MULTICULTURAL COMPETENCE AND DECISION-MAKING BIAS IN CHILD PROTECTIVE SERVICES

By

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Abstract of Thesis Presented to the Graduate School
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MULTICULTURAL COMPETENCE AND DECISION-MAKING BIAS IN CHILD
PROTECTIVE SERVICES

By

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African-American children are overrepresented in the American Child Welfare system. Research has concluded that this overrepresentation is not due to higher rates of abuse and neglect in African-American families, but more likely due to differential treatment of African-Americans somewhere along the process of reporting, investigation, and service allocation. This study serves as an initial examination into the relationships between multicultural competence, race, and decision-making bias in the investigation phase of the child protective service process. Participants were asked to read a series of case vignettes and make decisions regarding 1) the extent to which they believe the information is evidence of actual child abuse or neglect, 2) level of risk to the child and 3) level of recommended intervention, based upon the information presented in the vignettes. Multivariate Analysis of Variance (MANOVA) and regression analyses were used to analyze the data. Results from this sample of data suggest that ratings of perceived risk and recommended intervention do vary based on the race of the child and that the multicultural competence of the investigators does significantly predict ratings of substantiation agreement, level of perceived risk, and recommended intervention. Results and limitations are discussed and recommendations for future research are presented.
CHAPTER 1
INTRODUCTION

Minority children and families are, at times, poorly served by available social and human services. This includes counseling, social work, health care, and other services. For example, African-American children are overrepresented in the Child Welfare system in America. This means that African American, or Black, children are represented in the Child Welfare system in higher proportions than they are in the general population of children in the United States. Although Blacks account for only 15% of all children in the United States, they account for 25% of substantiated maltreatment victims and comprise 45% of the total number of children in foster care (Chibnall, Dutch, Jones-Harden, Brown, Gourdine, 2003). In addition, these minority children spend longer in the child welfare system (Roberts, 2002). These disproportions are evidence of the differential treatment of African-American and Black children and families in the child welfare system.

Current trends in the general population give more cause for alarm. By the year 2050, the U.S. Census Bureau (2004) expects that people who report to be “White alone, Not Hispanic” will make up only 50.1% of the population. As the proportion of minorities in the general population gets closer to, and will ultimately overtake, the majority population, these and other problems in social/human services may compound themselves if adjustments are not made in the way human service workers are trained, the way social services are delivered, and in the way the systems themselves are organized and operated.

One model that shows promise in promoting positive changes in training professionals who serve minority groups is a model of Multicultural Counseling Competence developed in the field of counseling psychology (Sue & Arredondo, 1992). Perhaps this model can help to explain the problem of African-American over-representation in child welfare by culturally less-
aware, less-knowledgeable, or less-skilled decisions made by child welfare workers. This paper will outline the problem of African-American over-representation in Child Protective Services (CPS), offer rationale for applying multicultural competence concepts to the problem, and report and discuss results from a study which aims to explore how those concepts are related to or might help explain racial disparities in child protective service delivery.


African-American families were, and are, receiving child welfare services, often uninvited, at a proportionally greater rate when compared to white families. Roberts (2002) reports that black children make up 17% of the children’s general population yet 42% of the child welfare population. In addition, once black children enter the child welfare system, they often experience different paths through the system than majority children. For example, black children end up in foster care more often than white children and are reunified with their natural families at a slower and lower rate (Roberts, 2002). Although the intent of the child welfare system is to make decisions in the best interest of the child, entering the child welfare system, and foster care in particular, is correlated with other negative life experiences, such as delinquency and entering the juvenile justice system (Taussig, 2002), and can set the child up for a difficult road through life.

One typical entry point into the child welfare system is through Child Protective Services (CPS). Generally speaking, suspected abuse or neglect is reported to a child abuse and neglect hotline. When the report is made, the hotline operator gathers demographic information regarding the family in question and information about the abuse or neglect and how it was identified, as reported by the often anonymous caller. The hotline operator then decides whether or not to accept the report as valid. If the report is accepted, the reported information is sent to Protective Investigation.
A Protective Investigator (PI) is sent to investigate the report. The PI has only a few hours to gather any information on which to make two crucial decisions. First, the PI must decide whether or not the abuse/neglect actually happened. If it is determined that the abuse/neglect has indeed occurred, the report is said to be ‘substantiated’. If no evidence of abuse/neglect is found, the report is ‘unsubstantiated’. Although states have laws to define what is abuse and neglect, these laws can be interpreted differently by different people and there may be gray areas that remain unclear despite the laws. If evidence of abuse/neglect is found by the PI and the report is substantiated, the PI must then make a decision to either, leave the child home and provide services in that context, or remove the child from the home due to the imminence of future harm and place the child in a foster care setting. An investigator often makes an assessment of the level of immediate and future risk to the child to help make these decisions (National Association of Child Welfare Administrators, 1999).

Once the initial investigation is complete and those initial decisions made, the case is transferred to another worker, considered to be Protective Supervision (PS). This worker conducts an ongoing assessment to determine the safety of the child and needs to the family. The PS worker also decides what services to offer to the family and the manner in which those services will be provided (National Association of Child Welfare Administrators, 1999). Clearly, there are many important decisions made during the entire CPS process and it may be reasonable to think that cultural differences, and perhaps misconceptions based on those differences, may impact how those decisions are made.

Before we examine reasons for the overrepresentation of black children in the system, we can rule out some other possible explanations. One possible explanation for this overrepresentation of black children in the child welfare system is that they actually experience
higher rates of abuse/neglect. One study has investigated this claim, but could find no support for it. The Third National Incidence Study of Child Abuse and Neglect (NIS-3) conducted by the Department of Health and Human Services in 1993 found that black children were not abused or neglected at a rate that differed from that of other racial groups. The report concluded that “differential representation of minorities in the child welfare population does not derive from inherent differences in the rates at which they are abused or neglected.”

If rate of maltreatment is not the cause, perhaps severity of maltreatment is the reason more African American children are reported to be abused, subsequently investigated, and entered into the system than majority children. Various researchers have examined this factor, but unfortunately have been unable to arrive at a consensus. For example, Hampton (1987) found that, in regards to physical abuse, severity of injury adds statistically significant power in discriminating white and black families at both low and high SES. In contrast, in the context of a study controlling for more variables, Zuravin and Orme (1994) found that the child’s race did not have a significant main effect on severity of abuse.

Another possible explanation is that because the child welfare system is designed to address issues relating to poor families, and because black families are disproportionately poor, this is the reason more black children are entered into the system. However, Roberts (2002) points out that there is good reason to suspect that poverty cannot completely explain the system’s racial disparity. Roberts (2002) is referring to findings that approximately the same percentage of Latino and Black households earn less than $15,000, the income level most highly associated with child maltreatment (NIS-3, 1993), yet Latino children are placed in foster care at a rate identical to their proportion of the population.
After setting aside these possible explanations, it seems likely that the child’s race influences the overrepresentation of African American children in the child welfare system. In fact, prior research has revealed numerous references to race as a contributing factor in disparate decisions in child welfare processes. For example, Lamb (1979) found that of 17 attribute variables entered into an analysis of variance with case outcome as the DV, only 4 of those attributes significantly increased the explained variance. Race of the child was one of those four variables and contributed significantly to the total explained variance. Eckenrode, Powers, Doris, Munsch, and Bolger (1988) conducted a study in which they examined the child welfare records in the state of New York from the year 1985. Their data suggested that “for physical abuse reports, no background characteristics other than ethnicity had an effect on substantiation, but this effect was quite strong, accounting alone for 8% of the variance in substantiation” (p. 15). More recently, the NIS-3 (1993) report reveals findings that “suggest that the different races receive differential attention somewhere during the process of referral, investigation, and service allocation.”

A Need for Cultural Competence

Some within the child welfare system are realizing the need to diagnose and make needed adjustments in regards to the problem of over-representation. In a study authored by Chibnall, Dutch, Jones-Harden, Brown, and Gourdine (2003), the authors concluded that the need for continuing research in the area of overrepresentation is evident.

Researchers, policy-makers, and practitioners have divergent views on the causes of minority over-representation. This phenomenon may be the result of a disproportionate need for services or of systematic racial influences on decision-making at any number of points along the continuum of child welfare services, including reporting, investigation, substantiation, and placement. Researchers have attempted to explore levels of need and to examine how race affects children’s experiences at each of these points, but findings have been inconsistent. Where racial
differences have been found, the reasons for these differences remain unclear. (pg. 15)

The Chibnall et al. (2003) study involved a focus group of agency administrators, field workers, and policy makers in the field of child welfare from across the country. The participants “identified racial bias as a common problem that frequently interfered with good decision making” (Executive Summary, p. iii). Participants also mentioned the need for “culturally competent and experienced staff” as a “strategy to improve services to families of color and families in general” (p. 34), noting that staff often lack exposure to different cultures and had no context for understanding the norms and practices of other cultures.

