

1996

A client evaluation assessing the effects of psychosocial counseling on a Vietnamese American woman

Hieu T. Tran
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_theses

Recommended Citation

Tran, Hieu T., "A client evaluation assessing the effects of psychosocial counseling on a Vietnamese American woman" (1996). *Master's Theses*. 5283.
DOI: <https://doi.org/10.31979/etd.9gpj-a6xm>
https://scholarworks.sjsu.edu/etd_theses/5283

This Thesis is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Theses by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

Asian
American
Center
Thesis
HVS
1996
.T772

**A CLIENT EVALUATION ASSESSING THE EFFECTS OF
PSYCHOSOCIAL COUNSELING ON A VIETNAMESE AMERICAN WOMAN
AFFECTED BY DOMESTIC VIOLENCE**

**A Special Project Submitted to
The Faculty of the College of Social Work
San Jose State University**

**In Partial Fulfillment
of the Requirements for the Degree of
Masters of Social Work**

by
Hieu T. Tran
Spring, 1996

Asian American Center
Thesis HVS 1996 .T772

Tran, Hieu T.
A client evaluation
assessing the effects of
psychosocial counseling on
Vietnamese American woman

Library San Jose State University

**Prof. Fred Prochaska, Ph.D., M.P.H., M.S.W., Chairperson
Prof. John A. Brown, D.S.W., Faculty Field Liaison
Joan Anderson, L.C.S.W., Field Instructor**

Table of Contents

Chapter	Page
Table of Contents.....	i
Acknowledgments.....	ii
I. Introduction.....	1
II. Context of Services.....	2
III. Description of Target Population.....	6
IV. Theoretical Foundations and Literature Review.....	12
V. Design of the Evaluation Study.....	23
VI. Results.....	29
VII. Discussion.....	31
References.....	35
Faculty Field Liaison & Field Agency’s Approval of Research Project.....	41
List of Figures & Tables	
a. The Index of Self-Esteem (ISE) in English & Vietnamese.....	42
b. The ISE pre-test & post-test score charts and graphs.....	44
c. The Agency’s Organizational Charts.....	46

Acknowledgments

First, I would like to thank the Almighty and Loving God who has created me and guided me in every passage of my life, especially in the difficult ones. Second, I would like to thank the following people who have inspired me, encouraged me, and supported me tremendously throughout my journey of learning: Dr. Armand Sanchez, Dr. John Brown, Dr. Juliette Silva, Dr. Schaffer, Dr. Frank Kushin, Prof. Robert Cotant, Dr. Roland Wagner, Dr. Manuel Fimbres, Pro. Christie Cooper, Prof. Martha Tweed, Dr. Norita Vlach, Prof. Barry Goldman-Hall, and Prof. Keith Thompson. Also, I would like to thank Dr. Fred Prochaska for his invaluable recommendations and consistent support as the research Chair for my project. Moreover, I would like to thank my field placement supervisors Rosemary McGuire (Bill Wilson Center) and Joan Anderson (DFCS) for their wonderful kindness, excellent living examples as genuine social workers, remarkable recommendations, and wholehearted support throughout my entire M.S.W program at SJSU. Also, I would like to thank all my SJSU's classmates, DFCS' colleagues, and close friends for their tremendous support and knowledgeable inputs throughout the past years. In a very special way, I would like to express my sincere gratitude to my dear friend Debra Steiner who spent countless hours in grammatically editing this project. In addition, I would like to thank my God father and teacher Fr. Kenan Osborne, O.F.M for his unconditional support and brilliant guidance during the last seven years.

Last but not least, I would like to thank all of my family members, especially my wife Kim-Phuong, for their unconditional love, wholehearted support, and wonderful perseverance throughout my entire life, especially within the last two years.

I. Introduction

In this study, the effects of psychosocial counseling on a Vietnamese woman affected by domestic violence will be examined. The study employs the techniques of single-subject design to evaluate the results of the implemented treatment. The intervention was completed under the auspices of the Santa Clara County Social Services Agency - Department of Family and Children's Services (DFCS).

The identifying client in the study became a part of the system when she was arrested and charged with three counts of child endangerment and neglect. She has been a victim of domestic violence and gambling addiction. Currently, the client's six children are dependents of the court. They are living in Foster Care provided by their maternal grandmother. The mother is court ordered to participate in the Family Maintenance Program of the Santa Clara County Social Services Agency.

The overall goal of the study is to evaluate the effects of individual and group counseling with the mother. The ultimate goal of the counseling work is to increase the mother's level of self-esteem and to enhance her psychosocial functioning. Consequently, she may be able to provide a safe and healthy living environment for herself and her children. Lastly, this study highlights the need for more research concerning the problem of domestic violence within the Asian communities. Hence, more appropriate interventions are established in order to resolve this problem adequately and effectively.

II. Context of Service

The Santa Clara Social Services Agency administers public assistance, social services and employment related programs governed by federal, state, and county laws and regulations (the Social Security Act of 1935, the California Welfare and Institutions Code, and the Santa Clara County Ordinance Code). Social services and programs are provided by six departments and divisions of the agency as follow: the Department of Income Maintenance, the Department of Family and Children's Services, the Department of Aging and Adult Services, the Department of Public Administrator /Guardian / Conservator, the Department of Employment and Training, and the Finance and Administration Division. The agency also provides whenever possible bilingual and bicultural services. The agency's mission is:

To deliver the highest quality services to all citizens in our community by ensuring equal access and opportunity to all citizens and to provide those services equally to all clients in a prompt, dignified and efficient manner. (Santa Clara County Social Services Agency's Student Handbook, p. 1.)

