably absent from the chapter. We have not yet reflected on his experience, although we know it includes exposure domestic violence. Our chapter in an earlier book (Lewis & Ghosh Ippen, 2004) focused on cultural issues in the assessment and treatment of young children who have experienced trauma. In many ways, this chapter should precede that one. It is critical to integrate a diversity-informed approach in all aspects of assessment and treatment, but we often do not have the chance to do this because the families we work with fail to engage or drop out of our interventions in the first few sessions. In order to reduce ethnic and socioeconomic disparities in care, it is crucial to focus our efforts on not only assessment and treatment but also engagement, and we need to understand how diversity-related factors influence caregivers' willingness to engage. Jesse will not decide whether he should get help. Crystal will make the decision; therefore, it is crucial for his growth and development that we support the relationship between them. So we need to understand Crystal's perspective. We need to consider how her experience, her personal family's history, and possible historical trauma to her cultural group have influenced her. We also need to think about how she may view us in light of our external characteristics (e.g., race, age, ethnic group, perceived socioeconomic class).

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We chose the somewhat provocative title "They Just Don't Get It" because this phrase carries the charged affect many of us experience when we feel that our efforts to help are being rejected. The phrase places the blame for engagement failures on the caregiver and signals that, in the moment, we may be ignoring contextual and interpersonal diversity-related factors that are contributing to disengagement. Rather than attempting to eliminate this phrase, we suggest that we recognize its importance. It shows us that we have lost perspective and may be viewing the family and the "goodness"

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of the intervention for the family through the lens of our assumptions. It is important to understand and check our assumptions and to reflect on the family's perspective, but to do so, we may first need to regulate our emotions in the context of a safe relationship. Then, from within this relationship in which we feel understood, we can reflect on the multiple factors—practical, interpersonal, and diversity-related—that may be important to address during the engagement phase of intervention.

Throughout this chapter, interactions between Rena, Crystal, and Lorraine have been described and explored. As an interventionist or supervisor doing this work, one becomes a character in the interaction. We hope that the questions posed throughout the chapter will help the reader begin to reflect on how diversity-related factors and history influence interactions with families. Data from a multisite learning collaborative show that introducing diversity-informed engagement strategies into child mental health agencies resulted in an increase in the number of children who engaged in services, from an average of 63 to 81% (Cavaleri et al., 2006). Both research and experience indicates that as a greater focus on diversity is incorporated into our engagement interventions, the result may be a greater uptake of services.

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While the data are promising, it is important to remember that engagement is a process that we can influence but not control. Even if we are mindful of our assumptions and affect, and reflective of the perspective of the families with whom we work, many will not engage in services. It is possible that even with Rena's and Lorraine's best intentions and interventions, Crystal may still choose not to receive services. Perhaps her partner objects to Crystal involving his child in the "system." Maybe Crystal has too many other responsibilities (caring for her mother, who is newly sober and attending school) and cannot find time to participate. It is our hope that even in these circumstances, Rena and Crystal will be able to engage in a dialogue in which the full reality of Crystal's life and Jesse's challenges is appreciated, so that if disengagement occurs, it is respectful and allows a positive connection between Crystal and Rena to be maintained. Crystal's interactions with Rena will influence her future assumptions of infant mental health practitioners, and a positive internal working model of her relationship with Rena may allow her to engage in services at another point in time.

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DIRECTIONS FOR THE FUTURE

This chapter represents an important beginning. There is a need for more research and practices that contribute to learning in this area. There is also a need to explore further the different types of barriers to engagement. More

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detail is needed about strategies that might be used clinically to engage in difficult dialogues about race, ethnicity, socioeconomic status, or discrimination. As an example of an area for future development, the mental health field is learning more about the negative consequences of discrimination on children's mental health. Children's reports of perceived racism have been linked to mental health symptoms (Coker et al., 2009). Research on racial socialization suggests that many ethnic-minority parents of young children are aware of discrimination and talk openly with their preschool-age children about both racial pride and how others may perceive them negatively because of their race (Caughy, O'Campo, Randolph, & Nickerson, 2002). As we begin to understand the importance of this and other diversity-related processes, we need to begin to understand how our interventions address them.

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