Others have also reported the need for cultural competence in the child welfare system. Pierce and Pierce (1996) noted that “workers must recognize that their culture determines how they define family, what values are emphasized and even how to greet a person properly” (p. 719). Cohen (2003) referenced a specific dimension of cultural competence when she referred to attitudes (i.e., awareness) of the child welfare staff as an important variable in decision-making. Finally, one recommendation of the Chibnall et al. (2003) study was that future research should examine the effects of cultural competency and cultural sensitivity training on actual child welfare practice.

Multicultural Competence

Researchers in the field of social work and child welfare have begun to develop models of cultural competence. For example, McPhatter (1997) presented a Cultural Competence Attainment model. This model consists of three interrelated components: Enlightened Consciousness, Grounded Knowledge Base, and Cumulative Skill Proficiency. Despite available models, such as the Cultural Competence Attainment model, research regarding the assessment of practitioner and student levels of cultural competence and how these levels affect practice,
interventions, and outcomes in child welfare has been lacking. Some believe that the reason for this lack of documented research is due to “insufficient development of multicultural competence practice measures” (Walters & Wheeler, 1998). It seems that until valid measures of cultural competence have been developed in the field of social work, cultural competence research based on existing models in the field will be stalled.

Perhaps the most well-developed and empirically investigated model of cultural competence exists in the field of counseling psychology. In 1980, Division 17 (Counseling) of the APA put their Educational and Training Committee to work on developing minimal cross-cultural counseling competencies for training programs to incorporate into their training and curricula (Sue et al., 1982). The result was the first formally documented “characteristics of the culturally skilled counselor” posited in Sue et al.’s position paper. This model has been developed over the past two decades and has come to be known as a model of Multicultural Counseling Competencies. The model is built on three main dimensions. The first dimension, Awareness, refers to the process of becoming aware of one’s own assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth. The second dimension, Knowledge, refers to attempts to understand the worldview of culturally different clients without negative judgment. The third dimension, Skills, refers to actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with culturally different clients. These three dimensions are conceptually very similar to the three dimensions contained in the Cultural Competence Attainment model described above. Considering the findings, assertions, and recommendations discussed in the literature, it seems that the dimensions of awareness, knowledge, and skills might play a role in how decisions are made in the provision of child welfare and child protective services.
In fact, some research has already found a connection between these dimensions and differential decisions when race is involved. A study of Chinese, Hispanic, and White parents found that the three cultural groups demonstrated differences in determinations of both the presence and severity of abuse and neglect (Hong and Hong, 1991). Specifically, the Chinese raters in their study “tended to judge parental conduct less harshly and recommended agency intervention less frequently than Hispanics and whites” (pg. 5). The authors discuss the findings in terms of cultural explanations and note that cultural sensitivity is called for when subjects’ reactions and response patterns can be attributed to characteristics of their culture. Cohen (2003) notes that child welfare workers ultimately “make decisions on family functioning, parent-child relationships, risks, and child safety based more on their perceptions, attitudes, and judgments than on cultural factors that influence child rearing” (p. 149). A possible implication of this statement is that child welfare workers do not possess enough cultural awareness, knowledge, and skill to make decisions based on cultural factors. As a consequence, they rely on their perceptions, attitudes, and judgments rather than cultural factors to make decisions.

One advantage of the Sue et al. model of multicultural competence is that various measures of multicultural competence have been developed from this model and used in related research. The most intensive effort to develop such tools occurred in the early 1990’s (D’Andrea, Daniels, & Heck, 1991; LaFromboise, Coleman, & Hernandez, 1991; Ponterotto & Casas, 1991; Sodowsky, Taffe, Gutkin, & Wise, 1994). The resulting measures were all initially created from the three dimensions in the Sue et al. model: Awareness, Knowledge, and Skills, and are organized into two (Awareness & Knowledge/Skills), three (Awareness, Knowledge & Skills), or four (Awareness, Knowledge, Skills, & Relationship) factors based on the items contained in the measure.
Multicultural Competence and Child Welfare

Conceptual links can be made between decisions at different stages of the CPS process and specific items on these measures. For example, because PI’s do not usually have more than essentially a few of hours to make such influential decisions, initial impressions could be extremely influential in how situations are perceived and, subsequently, how decisions are made. In this type of scenario, it may be important that the PI be “aware of differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ethnic groups (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002, item from MCKAS). Again, as a worker it may be crucial to your decisions to have an “understanding of how your cultural background has influenced the way you think and act” (D’Andrea et al., 1991, from an item on the MAKSS).

Davidson-Arad (2001) found empirical evidence that there is a “significant relationship between the decision to remove children at risk from home . . . and assessments of their parents as uncooperative . . .” (pg. 127) Parental cooperation was measured by three questions regarding parents’ “cooperation with the child protection worker, motivation for change, and acceptance of responsibility for the problem.” (pg 132). This finding provides grounds for another conceptual link between workers’ decisions and items on measures of multicultural competence in that it may be useful for the child protection worker to “have a working understanding of certain cultures” or be “familiar with nonstandard English” (Sodowsky et al., 1994, from items on the MCI) when working with minority families.

Roberts (2002) noted a discrepancy between the types of services usually offered to white clients as compared to black clients. For example, white clients are more often referred for housing assistance and black clients are more often referred for mental health services and parenting classes. When a worker decides, for example, which services to provide for the
family, hopefully that worker is confident in his/her “ability to effectively assess the mental health needs of a person from a cultural background different from [their] own (D’Andrea et al., 1991, from an item on the MAKSS) or is knowledgeable of the relative importance of family, community, and faith based on the clients’ culture and variations within the clients’ culture.

Considering the links, both empirical and conceptual, between racial disparities in the child welfare system and multicultural competence, research directly examining the influence of multicultural competence in racially disparate decisions is essential. Previous research has not included multicultural competence and child welfare decision making as variables in the same experimental paradigm; the proposed research aims to do so. Specifically, this author is interested in exploring the following research questions: Are decisions made in the context of child protective services different depending the race of the child? Does multicultural competence relate to decisions made in the child protective service context? Does race of the child moderate the relationship between multicultural competence and decisions in the context of child protective services?

Exploratory in nature, this study will examine the relationship between multicultural competence on the one hand and child-related investigative decisions (i.e., substantiation agreement, assessed level of risk, recommended level of intervention) on the other. Based on empirical evidence from field data linking race to differential decisions in the child protective service context (Eckenrode et al., 1988; Lamb, 1979; Pierce & Pierce, 1996) and anecdotal evidence from previous research citing the ability of case vignettes to elicit those differential decisions (Roberts, 2002; Shapira & Benbenishty, 1993) the aim of the current study is to test the following hypotheses:
HYPOTHESIS 1: Mean appraisal ratings of substantiation agreement, level of risk, and recommended intervention will be higher when case vignettes depict African American children compared to when vignettes depict Caucasian children. A between-subjects regression model will be the basis of testing the second and third hypotheses.

Drawing on recent work by Bellini (2003) showing a significant effect of multicultural competence on client outcomes, a second hypothesis was developed:

HYPOTHESIS 2: After controlling for social desirability, multicultural competence will account for unique variance in appraisal ratings of substantiation agreement, level of risk, and recommended intervention, regardless of the race of the child depicted in the vignette.

Multicultural competence of the counselor has been shown to relate to vocational outcomes when the client is African American, but the relationship is weaker when the client is Caucasian (Bellini, 2003). Similarly, we expect multicultural competence of the caseworker to relate to ratings of substantiation, level of risk, and recommended intervention when the child is African American, but we expect the relationship to be weaker when the child is Caucasian.

HYPOTHESIS 3: Race of the child depicted in the vignette will moderate the relationship between multicultural competence and ratings of substantiation agreement, level of risk, and recommended intervention, such that multicultural competence will account for a greater amount of unique variance in ratings (i.e., substantiation agreement, level of risk, recommended intervention) when examining ratings of vignettes depicting African American children and will account for less variance when examining ratings of vignettes depicting Caucasian children.
CHAPTER 2
METHODS

This study was conducted via the internet. Participation was voluntary and participants were not be reimbursed for their participation in the study. An online survey, including an informed consent process and debriefing was posted on a secure server and two separate methods of participant recruitment were used; the undergraduate participant pool at a large Southeastern university was utilized, and graduate students of social work as well as caseworkers were accessed through emails requesting participation. Detailed procedures are described below. Following submission of their responses, participants were provided links to various resources related to multicultural competence in social work and were also given the opportunity to voluntarily complete a feedback form regarding their experience as a participant in the study. Criteria for inclusion in the study included age (18 & over), current enrollment in a human service-related program of study (e.g., sociology, children and family services, psychology, social work) or current employment in a child welfare agency that conducts child protective investigations, and completion of the entire survey.