Department of Family and Children Services (DFCS) employs about four hundred social workers which include Social Workers I, II, III, Supervisors, Program Managers, and a Director. The majority hold a master in Social Work degree, while some are Licensed Clinical Social Workers.

The DFCS focuses their services on the protection of children who are abused by their parents/caretakers. Thus, their services attempt to "assist children and their families to deal effectively with the social realities of their everyday lives and to cope with the social, economic, political, and emotional ills which affect children" (Costin, 1979. p.2.)

The mission of DFCS is:

To serve the residents of Santa Clara County as the organization charged with attaining the fundamental public purposes of : the prevention of child abuse, protection of children from abuse, preservation of families, and permanence of homes from children. The Department seeks to achieve these goals through processes which are fair and reasonable, and by collaborating with other governmental organizations, community groups, families, and individuals. The resulting array of services must emphasize prevention while ensuring protection and be sensitive to client's race, ethnicity, culture, and special needs. (Santa Clara County Social Services Agency's Student Handbook, p. 5.)

DFCS receives child abuse and neglect reports involving more than twenty thousand children annually. It files about one thousand petitions with the Juvenile court each year, and it provides services through the Family Maintenance programs, Out of Home Care services, and Adoption services. The Department also places about three thousand children in foster/adoptive homes. There are numerous units established in the department including: Emergency Response, Court Services, Family Maintenance, and Permanency Planning (Foster/Adoption Home).

The descriptions of the services provided by the Department include the following. Pre-placement preventive services are designed to keep children with their families in their own homes while strengthening the parents' ability to provide a safe and healthful home environment. Emergency Response is staffed twenty four hour a day to respond to reports of child abuse and neglect throughout the County. Family Maintenance is a coordinated system of time-limited services designed to keep children safely at home with their families. This includes Intensive Family Maintenance and Pregnant/Parenting Teens services.

Family Resource Centers are for families experiencing acute family problems. Each center is a one-stop, community-based operation offering on-site support groups and counseling for problems of family violence, drug/alcohol abuse, parenting effectiveness, appropriate discipline, caring for medically fragile children and related issues causing family dysfunction. The staff of Court Services work intensively with the Juvenile Court, the District Attorney, the Public Defenders, private attorneys, and other child welfare social workers to provide the Court's protection for the children endangered by abuse and neglect. Out-of-Home Care services are provided to the family and child when it is not possible for the child to safely remain in his/her home. Adoption services are provided to the adoption triad: birth family, adoptive family, and adoptee.

The federal government mandates Child Welfare agencies to provide services in an effort to reunite children in out-of-home care, starting with the First Mother's Pension Law in Missouri which allowed counties to provide funds to poor mothers to care for their children at home, followed by the Social Security Act in 1935 under title V to provide Child Welfare Services (CWS), and its subsequent amendments until Congress enacted the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272). The Omnibus Budget Reconciliation Act of 1993 also provides funding for Family Preservation and support services. The Santa Clara County's Social Services Agency's revenue (all funds) for FY 95 was \$ 398,842,207.00. The general fund was accumulated from various funding resources including, Licenses, Permits, and Franchises; Revenue from Use of Money/Prop; Aid from State Government agencies; Aid from Federal Government agencies; Charges for current services; Transfers; and other revenues. (Student Handbook, Social Services Agency's Fact Sheet 1995.)

Santa Clara County's Social Services Agency has on-going evaluation processes in place. Supervisors conduct Quality Control mini reviews (using form SC 1597) to ensure delivery of high level services to clients. Cases are selected at random from each caseload sending a copy of the completed review to the Program Manager and Program Supervisor. According to Division 31 Regulations issued by California Department of Social Services in 1994, this review instrument assists social workers to focus on case documentation, client contacts, current case plan and to make sure clients are notified of changes by receiving notices of action.

Another evaluation process involves the court reports prepared by the Child Welfare worker at the six month, twelve month, or eighteen month review hearings. These reports include a Reasonable Efforts section where the social worker summarizes the number of contacts, and time and effort invested in the families and their children adjudicated as dependents of the court. In a court case, the family, the case's social worker, the attorneys, and the Juvenile court judge will review and discuss the case. At the end of this court proceeding, the judge will make decision either to close or continue the case. If the problems are not resolved at the end of the eighteen month review hearing (the third six moth review), permanency planning and/or adoption will be ordered by the judge. Moreover, state and federal agents regularly audit all fifty eight California counties to determine approval or denial of funds for services and/or programs. (Student Handbook, Agency's procedure section)

III. Target Population

The target of intervention in this study is Kim Nguyen¹, a thirty-one year old divorced Vietnamese female, who came here from Vietnam in 1983 through her father's sponsorship. She has six children from three different relationships. The children's names are as follows: Janet Le, 10 y.o; Timmy Le, 9 y.o; Sammy Le, 7 y.o; Daniel Le, 5 y.o; Maria Le, 2 y.o; Christine Le, 11 months old.