Participants

Combined methods of participant recruitment resulted in 266 total survey response submissions. Of these, 45 were not complete and were dropped from all data analyses. The resulting final sample (N=221) was comprised of 157 (71%) undergraduate students, 25 (11.5%) graduate students, 23 (10.5%) caseworkers, and 15 (7%) who marked “other”, but whose reported occupations directly or indirectly involve child welfare education or service provision. Females made up the majority of the sample; 164 (74%) compared to 57 (26%) males. The ethnic breakdown of the sample was also uneven, with Caucasians making up the majority with 162 (73.5%), compared to 15 (7%) African-Americans, 11 (5%) Asian-Americans, 18 (8%)
Hispanic-Americans, and 11 (5%) participants who marked “other”. The distribution of degree/job categories is of particular consideration. The high percentage of undergraduate psychology students is of viable use because it is reported that caseworkers who are most likely to retain their positions are those with undergraduate degrees (Bernotavicz, n.d.) and less than 30% of child welfare workers possess degrees specific to social work (CWLA, 1999).

**Instruments**

The instruments used in this study included a demographic questionnaire, a series of case vignettes describing a potential case of abuse or neglect, three appraisal rating questions, the Multicultural Counseling Inventory (MCI) (Sodowsky, Taffe, Gutkin, and Wise, 1994), and the Marlowe-Crown Social Desirability Scale MCSDS (Crowne & Marlowe, 1960).

**Demographic Questionnaire**

The demographic questionnaire included basic demographic items as well as questions related to child welfare work experience. Answers to these questions were used in follow-up post hoc analyses. Participants were not asked for any identifying information (e.g., name, date of birth).

**Case Vignettes**

Case vignettes were used in this study to give respondents a basis on which to make decisions (i.e., ratings) regarding probability of substantiation, levels of risk, and levels of recommended intervention they perceived based on the information presented in the vignette. Using case vignettes to have participants make decisions about the level of risk and agency intervention required has been established as a method of examining differential decisions based on race (Shapira & Benbenishty, 1993; Giovannoni & Bacerra, 1979; Roberts, 2002).

The vignettes used in this study were borrowed from Giovannoni and Bacerra (1979) and adapted to suit the purposes of the study. A total of 20 vignettes were utilized in the current
study. Four of the vignettes were adapted with both an African American version and a European American version. The two versions were identical except for race of the child depicted in the vignette. These vignettes operated as between-subjects items in order to examine if differential decisions were made based on race. The remaining 16 vignettes included 4 African American, 4 European American, 4 Hispanic American, and 4 Asian American race designations. These 16 vignettes were rated by all participants and were combined to create various indices. Every effort was made to ensure that vignettes assigned to various races during the adaptations for the current study were rated at equivalent levels of severity based upon results of the Giovannoni and Bacerra (1979) study.

An example of a vignette to be presented to participants was; “The parents of an African American child ignored their child’s complaint of an earache and chronic ear drainage. The child was found to have a serious infection and damage to the inner ear.” (A complete list of the vignettes to be used can be found in the appendix to this paper) Limited information was provided in the vignette; surely not enough information to make a well-informed decision in actual practice. However, as this study constituted an initial step in this line of research and was presented to participants as ‘An examination of decisions made in the context of child protective services based on limited information,’ using simple vignettes such as these is justified. In addition, to deter participants from becoming skeptical, they were presented with the following statement before reading any of the vignettes:

The following statements were taken from real child abuse or neglect report summaries. Following each statement, you will be asked to respond to three items regarding your initial appraisal of the situation. Please read each statement carefully and respond to each item to the best of your professional ability based on the limited information provided.
Regardless of the justifications, participants offered feedback such as, “It is hard to use just a one or two sentence story to see what …responses would be. We include a whole lot more information that may sway what we do.” And, “Sometimes, I felt that there wasn't enough case information provided regarding what decisions to make.”

**Appraisal Rating Questions**

Following each vignette, participants were asked to provide responses to three items related to the vignette. The first item was related to substantiation and asked, “To what extent do you agree that the situation described above provides evidence of actual abuse or neglect?” Responses were measured on a 4-point scale (ranging from 1--Strongly Disagree to 4--Strongly Agree) that participants chose using a drop-down box on the survey. The second item asked participants to “rate the degree to which you believe this child to be at risk.” Responses were measured on a 7-point scale (ranging from 1—No risk to 7—Extreme risk). The third item asked participants to choose a recommended level of intervention for each case from 6 options (ranging from 1-No further intervention to 6-Removal of the child from the home…..) The purpose of using different ranges on the rating scales was so that participants wouldn’t simply mark the same rating for all three items for the sake of consistency.

**Multicultural Counseling Inventory**

The MCI is intended to measure the “competencies of any counselor working with a minority or culturally different client” (Sowdowsky et al., 1994, p. 140). The MCI consists of 40 self-report items that ask respondents to rate their level of agreement, on a 4-point scale (1 – very inaccurate to 4 – very accurate) with statements related to working with minority clients. Restrictions on the use of the MCI in research prohibited the current researchers from adapting any of the items to reflect language relevant to social work. Instead, participants were presented with the following instructions preceding the standard MCI instructions:
Now, read the following directions and statements and apply them to you as a social worker, caseworker, or student in a social work or social services training program.

No feedback was offered by participants about this aspect of the study.

In addition to initial tests by the developers of the MCI, this measure has been investigated numerous times to establish validity, reliability, and factor structure (Constantine and Ladany, 2000; Constantine, Gloria, and Ladany, 2002; Worthington et al., 2000, Pope-Davis & Dings, 1995). Constantine, Gloria, and Ladany (2002) reported evidence of the MCI’s content validity derived through the accuracy of expert raters’ classification of items into their appropriate subscale categories and expert ratings of item clarity. They also provided evidence of criterion-related validity (i.e., individuals with multicultural training or more experience working with culturally diverse populations obtained higher MCI scores). Adequate construct validity has also been established through exploratory factor analysis and confirmatory factor analysis (Pope-Davis & Dings, 1994; Sodowsky, 1998; Sodowsky et al., 1994). High to moderate reliability coefficients (e.g., Cronbach’s alphas = .81 for the Skills subscale, .80 for the Awareness subscale, .67 for the Relationship subscale, .80 for the Knowledge subscale, and .86 for the full scale) have also been reported for the MCI (Pope-Davis & Dings, 1994; Sodowsky, 1998; Sodowsky et al., 1994).

Although the MCI was developed directly from the Sue et al. model of cultural competence, the authors found four factors to be the best fit for the items. Aside from the three domains of the Sue et al. model, a Relationship subscale is included on the MCI. The Relationship subscale refers to the counselor’s interactional processes with the minority client, including stereotypes of the minority client and worldview.
Marlowe-Crowne Social Desirability Scale

A majority of the literature regarding the development and utilization of measures of multicultural competence discuss the relationship of social desirability to such measures. The author of the MCI specifically recommends that the completion of multicultural competence measures be accompanied by an index of social desirability (Sodowsky, 1994). Social desirability is typically operationalized using the Marlowe-Crowne Social Desirability Scale (MCSDS) in psychological literature (Worthington, Mobley, & Franks, 2000). The MCSDS is a 33 item true/false scale designed to measure the degree to which research participants attempt to make a good impression when completing research instruments (Worthington et al., 2000). The scale was originally designed to be used with measures of personality, but has since been used numerous times in connection with measures of other constructs, including multicultural competence. Internal consistency of the MCSDS, calculated using the Kuder-Richardson formula 20, was found to be .88. The authors report a test-retest correlation of .89 for the scale (Crowne & Marlowe, 1960).

Procedure

When participants clicked the link to the study website, they were presented with the informed consent form (see appendix A). Participants were informed that clicking the link at the bottom of the page to begin the study would be accepted as their consent to participate. They were randomly assigned to either form A or form B when they clicked the “Take me to the study” button by means of a randomization process built into the online survey. Form A included the European American versions of the 4 between-subjects vignettes (Items 1, 6, 11, & 16). Form B included the African American version of the 4 between-subjects vignettes (Items 1, 6, 11, & 16). No other differences exist between Form A and Form B.
Participants were asked to complete a demographic questionnaire which included questions about their gender, ethnicity, current occupation, years of experience working with children and whether or not they are currently involved in making decisions about child abuse/neglect. Before being presented with the first vignette, participants were instructed as follows:

The following statements were taken from real child abuse or neglect report summaries. Following each statement, you will be asked to respond to three items regarding your initial appraisal of the situation. Please read each statement carefully and respond to each item to the best of your professional ability based on the limited information provided.