On 10/7/95, the Santa Clara Police Department responded to a report that Mrs. Le had left her three older children at home unattended, while the other three younger siblings were with a baby-sitter. The inside of the home was found to be in disarray with numerous cockroaches running throughout the house and piles of dirty clothing. Consequently, all six children were placed in protective custody and taken to the children's shelter. At the same time, the mother was arrested at the Bay 101 Card Club and was charged with three counts of child endangerment and neglect. Mrs. Nguyen was placed on probation for three years for these charges.

There were seven prior referrals to DFCS concerning, among other things, general neglect, lack of supervision, and physical abuse. A referral was made to the DFCS concerning lack of supervision for the children while the mother went off to gamble. Thus, the family received services through the Voluntary Family Maintenance program (VFM) from 2/13/95 to 5/26/95. From 6/1/95 to 10/10/95, the family received services from the Informal Supervision program (ISP) after the mother had failed the VFM. The failure was partly due to Mrs. Nguyen's continued denial of her gambling addiction, irregular attendance in appropriate programs, and lack of cooperation. Moreover, her

¹ All the names of people involved in the study have been changed for confidentiality purposes.

completion in a parenting education program on 8/95 and her attendance in a Gamblers Anonymous group (about 11 sessions) have been ineffective in ameliorating her problems of gambling and child neglect and endangerment.

Moreover, Mrs. Nguyen has been reportedly the victim of physical and verbal violence by her ex-husband (Mr. Henry Le) during her marriage to him and after her divorce from him in 1992. However, the mother did not file a restraining order against her ex-husband. Mr. Le was placed on probation for domestic violence. The children have witnessed physical and verbal abuse by Mr. Le toward their mother including (but not limited to) red marks on temples, neck, eyes; and including (but not limited to) property damage such as holes in the wall and broken door. Moreover, the children have witnessed intense and severe conflicts between their mother and Mr. Le regarding (but not limited to) marital issues, financial issues, and the custody of their children.

Currently, all six children are placed in foster care provided by the maternal grandmother. The oldest four children are in an elementary school now. Janet is in 5th grade. Timmy is in 4th grade. Sammy is in 1st grade. Daniel is in kindergarten. Maria and Christine are still at home with the maternal grandmother. Christine is learning how to walk. The children seem to be able to speak both Vietnamese and English in communicating with their grandmother and their parents.

Mrs. Nguyen is the second child in a family of two children. Her only brother is presently living with her parents. Mrs. Nguyen, her mother and her brother came to resettle in the US by her father's sponsorship in 1983. Mrs. Nguyen's father is currently working while his wife is a homemaker. Mrs. Nguyen is a first generation Vietnamese. Mrs. Kim Nguyen and the maternal grandma have kept the Vietnamese tradition by

keeping their maiden names after their marriages. They often communicate with the children in Vietnamese. Also, the children are taught to respect their parents and grandparents. They have also learned the Vietnamese tradition in paying respect to the adults or guests who come to their home.

Mrs. Nguyen finished her 8th grade in Vietnam. She attended Mission college in pursuing a two-year degree in receptionist/office clerk. She said that she discontinued going to school due to her pregnancies and her parental responsibilities. Mrs. Nguyen married Mr. Le in 8/84 after several months of dating. She was divorced in 9/1992. She has four children from that marriage. Mrs. Nguyen had two more children from her sexual relationships with two different men after her divorce in 1992. These men's identities and whereabouts are unknown. Mrs. Nguyen has been on welfare (AFDC) since she had her first child.

Mrs. Nguyen's ex-husband (Mr. Henry Le) is a Vietnamese American who came to resettle in the US in 1981 from Vietnam with his family. He currently works for a company in San Jose, CA. Mr. Henry Le is the seventh of eight siblings. Mr. Le's mother passed away when he was five years of age. His father remarried in 1990. Both Mr. Le's father and step-mother are now living in Texas. Mr. Le often contacted his family whenever he had conflicts or problems in his family. Mr. Le rarely talked to his ex-wife's parents during and after his marriage with Mrs. Nguyen.

On one hand, Mr. Le reasoned that he divorced his wife because of her gambling addiction. He thought that by divorcing her, he might teach her a lesson so that she would quit gambling. He also reasoned that he hit his ex-wife because he hates to see his wife in the casino gambling. On the other hand, Mrs. Nguyen believed that financial

issues were the main contributing factors to their marital conflict and problems. She complained that Mr. Le used to spend all of his income going to coffee shops and bars, going to parties with friends, and mainly going to the Garden City and Bay 101 casinos. She said that her ex-husband was rarely home with her and the children. She felt that he left her alone to take care of the house and the kids. She believed that the main reason for her gambling was to try to win back the money which her husband lost gambling. Despite her husband's insistence in telling her to quit, Mrs. Nguyen later kept going to those casinos for entertainment and to release stress built up at home. In addition, she felt that she did not report Mr. Le's physical abuse of her, because she did not want her family problems to be known to the outside. She also thought that the reason why her ex-husband hit her was because she was stubborn and always tried to argue with him. Mrs. Nguyen has felt depressed about her children's removal. She also experienced feelings of guilt. She said that she should had not left her children for gambling.