For each vignette, participants were asked to read the information and complete the appraisal rating questions. One vignette and the three appraisal rating questions appeared together on each page (i.e., screen). (Both versions of the form included in Appendix A).

Once participants read all vignettes and recorded their ratings, they were asked to complete the MCI and the Marlowe-Crown Social Desirability Scale. Upon completion of all measures, participants were presented with a debriefing form informing them of the complete purpose of the study (see appendix A for debriefing form). At that point, participants were asked to indicate (by way of a button on the webpage) that they had read and understood the debriefing. They were also given the opportunity to indicate if they did not want their data to be used in the final analyses. At that point, participants could submit their responses. Clicking submit simultaneously uploaded their responses to a database and navigated participants to a page that thanked them for their participation, presented links to numerous online resources and a feedback form asking them about their experience as a participant in the study and offering a chance to include any written feedback they wished. Responses to the feedback form were not linked in any way to responses from the survey.
CHAPTER 3
RESULTS

Before any analyses were run, ratings from the vignettes were summed to form specific indices. Specifically, ratings on the question regarding substantiation agreement from the four between subjects vignettes (Items 1, 6, 11, & 16) were summed to form the Combined Substantiation Index (Cronbach’s alpha = .43, Spearman-Brown = .42). Similarly, a Combined Risk Index (Cronbach’s alpha = .52, Spearman-Brown = .55) and Combined Intervention Index (Cronbach’s alpha = .43, Spearman-Brown = .49) was formed. All subsequent data exploration and analyses were conducted using SPSS 11.5. All relevant variables were examined for normality by examining histograms and skewness and kurtosis statistics. Other than evidence of mild kurtosis ($z_{kurtosis} = 2.22$) in the distribution of the Combined Substantiation Index, all other variables appeared to be normally distributed.

Means, standard deviations, and correlation coefficients for all relevant variables are provided in Table 3-1 (below). The mean score on the MCI provided by the graduate students and caseworkers ($M = 121.65$, $SD = 11.66$) is roughly equivalent to the mean scores on the MCI provided in previous literature for graduate students and other professionals ($M = 122.73$, $SD = 12.09$) (Worthington, Mobley, Franks, & Tan, 2000; also see Bellini, 2003). The mean score on the MCI for undergraduates ($M = 113.55$, $SD = 11.28$) was significantly lower ($t(219) = 4.70$, $p < .001$) than the mean score for graduate students and caseworkers (no mean scores on the MCI Total Scale for undergraduates could be located in the literature). This is to be expected considering the lack of multicultural coursework and training provided at the undergraduate level.

In order to test Hypothesis 1, variables were entered into a MANOVA to test for main effects of race of the child (i.e., European American or African American) on all three appraisal
ratings. A MANOVA was chosen because the dependent variables (i.e., Combined Substantiation, Combined Risk, and Combined Intervention) are interrelated (Pearson Correlations of .524, .634, and .657, \( p < .001 \)). Levene’s Test for equality of variances was non-significant \( (p > .05) \) for all DV’s suggesting that the main effects can be interpreted with confidence.

Table 3-2 (below) provides the results of the MANOVA showing a main effect for race of the child on ratings of Risk \( (F(1,218) = 4.55, p < .05) \) and on ratings of Intervention \( (F(1,218) = 3.31, p < .05) \). This suggests that participants perceived higher levels of risk and recommended more severe (i.e., intrusive) interventions when the child depicted in the vignette was African American (mean rating of risk = 5.74; mean rating of intervention = 4.44) than when the child was European American (mean rating of risk = 5.54; mean rating of intervention = 4.26). The main effect of race of the child on ratings of Substantiation \( (F(1,218) = .930, p = .168) \) was non-significant. (Mean African American rating of substantiation = 3.51; Mean European American rating of substantiation = 3.47) These results provide partial confirmation for Hypothesis 1 and lend credence to the experimental manipulation of race in case vignettes as a useful tool in examining decision-making bias.

In order to test Hypothesis 2, three separate hierarchical regression analyses were conducted. The three combined rating indices (Substantiation, Risk, and Intervention) were entered as dependent variables and social desirability (operationalized as scores on the MCSDS) and multicultural competence (operationalized as the MCI total-scale score) were entered stepwise as independent variables. Table 3-3 (below) provides the results of each of the appraisal rating indices regressed upon multicultural competence (results of rating indices regressed upon social desirability not shown). After controlling for social desirability,
multicultural competence was a significant predictor of mean ratings of substantiation ($t(219) = 2.43, p = .016, b = .019$), mean ratings of risk ($t(219) = 2.08, p = .039, b = .034$), and mean ratings of intervention ($t(219) = 2.79, p = .006, b = .047$). These results fully support Hypothesis 2. Specifically, the results suggest that higher levels of multicultural competence significantly predict higher ratings on each of the rating indices. The regression models explain small amounts of variance however, ($r^2 = .033, r^2 = .020,$ and $r^2 = .036$ respectively) according to Cohen’s standards for effect sizes in regression analyses; although virtually all of the variance in the model is accounted for by multicultural competence ($r^2 = .026, r^2 = .020,$ and $r^2 = .035$ respectively).

If the possibility of family-wise error by running three regression analyses is taken into account, the Bonferroni adjusted p-value for significance would become $p \leq .016$. Thus, the relationship between multicultural competence and Substantiation would still be significant ($p = .016$), as would be the relationship between multicultural competence and ratings of Intervention ($p = .006$). However, the relationship between multicultural competence and ratings of Risk would no longer be significant ($p = .039$).

The final stage in these analyses was to check assumptions of the model(s). Collinearity statistics, based on tolerance and VIF suggest that the assumption of collinearity is not violated in any of the models. Durban-Watson was used to check whether residuals in the model are independent. Field (2000) suggests that Durban-Watson values less than 1 or greater than 3 are cause for concern. Durban-Watson values for the regression models used to test hypothesis 2 were all between 1.84 and 1.90 suggesting that residuals in each model are independent. Scatterplots of residuals were examined for possible heteroscedasticity and linearity. No
indication of heteroscedasticity or non-linearity was evident in any of the models suggesting that the assumptions of homoscedasticity and linearity in the data have been met.

In order to test Hypothesis 3 regarding moderating effects, methods reported by Baron and Kenny (1986) were utilized. They suggest running regression analyses and using the resulting b-weights rather than correlation coefficients to test for differences because “regression coefficients are not affected by differences in the variances of the independent variable or differences in measurement error of the dependent variable.” (p. 1175). Therefore, two separate hierarchical regression analyses were run for each appraisal rating (i.e., substantiation agreement, level of perceived risk, and recommended intervention.

In the first analysis of each rating, the mean score on the African American (Substantiation) index was the dependent variable and social desirability and multicultural competence were entered hierarchically as predictors. The resulting b-weight of multicultural competence on the African American Substantiation index was \( b = .016 \). The second analysis included the European American (Substantiation) index as the dependent variable and social desirability and multicultural competence as predictors. The resulting b-weight of multicultural competence on the European American index was \( b = .021 \). A \( z \) test was performed to test for a difference between the two b-weights of the independent variable (MCI full-scale score). A significant difference in the b-weights would be evidence of the moderating effects of race of the child presented in the vignette on multicultural competence as a predictor of appraisal ratings.

As recommended by Paternoster, Brame, Mazerolle, and Piquero (1998) a more conservative denominator was used in the equation for the \( z \) statistic, thereby reducing the chances of rejecting the null when there truly is no difference between the two b-weights (see equation below).

\[
Z = \frac{b_1 - b_2}{\sqrt{SE_{b_1}^2 + SE_{b_2}^2}}
\]
Table 3-4 (below) shows the unstandardized coefficients resulting from the hierarchical regression analyses of the three appraisal ratings on multicultural competence as well as the z-statistic for the test of moderation of race of the child upon the relationship between multicultural competence and appraisal ratings. For the test of the moderation effects of race of the child on the relationship between multicultural competence and ratings of substantiation agreement, the resulting z-statistic \( z = .33 \) is not significant. These findings do not provide support for the hypothesis that the race of the child moderates the relationship between multicultural competence and levels of substantiation agreement. This procedure was repeated to examine ratings regarding level of risk and recommended intervention. The resulting z-statistics for level of perceived risk \( z = .09 \) and recommended intervention \( z = .30 \) were non-significant as well, suggesting that race of the child depicted in the vignette did not moderate the relationship between multicultural competence and appraisal ratings. In addition, when the rating indices were regressed upon multicultural competence separately for the European American version and the African American version, multicultural competence was found to only be a significant predictor of ratings of Intervention when a European American child was depicted in the vignette.