In terms of this family's assessment, there were three major factors which have contributed to the problems of the family. The marital conflict, which led to the parent's divorce in 1992, has not been resolved emotionally. The problems of acculturation and adaptation to the new life here in the U.S and the financial issues have also been the main elements of the parent's unstable marital relationship. Mrs. Kim Nguyen has been depending on AFDC since she had her first child. Mr. Le has not supported his then-wife in taking care of the children. He spent lots of his money on gambling and partying with friends. In addition, Mrs. Nguyen's relationships with other men have never been resolved between Mr. Le and Mrs. Nguyen.

External pressures from the extended family members have fueled the parents' negativity with each other. On one hand, the maternal grandfather (Mr. Larry Nguyen) has never had a positive attitude toward Mr. Henry Le, his then son-in-law. Mr. Larry Nguyen has hardly talked to Mr. Le since the marriage of his daughter. On the other hand, Mr. Le's siblings never came to his wedding. Mrs. Kim Nguyen felt that Mr. Le's family members always believed that she should be punished (by being put in jail) for gambling and neglecting her children. The family lacks of support from the extended family members to help them resolve their problems.

Mr. Le said that after quitting gambling, he hated to see women come to gamble in casinos. The issue of Mr. Le's gambling addiction has not been resolved between the couple. Also, Mr. Le has not yet resolved some of his deep rooted issues: loss of his biological mother during childhood, remarried of his father, being stressed from his traumatic escape by boat from Vietnam and being assaulted by pirates, and having difficulties in adaptation to new life here in the U.S. Also, Mrs. Kim Nguyen has used gambling in trying to "escape" from all of her problems, especially from the divorce and the physical abuse. There was also a lack of adequate support from her extended family in dealing with her addiction.

The children have been affected negatively by physically witnessing their parent's violence in their daily life. They seem to be pulled into their parents' marital conflicts. All the children were caught up in the "loyalty bind" that has put them into very awkward positions. On the surface, the older children appeared to be able to cope well with the turmoil and danger in their lives. They were still doing well in school, having no reported behavioral problems, and trying to take care of each other. They have simply

learned to live and to survive without much questioning, at least verbally. As Janet was asked why she did not call her father when her mother left them home alone, she cried and said that she was afraid that her dad would hit her mom if he found out about the situation. At age two, Maria wanted attention from Mr. Henry Le whom she always considered emotionally as her natural father. However, during the home visits, Mr. Le tried to disconnect himself from the child. She was yet to understand the delicate nature of human relationship.

IV. Theoretical Foundation & Literature Review

In terms of the problems of child endangerment and neglect, the six children were placed in protective custody and eventually in foster care pursuant to Section 300 (b) of the Welfare and Institutions Code. The Code indicates,

“The minor has suffered, or there is a substantial risk that the minor will suffer, serious physical harm or illness, as a result of the failure or inability or negligent failure of the minor’s parent or guardian to adequately supervise or protect the minor from the conduct of the custodian with whom the minor has been left, or by the willful or negligent failure of the parent or guardian to provide the minor with adequate food, clothing, shelter, or medical treatment, or by the inability of the parent or guardian to provide regular care for the minor due to the parent’s or guardian’s mental illness, developmental disability, or substance abuse in that.”

The second problem of the family was the gambling addiction. According to the DSM-IV (1995), the essential features of *pathological gambling* is persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits. The gambling preoccupation, urge, and activity increase during periods of stress. Problems that arise as a result of the gambling lead to an intensification of the gambling behavior. Characteristic problems include extensive indebtedness and consequent default on debts and other financial responsibilities, disrupted family relationships, inattention to work, and financially motivated illegal activities to pay for gambling. Also, the pathological gambler possesses distorted thoughts such as denial, superstitions, overconfidence, or a sense of power and control. They may also believe that money is both the cause of and solution to all their problems.

Gambling addicts are highly competitive, energetic, restless, and easily bored. They may also be overly concerned with the approval of others and be generous to the

point of extravagance. The addicted gambler may be workaholics or "binge" workers who wait until they are up against deadlines before really working hard. They may be frequently prone to developing general medical conditions that are associated with stress (e.g., hypertension, peptic ulcer disease, migraine). Increased rates of Mood Disorders, Attention-Deficit/Hyperactivity Disorder, Substance Abuse or Dependence, and Antisocial, Narcissistic, and Borderline Personality Disorders have been reported in individuals with Pathological Gambling. In addition, approximately one-third of individuals with Pathological Gambling are female. They are more apt to be depressed and to gamble as an escape. Moreover, the urge to gamble and gambling activity generally increase during periods of stress or depression. (DSM-IV, 1995)

According to Galski (1987), preliminary findings indicate that a significant number of gambling clients (39%) had a history of a major stress or series of stresses such as abuse of a child, injury in combat or loss of a loved one. Furthermore, the gambling clients with significant traumatic experiences, based on psychological test results and interviews, were more depressed and more suicidal, more likely to abuse alcohol or drugs, and more likely to exhibit characteristics of avoidant personality disorder. The traumatized clients showed more emotional numbing and more intrusive thoughts.

In addition, Galski (1987) holds that compulsive gamblers tend to handle stress through denial and wishful fantasy. Gambling action produces a dissociated state which eliminates, at least temporarily, all negative affect and all concern for gambling consequences. Gambling puts the compulsive gambler into an altered state of consciousness in which pleasurable excitement replaces depression, anxiety, and the burden of poor self-esteem. In addition, the compulsive gambler shows avoidance of

responsibility, an endless cycle of progressive gambling of larger, and larger amounts in an effort to relieve negative affect. Thus, compulsive gambler is preoccupied with gambling, gambling action, and gambling strategies. Their preoccupation also centers around an ego-syntonic or pleasurable mood-altering activity.

According to the DSM-IV (1995), much of the gambling client's depression and despair may be due to a reaction to his/her stressful lifestyle and to the losses gambling forces into all aspects of living. The depression may culminate the suicidal behaviors later on. In terms of the trauma and major life stresses, there are several types of stresses affecting psychologically compulsive gamblers: recent acute experiences, current ongoing (chronic) stresses, remote acute incidents of traumatic events, and remote chronic stress. Problems with gambling are often associated with anti-social personality disorder or pathological gambling anti-social disorder.

The third problem of the studied family was domestic violence. According to the Mountain View Police Department (1991), *domestic violence* is defined in Section 6211 of the California Evidence Code as abuse committed against an adult or fully emancipated minor who is a spouse, former spouse, cohabitant, former cohabitant, or a person with whom the suspect has had a child or has had a dating or engagement relationship. "Abuse" means intentionally or recklessly to cause or attempt to cause bodily injury, or sexual assault, or to place a person in reasonable apprehension of imminent serious bodily injury to that person or another. "Victim" means a person who is a victim of domestic violence.

Thus, there are usually two kinds of assaults involved in most domestic violence cases. The first type of assaults are the simple assaults. They are assaults which do not

involve dangerous weapons and which do not result in serious injury. Many domestic violence cases involve shoving or slapping which in the past may have been classified as "family disturbance" cases. The other kind of assaults are aggravated assaults. It is defined as an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This kind of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm. (MVPD, 1991.)

According to Myers and Buck (1994), domestic violence is the result of an abusive relationship existing within the family. Abusive relationships are based on the erroneous belief that one person has the right to control the actions of another. When the actions described within the spokes of this wheel prove insufficient, the person in power moves on to actual physical and sexual violence. The relationship is based on the exercise of power to gain/maintain control. The dignity of both partners is stripped away.

According to Isaacs et. al., (1986), within the difficult *divorce*, there are adults who cannot control their disputes. They frequently recruit the children into taking sides. Thus, the children are caught in the "loyalty" bind which will put them into very awkward positions, confusion, and frustration. In addition, there are parents who lose confidence in their ability to carry out the tasks of parenting, and who always try to avoid fulfilling their caretaking responsibilities. In many cases, the children have to take care of themselves. Usually, the oldest child will be the surrogate mother to take care of the other siblings.

In terms of *self-esteem* issue, Steffenhagen & Burns (1987) believe that men who abuse their spouses have low self-esteem, feel inadequate, and may well abuse the spouse or the child because of their inferiority feelings and their inability to react appropriately in

the environment outside the home. These men may feel the need to retaliate against the exterior milieu, but because of the inferiority and feelings of inadequacy inherent in their interior milieu, they are unable to respond appropriately. They bottle this inside and then at a later point it breaks out at home, where they feel secure and safe enough to express their feelings.

Foreman & Frederick (1984) hold that there are eight reasons why women stay in their violent relationships. The first one is socialization. Women have been socialized to be good wives; they are taught to grow up, get married, have children, and live happily ever after. This exhibits the rigidity of sex role expectations of the society, especially in Vietnam. The second reason is the onset of violence in which the women often feels confused; she cannot believe that violence exists in her relationship which has been enjoyable since the beginning. The third one is children. Many battered women have children and/or are pregnant. Not only does a woman have to make the difficult decision of whether to leave her abusive husband in relation to her won needs and desires, but she must also make major decisions which affect the lives of her children.

The forth one is the lack of skills and resources. Often, a battered woman has no idea how to survive in the world independently from her husband's support. The fifth reason is the lack of support from extended family members, friends, and her community. The sixth reason is low self-esteem. Battered women often believe that they are failures, no one could ever love them, and they could never take care of themselves if they were on their own. Their feelings of worthlessness, confusion, and guilt all contribute to their inability to take action and make actions. The seventh reason is confusion. Battering men generally have the capability of being warm, caring, sensitive partners. Thus,

battered women are usually confused by the love they have for their spouses and the violence they experience. The last reason is fear. Battered women often have the fear of being alone, of taking care of herself, and of what their partners would do if they try to leave them. They may feel as being hostages. (Frederick & Foreman, 1984)

Rimonte (1989) believes that the cultural factors contributing to domestic violence in Vietnamese families are the traditionally patriarchal system and belief in the supremacy of the male, the socialization goals and processes which favor the family and community over the individual, the cultural emphasis on silent suffering versus open communication of needs and feelings, and the enormous adjustment pressures which test the limits of immigrants' and refugee's survival skills. Cultural norms and values directly or indirectly sanction abuse against women and tend to minimize it as a problem in the community. Traditionally Vietnamese conceal and deny problems that threaten group pride and may bring on shame. The changes in the women's role as one of the family's breadwinners are perceived as extremely threatening by the men. Often, the man will describe these changes as Americanization of his Vietnamese wife. Thus, a woman is first brutalized, and then pressured by the culture to conceal her victimization. Fear, guilt, and shame are the means by which pressure is applied. In short, the culture tends to respond to the needs of men, not of women.