The lack of a significant relationship between multicultural competence and the race-specific rating indices, and subsequent lack of support for hypothesis 3 could be due to the smaller sample size garnered in this study. Our initial thought that future studies utilizing larger sample sizes may be successful in finding support for the moderation effect described in hypothesis 3. Using G*Power, the effect sizes for the African American and European American Intervention indices were entered to estimate the sample size needed to find a significant relationship in a regression model with two predictors at a power of 0.80. The results suggest
that a sample size of 480 (total) participants should provide the power needed to find a
significant relationship between multicultural competence and both the African American and
European American Intervention indices. However, when the product term for the interaction
effect of multicultural competence and race of the child is entered into the regression equation,
the resulting (orthogonalized) effect size of the interaction is extremely small by Cohen’s
standards ($r^2$ added = .002) and G*Power estimates that nearly 4000 participants would be
needed to find a significant moderation effect of race of the child on the relationship between
multicultural competence and appraisal ratings of intervention! Thus, it seems that a true
moderation effect of race of the child on the relationship between multicultural competence and
ratings of (in this case) Intervention is highly unlikely.

Table 3-1. Means, standard deviations, and correlations among variables (N = 220)

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MCI Total Score</td>
<td>.295</td>
<td>.132</td>
<td>.138*</td>
<td>.167*</td>
<td></td>
</tr>
<tr>
<td>2. Social Desirability</td>
<td></td>
<td>-.080</td>
<td>.015</td>
<td></td>
<td>-.037</td>
</tr>
<tr>
<td>3. Combined Substantiation Index</td>
<td></td>
<td></td>
<td>.657**</td>
<td>.524**</td>
<td></td>
</tr>
<tr>
<td>4. Combined Risk Index</td>
<td></td>
<td></td>
<td></td>
<td>.634**</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>115.87</td>
<td>16.18</td>
<td>3.49</td>
<td>5.64</td>
<td>4.53</td>
</tr>
<tr>
<td>SD</td>
<td>12.10</td>
<td>5.16</td>
<td>.33</td>
<td>.70</td>
<td>.72</td>
</tr>
</tbody>
</table>

* p < .05. ** p < .01
Table 3-2. Results of MANOVA with combined rating indices as DV’s and version (race of the child depicted) as IV

<table>
<thead>
<tr>
<th>Index</th>
<th>SS&lt;sub&gt;x&lt;/sub&gt;</th>
<th>df</th>
<th>F</th>
<th>p</th>
<th>SS&lt;sub&gt;T&lt;/sub&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Substantiation</td>
<td>1.624</td>
<td>1</td>
<td>.930</td>
<td>.168</td>
<td>382.450</td>
</tr>
<tr>
<td>Combined Risk</td>
<td>35.312</td>
<td>1</td>
<td>4.548*</td>
<td>.017*</td>
<td>1727.977</td>
</tr>
<tr>
<td>Combined Intervention</td>
<td>27.522</td>
<td>1</td>
<td>3.312*</td>
<td>.035*</td>
<td>1838.995</td>
</tr>
</tbody>
</table>

p < .05.

Table 3-3. Summary of hierarchical regression analysis of appraisal rating indices on multicultural competence

<table>
<thead>
<tr>
<th>Index</th>
<th>B</th>
<th>SE</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Substantiation</td>
<td>.019</td>
<td>.008</td>
<td>.170</td>
<td>2.43*</td>
<td>.016</td>
</tr>
<tr>
<td>Constant</td>
<td>12.338</td>
<td>.850</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Combined Risk</td>
<td>.034</td>
<td>.016</td>
<td>.146</td>
<td>2.08*</td>
<td>.039</td>
</tr>
<tr>
<td>Constant</td>
<td>18.889</td>
<td>1.819</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Combined Intervention</td>
<td>.047</td>
<td>.017</td>
<td>.195</td>
<td>2.79**</td>
<td>.006</td>
</tr>
<tr>
<td>Constant</td>
<td>12.857</td>
<td>1.861</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

* p < .05.          ** p < .01
Table 3-4. Summary of hierarchical regression analyses of multicultural competence on african american and european american appraisal rating indices and Z-statistics of race of the child as a moderator

<table>
<thead>
<tr>
<th>Index</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>Df</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American Substantiation</td>
<td>.016</td>
<td>.010</td>
<td>.153</td>
<td>1.544</td>
<td>108</td>
<td></td>
</tr>
<tr>
<td>European American Substantiation</td>
<td>.021</td>
<td>.011</td>
<td>.182</td>
<td>1.832</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>Test of Moderation</td>
<td></td>
<td></td>
<td></td>
<td>0.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American Risk</td>
<td>.031</td>
<td>.020</td>
<td>.152</td>
<td>1.532</td>
<td>108</td>
<td></td>
</tr>
<tr>
<td>European American Risk</td>
<td>.034</td>
<td>.026</td>
<td>.130</td>
<td>1.310</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>Test of Moderation</td>
<td></td>
<td></td>
<td></td>
<td>0.09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American Intervention</td>
<td>.040</td>
<td>.022</td>
<td>.182</td>
<td>1.828</td>
<td>108</td>
<td></td>
</tr>
<tr>
<td>European American Intervention</td>
<td>.050</td>
<td>.025</td>
<td>.197</td>
<td>1.982</td>
<td>110</td>
<td></td>
</tr>
<tr>
<td>Test of Moderation</td>
<td></td>
<td></td>
<td></td>
<td>0.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 4
DISCUSSION

This study was to serve as an initial investigation into the relationships between race of the child, multicultural competence, and decision-making bias in the child protective services context. Previous successful use of short case vignettes are presented in the literature (Shapira & Benbenishty, 1993; Giovanna & Bacerra, 1979; Roberts, 2002), however no evidence exists in the literature of using these short vignettes to draw out biases based on race. This study aimed to further develop the use of case vignettes in child welfare research. By having participants randomly assigned to complete either a version with the target vignettes depicting European American children or a version using the identical target items depicting African American children, differences in mean ratings of the vignettes that could be directly attributed to the experimental manipulation of race of the child could be investigated.

In the sample of data used in the current study, it appears that when making decisions about perceived levels of risk and recommended levels of intervention in the child protective context, the race of the child presented in the vignette did make a difference. When the child presented in the vignette was African American, ratings of risk and recommended intervention were higher than when the child presented in the vignette was European American. This finding provides experimental support to previous investigations using field data (Eckenrode, Powers, Doris, Munsch, and Bolger, 1988; and Lamb, 1979; NIS-3, 1993) and qualitative data (Chibnall, Dutch, Jones-Harden, Brown, and Gourdine, 2003) that suggest the racial biases do impact child protective service provision.

As an initial investigation into the relationship between multicultural competence and decisions made in the context of child protective service investigations, this study offers support for the consideration of multicultural competence as a valid construct in examining such
decisions. It is unclear what aspect of the decision-making process multicultural competence is
tapping and it is uncertain if the MCI is the best measure to use in such investigations. Answers
to these questions may be useful in guiding future research.

Although Hypothesis 2 was supported by the results of the regression analyses, neither
theory nor past research suggests an explanation for the positive relationship between
multicultural competence and severity of appraisals. Perhaps those with more multicultural
competence are more globally aware of the inherent dangers presented to a child in any given
situation compared to those who are less multiculturally competent. Or perhaps the distribution
of demographic variables in this sample had an unexpected impact on the results.

**Current Limitations**

Currently there are various limitations to the study. For one, multicultural competence was
measured using a self-report instrument. This is a limitation because a self-report measure is
designed to capture perceived levels of multicultural competence and it is unknown how well
perceived multicultural competence reflects how one’s level of multicultural competence may
impact his/her performance. Unfortunately, self-report measures are the only measures of
multicultural competence currently available.

Undergraduate students made up the majority (71%) of the sample in this study. Initially,
this is troublesome on a research design level. Perhaps the variability in scores on the outcome
variables is due to utilizing a sample that has not had any training or experience in making
decisions related to child welfare investigations. Nonetheless, outcome measures of risk and
intervention were still significantly higher, at the $p < .05$ level, for vignettes depicting African
American children than for vignettes depicting European American children, even when
undergraduate vs. graduate/professional status was controlled for by entering it as a covariate.
The same level of support was found for hypothesis 2 when controlling for undergraduate vs.
graduate/professional status. However, the undergraduate status of the majority of the sample may have an impact on how well the sample represents the population of interest. Undergraduate students in the psychology research pool may or may not be studying psychology or any related social science field. The inclusion of students who are not social science majors might decrease the probability that the majority of the sample has any interest in, or any awareness of, making child welfare-related decisions. Thus, the question could be raised as to whether the results from the current sample are representative of the population of people who might be expected to make child welfare-related decisions.

The exploratory nature of the study limits both the scope and focus of questions asked. Moreover, the model used to examining child protective investigation outcomes is underspecified. Exploratory analyses on the data may lead to suggestions for a more specified model to be tested in future research. But this is beyond the scope of the current paper.

Despite the apparent success of using these case vignettes in this study, the ecological validity of making determinations of actual child abuse/neglect, risk, and intervention based upon the case vignettes is open to debate. Although similar case vignettes have been utilized in past research (Giovanna & Bacerra, 1979; Shapira & Benbenishty, 1993), feedback from participants suggested that in many instances, a determination would not be based upon such a limited amount of information.

The online nature of the study may pose another limitation. Although both the survey and the resulting data were housed on a secure server, there were no safeguards in place to ensure that each participant only completed the survey one time. A participant could, if he/she chose, complete the survey numerous times and if such a person had a specific agenda in mind, this could alter the results. There is no indication and the researcher has no reason to believe that this
posed a true limitation of this study. The length of time necessary to complete the survey and the lack of compensation for participants make numerous submissions of survey responses unlikely. It is also possible that a participant could change his/her answers to any of the appraisal rating questions after he/she became aware of or completed the section measuring multicultural competence. However, due to the between subjects nature of the design, it seems unlikely that a participant would be aware of which specific items to change.

A potential limitation of the data itself may be the presence of outliers. A brief look at scatterplots of the data suggests that there are low ratings on each of the indices (the substantiation index in particular) that may be considered outliers and may be having a negative effect on our data analyses. Currently, data from all participants who completed the entire survey were included in our analyses. A closer examination of the data utilizing casewise diagnostics may offer substantial statistical reasons to eliminate these scores from our analyses. Specifically, a close look at the standardized residuals of our regression analyses and utilization of Cook’s Distance values can offer information regarding the impact these potential outliers may be having on our analyses. A quick look at the scatterplots suggest that these outliers may have high discrepancy and moderate leverage with which to disrupt our results.

A final limitation to be discussed in this paper is a limitation related to the specific measure of multicultural competence used in this study. Although the MCI has been reported to be a valid instrument in previous literature, because the MCI had to be used in it’s original form and could not be altered to reflect language relevant to social workers, it is possible that a measure of multicultural competence developed specifically in the social work or child welfare field, or a measure adapted to reflect language relevant to social workers might be more useful and tap into competencies which could explain more variance in our models of analyses.
On a related theoretical level, a question of what is truly being measured by the MCI and MCSDS must be raised. Multicultural Competence is a somewhat ambiguous concept and it is therefore difficult to ascertain whether the MCI is accurately capturing aspects of working with people from diverse cultures that are important in making decisions about child abuse/neglect. Other constructs may more accurately reflect culturally-related aspects of child welfare investigation. For example, Racial Identity is a construct that has received moderate coverage in the literature. Utilizing the concept of racial identity may allow for more flexibility when examining the role of ethnicity in child welfare-related decisions. White Racial Identity has been found to clearly be differentially related to racism in such as way that different racial identity schema profiles relate to racism in different ways (Carter, Helms, & Juby, 2004). Perhaps examining racial bias in decision making could benefit from utilizing the construct of racial identity as opposed to multicultural competence.

The method of controlling for social desirability in this study is also potentially problematic. Although a standard of measure social desirability was used in this study, the appropriateness of the MCSDS is unclear. One might argue that social desirability is adaptive to different generations. Thus, the measurement of social desirability must be continually redefined and recreated; which has not been sufficiently illustrated in the literature. Sodowsky (1996) argued the general construct of social desirability might not be useful when studying multicultural competence. Perhaps there is a different type of social desirability in relation to multicultural competence.

**Recommendations for Future Research**

The results of this study lend promise to the value of future research in this area. Utilizing the case vignettes in an experimental design fashion appeared to be successful. Thus, future
research may benefit from utilizing case vignettes in such a way; particularly to investigate
differential decisions based on specific demographic characteristics presented in the vignettes.

It appears that multicultural competence may be a valid construct in examining decisions
made in the context of child abuse/neglect services provision. However, as noted above, it is
recommended that future studies examining this issue utilize either an adapted measure that
reflects language relevant to social workers or a measure developed specifically based upon
multicultural competencies related to child welfare services. At this time, it does not appear that
measures exist that would be in line with this recommendation. Future research may also benefit
from utilizing different theoretical constructs in explaining the variance in scores of child welfare
investigation outcome measures.

Future research in this area may also benefit from more effective recruitment methods
aimed at accessing a larger sample of graduate students of social work and current child welfare
caseworkers. There appears to be a different pattern of results among these groups based upon
initial eyeballing of the appraisal rating means from these groups. Higher numbers of
participants could also increase the power of future studies to find significant effects.

A final suggestion for future research is a direct result of feedback from participants of this
study and other professionals who were consulted while the study was active. It is suggested that
racial biases and multicultural competence may play a larger role in the treatment phase of the
child welfare process. Some professionals noted that abuse/neglect investigation decisions are
driven more by state and federal laws than by individual judgments and decisions. Perhaps
individual judgments and decisions, and therefore racial bias and multicultural competence, have
a greater impact when it comes to treatment and resource allocation decisions than substantiation
and risk decisions. This idea was partially supported by the results of this study in considering
that significant impacts of multicultural competence and race were seen more when it came to appraisals of recommended intervention than substantiation and risk appraisals. Future research might benefit from a focus on the treatment and resource allocation phase of the child welfare service process rather than the investigative and substantiation phase of the process.

**Implications**

Due to the exploratory nature of this study and the first step this study has taken to investigate the relationships between race of the child, multicultural competence of the worker, and decisions made in the context of child welfare service provision, any implications discussed are tentative and should be further explored with future research.

One implication of the findings of this study is that racial bias in making decisions about child abuse/neglect appears to be a robust effect. When case vignettes presented on a computer screen can elicit differential decisions based upon the race of the child presented in the vignette, it may be reasonable to think that real-world situations in which a worker is confronted with racial differences may have a similar, if not greater impact on his/her perceptions, thereby leading to bias in the provision of services.

Regarding the use of the multicultural competence construct, the results of this study seem to provide the impetus to apply this construct to future investigations of child welfare and other social work processes. Newly created measures incorporating specific competencies relevant to social work are missing from the current literature and the results of this study may provide additional support for the viability and usefulness of creating such measures.
APPENDIX
FORMS AND MEASURES

Informed Consent

Protocol Title: Child Protective Decisions Based on Limited Information

Please read this consent document carefully before you decide to participate in this study.

Purpose of the research study:

The purpose of this study is to examine decisions made in the child protective services context based on limited amounts of information.

What you will be asked to do in this study:

You will be asked to read a series of twenty statements from separate case report summaries and make three separate ratings based on the information provided in each statement. Once you have read all twenty statements and provided ratings for each, you will be asked to respond to a number of items based on the extent to which you believe the item is a reflection of you. Some of the items ask you to respond with either “true” or “false” and some of the items ask you to respond by rating how accurate the item is as it relates to you as a professional on a 4-point scale.

Time required:

Approximately 45 minutes

Risks and Benefits:

There are no anticipated risks to participating in this study. Anticipated benefits are minimal, but you may gain an increased awareness of your own decision making style in instances of limited information.

Compensation:

You will not be compensated for your participation in this study.

Confidentiality:

All information provided in this study will be completely anonymous. You will not be asked to provide any identifying information, nor will your location or internet address be tracked while you are participating in the study. No attempts will be made to identify you in any way.
**Voluntary participation:**

Participation in this study is completely voluntary. There is no penalty for not participating.

**Right to withdrawal from the study:**

You have the right to discontinue participation in the study at any time, for any reason, without consequence.

**Whom to contact if you have questions about the study:**

Michael N. Ghali, Graduate Student, Department of Psychology (Counseling) University of Florida, Gainesville, FL 32611

**Whom to contact about your rights as a research participant in the study:**

UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250;

ph 392-0433.

**Agreement:**

By checking the box below, you agree that you have read the procedure described above and voluntarily agree to participate in the study. If you do not agree, please select the “Quit” button below and this window in your web browser will be closed. If you do agree to participate, please check the box marked “I agree” below, print this page for your records, and select the “Continue” button.
Vignettes: Form A

The following statements were taken from child abuse or neglect report summaries. Following each statement, you will be asked to respond to three items regarding your initial appraisal of the situation. Please read each statement carefully and respond to each item to the best of your professional ability based on the information provided.