Culturally, the problem of domestic violence is rooted in the oppression of women in Asian cultures, including the traditions of suffering and persevering, accepting fate, and the traditional hierarchical position of the male as the authority in the family (Koss, et. al., 1994). Koss noted that the family is viewed as more important than the individual, so the needs of the family take precedence over the individual's. Each member

of the family is expected to adhere to the hierarchical roles and to comply with familial and social authority to the point of sacrificing one's own desires and ambitions.

Consequently, self-restraint and "loss of face" are important issues.

Thus, because of pressure to prevent "loss of face," Asian Americans tend to hide the problem of domestic violence within the family and to avoid outside intervention. They consider marital problems to be highly private matters, and that these problems must remain within the family. Thus, the battered Asian women are culturally discouraged by their traditional values from seeking outside help. Also, the problem becomes more complex, because many immigrant abused women speak little or no English, are unfamiliar with how to utilize the resources in the US, or have to face culturally insensitive and inappropriate intervention. In addition, many studies have shown that battered women are traumatized by their victimization of being abused, and most of them have used drug, alcohol, or gambling to suppress their fears, anguish and angers. (Koss et al., 1994.)

The fourth problem of the studied family was Post-Traumatic Stress Disorder. Cole (1992) presents numerous stresses affecting Vietnamese women who have migrated from Vietnam to the USA. Many Vietnamese women exhibit PTSD. Also, by leaving their homes, the Vietnamese women experience a great deal of loss and grief, and the feeling of guilt about leaving their relatives behind. Thousands of women suffered from terrifying experiences during their escape (lack of food and water, uncertainty, insecurity, and being raped by the pirates) and during their temporary station in the refugee camps (lack of basic needs and physical abuse by the guards). After coming to the US, many face feelings of helplessness, and inability to cope with new obstacles of culture differences

and language barriers. The change of role has also created marital stress within the family. In many cases, severe domestic violence is reported.

There are several *intervention methods and techniques* used in this study. According to Galski (1987), there are four major stages of treating pathological gambling. The first one is the direct physiological management of underlying factors, both acute and chronic, affecting arousal level in gambling. Also, it includes the treatment of emergent medical and dental problems due to years of neglect of personal health. The second stage is the psychosocial restructuring. It is aimed at diminishing the negative effects of underlying bio-social-psychological factors, both acute and chronic. It also includes the crisis management of stressful situations (e.g., family, social economic, emotional.) accumulated during the years that the addictive pattern was maintained. The third stage is the vocational-occupational assessment and redirection of the client's education and socio-economical conditions. The last stage is the community reintegration in which the main thrust is to implement a continuing program of lifestyle changes that are targeted to replace former addiction-domination activities, associates, etc.

Foreman & Frederick (1984) hold that therapy for battered woman concentrates on assisting the woman in individuating herself, so that she can be able to reclaim power in her life and function in a healthy manner. In addition, through education, a battered woman is helped in being able to de-mystify the violence that occurs in her relationship, and to understanding of her situation clearly. It is important for her to recognize the cycle of violence she experiences and to understand all the factors contributed to the problem. Consequently, she can be able to eliminate her feelings of isolation, guilt, confusion, and powerlessness. By understanding what domestic violence issues are and

why women stay in violent relationships, she is more easily able to identify her particular dilemma, to become in touch with her own personal desire and power, and to initiate both self-acceptance and positive change in her life. Moreover, through attentive listening, constant support, and validation, a battered woman is able to clarify her thoughts and gain self confidence. (Foreman & Frederick, 1984.)

Individual counseling is a treatment modality which helps the individual on a one-to-one basis. As Brown (1992) states, "the intervention techniques utilized according to psychosocial approach include environmental support, locating and connecting clients to resources, corrective emotional experience, clarification, advice, ego-support, and insight development." According to Hollis and Wood's psychosocial approach (1990), there are six major classification groups of techniques utilized in casework, such as sustainment; direct influence; exploration, description, and ventilation; person-situation-reflection; reflective-discussion; and developmental reflection.

Supportive or active listening employed in counseling means that the listener listens carefully and attentively to the speaker. The listener may use reflection and/or restatements without judgment to validate and to show support for the speaker's situations and feelings. Also, the Genogram may be used in individual counseling to assist the client to learn therapeutically about the family of origin and about the family's intergenerational patterns and processes; to explore critically the family's issues of co-dependency; to understand deeply the role of the multi-generational transmission process in domestic violence relationships. (Goldenberg, 1985)

Steffenhagen & Burns (1987) contend that ego strength is traditionally defined as a functional reality orientation of the individual and includes such characteristics as

feelings of adequacy and flexibility, emotional freedom and spontaneity. Thus, good ego development is essential for good social functioning. Ego develops through the congruency between an individual's behavior and its consequences. The Freudian ego is the administrator of the id, superego system, and integrates the id and the superego, providing the individual with a guide for normative action.

According to Brown (1992), the main function of the ego is to maintain the dynamic equilibrium of the personality which is constantly being threatened both from within and without. The ego is a part of the personality that contains the basis functions essential to the individual's successful adaptation to the environment. Its functions are innate and developed through the interaction among bio-psycho-social factors. Ego development occurs as a result of meeting basic needs, effective problem-solving, and successful coping with internal needs and environmental conditions. As Hollis and Wood (1990) noted, "We can see how such internal matters or aspects of oneself, once externalized, they become parts of the interactional process."

In addition, Brown (1992) holds that the ego functions are impaired in three ways: mal-adjustment, faulty ego-functioning, and ego defense mechanism. In maladjustment, the ego fails to coordinate harmoniously the diverse inner needs with each other and with external conditions. The failure of the ego to master an actual conflict with reality is the first step in ego disintegration. The faulty ego-functioning includes distorted perceptions of either the outside world or the self, poor judgment, insufficient ability to control impulses or to direct behavior, poor reality testing, and inappropriate uses of the ego.

According to Steffenhagen & Burns (1987), ego psychologists have identified many defense mechanisms constructed to defend one's ego against harm. Thus, defense

mechanisms are present in normal behaviors and seldom lead to pathology unless they are used to excess. Therefore, therapy often consists of helping individuals understand what defense mechanisms they are using and for what purpose, to realize the imbalance of the id-superego system, and to realize the psychodynamic of the opposing forces (self vs. family/society) in one's psychosocial development.

Group work is viewed as the medium and the environment for accomplishing individual and social change among group members. Group work often focuses on both individual and society, and individual members and the group. It is viewed as "the Eternal Triangle" of individual, group, and society (Brown, 1992.) Also, according to Marshall (1995), psycho-educational support group for women effected by domestic violence should be set up in a supportive, educational, and non-blaming atmosphere. The purpose of the group is to empower women through knowledge, validation of feelings, and recognition of their strengths and positive qualities. The process of the group raises self-esteem, promotes the setting of healthy boundaries, and facilitates the ability of the women to maintain a safe environment of themselves and their children. Also, participants often find they get in touch with some very painful feelings (as well as joyous feelings), so all the group members are encouraged to have therapeutic resources for additional support after their group. In addition, group members will be provided with names, addresses, and telephone numbers of alternative services for extra help.

V. Design of the Evaluation Study

The specific goal of intervention in this case study was to strengthen the mother's frail ego (low self-esteem) and to enhance her psychosocial functioning. Consequently, she would be able to express freely her feelings and to cope effectively with her traumatic experience of victimization and her post traumatic stress and faulty responses.

Subsequently, she would be able to ameliorate her presenting problems in gambling addiction and child neglect and endangerment.

First, Mr. Le and Mrs. Kim Nguyen needed marital therapy before remarrying each other and before going back to live with their children. The couple needed to discuss and/or resolve their marital conflicts and divorce, their conflicts with the extended families, Mrs. Nguyen's relationships with other men, the gambling addiction for both of them, and their appropriate roles and responsibilities as responsible parents. Second, Mr. Le needed help in individual therapy to resolve his personal issues (e.g., loss of mother during childhood, traumatization during the escape from Vietnam, and divorce.) He also needed to continue in learning (in his domestic violence program and individual therapy) how to control his anger effectively, and how to express his feelings appropriately.

Third, Mrs. Nguyen also needed to continue to work on her gambling addiction (in her Gambler Anonymous and in her individual therapy). Fourth, the mother also needed to learn how to cope with the stress and its psychological effects of being a victim of domestic violence. She needed to learn how to resolve her negative defense mechanism (denial), by which she had used to pretend the problem of her family violence had never happened or that it would never happen again. Denial had perpetuated the cycle of

violence in her family life: Tension-Building, Explosion, and Honeymoon phase. The mother also needed to realize the abusive relationship (which involves power to control, coercion and threats, intimidation, verbal abuse, isolation, denying and blaming, using children's alliances, domination, and violence), that she had had with her ex-husband.

Moreover, the mother needed to recognize the rigid imbalanced relationships within her family: one member was supposed to be the violent one and the other member was the needy one, without alternating these positions. There was always an expectation of violence from only one side, and real danger always exists. She however stayed in that violence-prone relationship for a long time, even though she knew it was chronic and did not try to escape. By going through therapy, she would be able to develop a new approach of a healthy relationship which contains equality, trust, non-threatening, honesty, accountability, responsibility, sharing, fairness, negotiation, and respect.

In addition, Mrs. Nguyen needed to be continuously motivated and supported by her extended family members and the resources available within the community. Also, the children who had effectively witnessed the family violence needed to be supported emotionally and psychologically by the extended family members, their schools, social workers, and the community.

Therefore, besides her weekly enrollments in the gambling anonymous group and parenting education classes at the Santa Clara County's Asian-Pacific Resources Center, psychosocial counseling was provided individually in twelve sessions to strengthen her frail ego (self-esteem) and to enhance her psychosocial functioning. The ultimate goal was to empower Mrs. Nguyen, so that she can be able to provide a safe and healthy environment for herself and her children.