(Bold items will be used as between subjects items)

1. An 8 year old European American girl was brought to the hospital three times for being underweight. Each time the child gained weight during the hospital stay. Upon return home, the child lost weight again.

2. A 12 year old Hispanic American boy was struck by his parent with a wooden stick. The child suffered a concussion.

3. The parents of an 8 year old European American boy ignored their child’s complaint of an earache and chronic ear drainage. The child was found to have a serious infection and damage to the inner ear.

4. A 12 year old African American girl was regularly left home alone all night.

5. The parents of an Asian American child regularly fail to feed their 8 year old for periods of at least 24 hours. The young girl was hospitalized for six weeks for being seriously underweight.

6. The parents of a 12 year old European American girl have repeatedly failed to keep medical appointments for their child. The child has a congenital heart defect.

7. The parents of a 12 year old Asian American boy regularly leave their child with their neighbors, without knowing who would assume responsibility and be in charge. On one occasion, the child was seen at a store four blocks away.

8. The parents of a 12 year old Hispanic American girl have not given their child medication prescribed by a physician. The child has a throat infection.

9. The parents of an 8 year old Hispanic American boy regularly leave the child alone inside the house after dark. Often, they do not return until midnight. On one occasion, the child started a small fire.

10. A 12 year old European American child is not given any healthcare by her parents. The child complains of physical ailments.

11. The parent of a 12 year old European American girl hit the child in the face, striking her with the fist. The child suffered a black eye and a cut lip.
12. The parent of a 12 year old African American boy banged the child against the wall while shaking him by the shoulders. The child suffered large bruises.

13. The parents of an 8 year old Hispanic American child fail to prepare regular meals for her. The child often has to fix her own supper.

14. The parents usually punish their 12 year old European American boy by spanking him with a leather strap, leaving red marks on the child’s skin.

15. On several occasions, an 8 year old African American boy was left with his grandmother for periods of time up to ten days without providing any means of contacting the parents. The child became ill during the most recent instance.

16. An 8 year old European American boy was burned on the chest and buttocks with a cigarette by a parent. The child has second degree burns.

17. A 12 year old Asian American boy is regularly left alone outside during the day until almost dark. Neighbors have spotted the child wandering five blocks from home.

18. The parents of an 8 year old European American girl feed only milk to the child. The child has an iron deficiency.

19. An 8 year old Asian American girl was immersed in a tub of hot water. The child suffered second-degree burns.

20. The parents of an 8 year old African American boy regularly leave the child alone inside the house during the day. Often, they did not return home until almost dark. On one occasion, the parents returned home to find broken glass on the floor.
Vignettes: Form B

The following statements were taken from child abuse or neglect report summaries. Following each statement, you will be asked to respond to three items regarding your initial appraisal of the situation. Please read each statement carefully and respond to each item to the best of your professional ability based on the information provided.

(Bold items will be used as between subjects items)

1. An 8 year old African American girl was brought to the hospital three times for being underweight. Each time the child gained weight during the hospital stay. Upon return home, the child lost weight again.

2. A 12 year old Hispanic American boy was struck by his parent with a wooden stick. The child suffered a concussion.

3. The parents of an 8 year old European American boy ignored their child’s complaint of an earache and chronic ear drainage. The child was found to have a serious infection and damage to the inner ear.

4. A 12 year old African American girl was regularly left home alone all night.

5. The parents of an Asian American child regularly fail to feed their 8 year old for periods of at least 24 hours. The young girl was hospitalized for six weeks for being seriously underweight.

6. The parents of a 12 year old African American girl have repeatedly failed to keep medical appointments for their child. The child has a congenital heart defect.

7. The parents of a 12 year old Asian American boy regularly leave their child with their neighbors, without knowing who would assume responsibility and be in charge. On one occasion, the child was seen at a store four blocks away.

8. The parents of a 12 year old Hispanic American girl have not given their child medication prescribed by a physician. The child has a throat infection.

9. The parents of an 8 year old Hispanic American boy regularly leave the child alone inside the house after dark. Often, they do not return until midnight. On one occasion, the child started a small fire.

10. A 12 year old European American child is not given any healthcare by her parents. The child complains of physical ailments.

11. The parent of a 12 year old African American girl hit the child in the face, striking her with the fist. The child suffered a black eye and a cut lip.
12. The parent of a 12 year old African American boy banged the child against the wall while shaking him by the shoulders. The child suffered large bruises.

13. The parents of an 8 year old Hispanic American child fail to prepare regular meals for her. The child often has to fix her own supper.

14. The parents usually punish their 12 year old European American boy by spanking him with a leather strap, leaving red marks on the child’s skin.

15. On several occasions, an 8 year old African American boy was left with his grandmother for periods of time up to ten days without providing any means of contacting the parents. The child became ill during the most recent instance.

16. An 8 year old African American boy was burned on the chest and buttocks with a cigarette by a parent. The child has second degree burns.

17. A 12 year old Asian American boy is regularly left alone outside during the day until almost dark. Neighbors have spotted the child wandering five blocks from home.

18. The parents of an 8 year old European American girl feed only milk to the child. The child has an iron deficiency.

19. An 8 year old Asian American girl was immersed in a tub of hot water. The child suffered second-degree burns.

20. The parents of an 8 year old African American boy regularly leave the child alone inside the house during the day. Often, they did not return home until almost dark. On one occasion, the parents returned home to find broken glass on the floor.
Appraisal Rating Questions

To what extent do you agree that the information provided in the preceding case summary is evidence of actual child abuse or neglect?

___ 1. Strongly disagree
___ 2. Disagree
___ 3. Agree
___ 4. Strongly agree

In your best professional opinion, based on information given in the preceding case summary, please rate the degree to which you believe this child to be at risk:

___ 1. No risk
___ 2. Low risk
___ 3. Some risk
___ 4. Intermediate level of risk
___ 5. High risk
___ 6. Very high risk
___ 7. Extreme risk

In your best professional opinion, based on the information in the preceding case summary, please choose ONE of the following options for intervention below:

___ 1. No further intervention.
___ 2. Indirect intervention through professionals already in contact with the family.
___ 3. Direct intervention with this family without removing the child from the home.
___ 4. Direct intervention with the family, place the child in “day placement” until the evening.
5. Removal of the child from the home for an extended period of time, with the parents’ agreement, while continuing to work with the family.

6. Removal of the child from the home for an extended period of time, even without the parents’ agreement (with court order, if necessary), while continuing to work with the family.
Multicultural Counseling Inventory (MCI)

The following statements cover counselor practices in multicultural counseling. Indicate how accurately each statement describes you as a counselor, psychologist, or student in a mental health training program when working in a multicultural counseling situation. Give ratings that you actually believe to be true rather than those you wish were true.

The scale ranges from 1 (very inaccurate) to 4 (very accurate). The scale indicates the following:

1 – very inaccurate
2 – somewhat inaccurate
3 – somewhat accurate
4 – very accurate

When working with minority clients...

1. I perceive that my race causes the clients to mistrust me.
2. I have feelings of overcompensation, oversolicitation, and guilt that I do not have when working with majority clients.
3. I am confident that my conceptualization of client problems does not consist of stereotypes and value-oriented biases.
4. I find that differences between my worldviews and those of the clients impede the counseling process.
5. I have difficulties communicating with clients who use a perceptual, reasoning, or decision-making style that is different from mine.
6. I include the facts of age, gender roles, and socioeconomic status in my understanding of different minority cultures.
7. I use innovating concepts and treatment methods.
8. I manifest an outlook on life that is best described as “world-minded” or pluralistic.
9. I examine my own cultural biases.
10. I tend to compare client behaviors with those of majority group members.
11. I keep in mind research findings about minority clients’ preferences in counseling.
12. I know what are the changing practices, views, and interests of people at the present time.

13. I consider the range of behaviors, values, and individual differences within a minority group.

14. I make referrals or seek consultations based on the clients’ minority identity development.

15. I feel my confidence is shaken by the self-examination of my personal limitations.

16. I monitor and correct my defensiveness (e.g., anxiety, denial, anger, fear, minimizing, overconfidence).

17. I apply the sociopolitical history of the clients’ respective minority groups to understand them better.

18. I am successful at seeing 50% of the clients more than once, not including intake.

19. I experience discomfort because of the clients’ different physical appearance, color, dress, or socioeconomic status.

20. I am able to quickly recognize and recover from cultural mistakes or misunderstandings.

21. I use several methods of assessment (including free response questions, observations, and varied sources of information and excluding standardized tests).

22. I have experience at solving problems in unfamiliar settings.

23. I learn about clients’ different ways of acculturation to the dominant society to understand the clients better.

24. I understand my own philosophical preferences.

25. I have a working understanding of certain cultures (including African American, Native American, Hispanic, Asian American, new Third World immigrants, and international students.

26. I am able to distinguish between those who need brief, problem-solving, structured therapy and those who need long-term, process-oriented, unstructured therapy.

27. When working with international students or immigrants, I understand the importance of the legalities of visa, passport, green card, and naturalization.

**Evaluate the degree to which the following multicultural statements can be applied to you.**

28. My professional or collegial interactions with minority individuals are extensive.
29. In the past year, I have had a 50% increase in my multicultural case load.

30. I enjoy multicultural interactions as much as interactions with people of my own color.

31. I am involved in advocacy efforts against institutional barriers in mental health services for minority clients (e.g., lack of bilingual staff, multiculturally skilled counselors, minority professional leadership, and outpatient counseling facilities).

32. I am familiar with nonstandard English.

33. My life experiences with minority individuals are extensive (e.g., via ethinically integrated neighborhoods, marriage, and friendship).

34. In order to be able to work with minority clients, I frequently seek consultation with multicultural experts and attend multicultural workshops or training sessions.

**When working with all clients...**

35. I am effective at crisis interventions (e.g., suicide attempt, tragedy, broken relationship).

36. I use varied counseling techniques and skills.

37. I am able to be concise and to the point when reflecting, clarifying, and probing.

38. I am comfortable with exploring sexual issues.

39. I am skilled at getting a client to be specific in defining and clarifying problems.

40. I make my nonverbal and verbal responses congruent.
The Marlowe-Crowne Social Desirability Scale

Personal Reaction Inventory

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is True or False as it pertains to you personally.

1. Before voting I thoroughly investigate the qualifications of all the candidates. (T)
2. I never hesitate to go out of my way to help someone in trouble. (T)
3. It is sometimes hard for me to go on with my work, if I am not encouraged. (F)
4. I have never intensely disliked anyone. (T)
5. On occasion I have had doubts about my ability to succeed in life. (F)
6. I sometimes feel resentful when I don't get my way. (F)
7. I am always careful about my manner of dress. (T)
8. My table manners at home are as good as when I eat out in a restaurant. (T)
9. If I could get into a movie without paying and be sure I was not seen, I would probably do it. (F)
10. On a few occasions, I have given up doing something because I thought too little of my ability. (F)
11. I like to gossip at times. (F)
12. There have been times when I felt like rebelling against people in authority even though I knew they were right. (F)
13. No matter who I'm talking to, I'm always a good listener. (T)
14. I can remember "playing sick" to get out of something. (F)
15. There have been occasions when I took advantage of someone. (F)
16. I'm always willing to admit it when I make a mistake. (T)
17. I always try to practice what I preach. (T)
18. I don't find it particularly difficult to get along with loud-mouthed, obnoxious people. (T)
19. I sometimes try to get even rather than forgive and forget. (F)

20. When I don't know something I don't at all mind admitting it. (T)

21. I am always courteous, even to people who are disagreeable. (T)

22. At times I have really insisted on having things my own way. (F)

23. There have been occasions when I felt like smashing things. (F)

24. I would never think of letting someone else be punished for my wrongdoings. (T)

25. I never resent being asked to return a favor. (T)

26. I have never been irked when people expressed ideas very different from my own. (T)

27. I never make a long trip without checking the safety of my car. (T)

28. There have been times when I was quite jealous of the good fortune of others. (F)

29. I have almost never felt the urge to tell someone off. (T)

30. I am sometimes irritated by people who ask favors of me. (F)

31. I have never felt that I was punished without cause. (T)

32. I sometimes think when people have a mistfortune they only got what they deserved. (F)

33. I have never deliberately said something that hurt someone's feelings. (T)
Debriefing

By now, you may be curious about the questions being addressed in this study. This page will serve to disclose to you the specific aims of this study, ask you to acknowledge that you have been made aware of and understand the aims of this research, and direct you to a page of links that provide additional information about the topic on which this research is focused.

The aim of this study was to examine the relationship between multicultural competence and decision making in the context of child protective services. As populations of countries across the globe become more racially/ethnically diverse, multicultural competence is becoming increasingly important in all areas of human service interaction. In the present study, we were interested in examining the relationship between multicultural competence and the assessment and intervention recommendations made by individuals who work with children and families from diverse racial and ethnic backgrounds. We hope to draw on this research to help develop and improve training programs aimed at enhancing multicultural competence among caseworkers and others who work with children and families who may become involved in the child welfare system.

Fulfilling the aims of this research requires that the exact nature of the research aims, and focus of the study, not be disclosed until after participants have completed the survey. Your answers to all survey items remain completely anonymous and individual responses cannot be linked to you in any way.

In a moment, you will be directed to a page that includes various links to websites which can provide information, training, and further links regarding multicultural competence, as well as a short questionnaire regarding your experience with participating in this study. Utilization (or non-utilization) of the links provided and feedback questions cannot be linked to answers to previous items in this study and remain anonymous.

Please check the box or sign below to signify that you have read this form and understand the aims of this study and the need for this information to be provided you after you have completed the study.

Whom to contact if you have questions about the study:

The principal investigator for this study can be contacted using the following information:
Michael Ghali M.A.
Doctoral Student in Counseling Psychology
University of Florida
Department of Psychology
Room 114, P.O. Box 112250
Gainesville, FL 32601
Phone: (352) 392-0601
Fax: (352) 392-7985
Email: ghali@ufl.edu

Additional questions can be directed to:

UFIRB Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; ph 392-0433.

I have read the above debriefing form and have been made aware of the full purpose of this research. Any attempts at deception have been disclosed and explained to me and I am aware of whom to contact should I have any questions or concerns regarding the research in which I have participated.

___________________________________    __________________
Signature of participant      Date

Please initial if you would like your data to NOT be used in this study: __________
Feedback Form

Please share your feedback regarding your experience participating in this research study. Your answers are completely anonymous, so please be honest and forward with your responses. Your feedback can help in the design and administration of improved research studies in the future. Completion of this feedback form is optional and will in no way effect your responses to previous items in this study.

1. How would you rate your overall experience as a participant in this research study?
   a. Excellent
   b. Good
   c. Okay
   d. Poor

2. The time required to participate in this study was:
   a. Much too long
   b. Somewhat long
   c. Adequate
   d. Too short

3. Despite the original description of the study, the true aims of the study were:
   a. Absolutely obvious
   b. Not too hard to figure out
   c. Not clear
   d. I had no idea

4. The instructions for participating in the study were:
   a. Very clear and easy to follow
   b. Somewhat clear and easy to follow
   c. At times hard to follow
   d. Not at all clear or easy to follow

5. Disclosing all of the true aims of the study after you completed your participation was:
   a. Completely justified
   b. Probably unnecessary, but it didn’t bother me
   c. Probably necessary, but it bothered me that I was initially deceived
   d. Completely unjustified

6. Please share any other comments you may have about your experience in participating in this study:

__________________________________________________________________
__________________________________________________________________
_______________________________________
REFERENCES


BIOGRAPHICAL SKETCH

Michael Ghali was born in Fort Thomas, KY, in 1975. The second of three children, Michael graduated from Newark High School in Newark, OH, in 1993. During his high school years, he was active on the soccer, swimming, and tennis teams as well as a singer in numerous choruses. Upon acceptance to the University of Missouri—Columbia School of Journalism, Michael moved to Missouri, but quickly realized his career passion for communication would be better served in helping others, rather than simply reporting news.

Michael graduated from Mizzou with a Bachelor of Science degree in psychology in 1997 and spent the next few years working for the Family Counseling Center of Missouri, Inc. as a case manager and program director. During this time, Michael met his future wife, Chris, through some mutual friends, began playing guitar, and participated on numerous city league softball teams.

Satisfied in his chosen field, Michael moved to Colorado with Chris to pursue graduate studies at the University of Northern Colorado. Completion of a two-year program culminated in the award of a Master of Arts degree in community counseling. Immediately following completion of this program, Michael and Chris moved to Florida with the hopes of being closer to family, starting a family of their own, and finding a location for Michael to continue his education.

After providing individual, family, and group counseling services for adolescents and adults, Michael was accepted into the doctoral program in counseling psychology at the University of Florida. He currently resides in Gainesville, FL, with Chris and their 2-year-old son, Jace. Upon completion of a Ph.D., Michael intends to teach undergraduate psychology at a college and pursue private practice working with children and families.