The interventive modalities used in this study were supported and supervised by the DFCS. These intervention modalities comprised a combination of individual counseling, educational and support groups. Thus, the Independent Variables or the intervention were individual and group counseling. And, the Dependent Variable or the Outcome was to strengthen her frail ego (or self-esteem) and to enhance her psychosocial functioning.

Thus, the design employed in this study was a qualitative, descriptive, quasi-experimental single subject AB design. The single subject design consisted of a baseline (A) phase followed by a treatment (B) phase during which some interventions were in process. Treatment effectiveness was determined by comparing the client's condition during treatment with that of the baseline.

The study consisted of three measures. First, the *Index of Self-Esteem (ISE)*, a standardized ordinal Likert-type scale will be used to measure the degree, severity, or magnitude of a problem the client had with self-esteem and to measure her progress after therapy is implemented. (Hudson, 1982, p. 3) Also, the scale was modified into a set of questions in Vietnamese that are culturally sensitive to Asians. It was five-point uni-dimensional rating scale. The ISE scale was used as a screening device or diagnostic tool to determine whether the client had a clinically significant problem with self-esteem and to determine how serious the problem might be (Hudson, 1992.) It would not indicate the nature, the source, and/or the origin of the problem.

The ISE was administered twice. A pre-test was administered during the first session, and a post-test was administered during the last session of the therapy. On the pre-test, a high score on the ISE would indicate the clients had a clinically significant

problem with self-esteem (self-worth) or the client had a low sense of self-esteem. A low score would indicate the relative absence of the problem with self-esteem (Hudson, 1982, p. 18). On the post-test, the score would be compared with the score of the pre-test. If the change was less than 5, then there was not sufficient evidence of real change caused by the intervention. The minimum cutting reverse-score should be 30.

The ISE was structured as a 25-question summated category partition scale wherein each question is scored according to the following five categories: (1) rarely or none of the time; (2) a little of the time; (3) some of the time; (4) a good part of the time; and (5) most of the time. Also, some of these questions were positively worded statements, and others were negatively worded to partially control for response set biases. In addition, all of the questions were randomly ordered within the scale. (Hudson, 1982.)

The first step in scoring of the ISE score was to reverse-score each of the positively worded questions, so that an question score of 5 became 1, 4 became 2, etc. The numbers of those questions which must be reverse-scored were listed below the copyright notation (at the bottom of the ISE scale.) A simple procedure for reverse-scoring the appropriate items was to subtract the item score from 6 as follow:

$$Y \text{ (Reverse-Score)} = 6 - X \text{ (Actual Score)}$$

After reverse-scoring the appropriate questions, the total score (S) is computed as follow:

$$S \text{ (Total Score)} = E \text{ (Sum of) } Y \text{ (Reverse-Score)} - 25$$

This scoring formula had the advantage of producing a range of values from 0 to 100.

This range facilitated comparison and interpretation of scores obtained from the scale.

Also, this formula was used for the client who completed every question on the ISE scale.

The therapist/counselor circled each question that was reverse-scored, and that each of

the actual scores for those questions was clearly crossed out. This helped to reduce computational mistakes when manually scoring the ISE scale. All scores was plotted and/or graphed for visual analysis.

The second instrument to be used in the study was the report of the client's attendance in her weekly Gamblers Anonymous group, and the third measurement was the report of the client's attendance in her weekly parenting classes.

In terms of the *intervention stages and time frame*, the study consisted of a baseline (A) phase followed by a treatment (B) phase during which some interventions were in process. The time frame for the intervention plan consisted of twelve individual therapy sessions, starting on December 6, 1995 and ending on March 8, 1996. Each session occurred once a week, and each session lasted approximately sixty minutes.

The baseline phase (A) started in the first session, which was on November 29, 1995. In this session, the psychosocial information and the data were collected from the client. There was no intervention or treatment involved in this session. It was an assessment period of the intervention process. The treatment phase (B) started in the second session which was on December 6, 1995 and lasted for twelve weeks, with the last session being on March 8, 1996.

In terms of the recording plan for the study, all of the individual sessions with the client were logged (by using the County's SC 909 form). In addition, all of the therapist's personal observations, telephone contacts with clients as well as the information gathered from dependency investigating social worker, probation officer, group facilitators, family members, and relatives were logged in the SC 909 forms.

Thus, the design was *longitudinal* because the data were gathered over an extended time period. Also, the design was *prospective* because the data were collected from the beginning until the end of the study.

VI. Results

The primary purpose of the study was to increase the mother's level of self-esteem, and to enhance her psychosocial functioning. Consequently, she may be able to provide a safe and healthy living environment for herself as well as for her children.

Overall, the targeted client's level of self-esteem increased over the course of the intervention. The client cooperated throughout the entire process of the study. The client came regularly to her weekly individual sessions. According to the plan of the study, the ISE scale was administered twice. The pre-test was administered during the first session (baseline phase) which was on November 29, 1995. The post-test was administered during the twelfth session of the treatment phase, which was on March 8, 1996. The scores of the pre-test and the post-test were compared to determine the client's overall level of self-esteem during the intervention period.

During the baseline phase, the client reverse-scored 31 on her pre-test, and her total score was 6 (See Figures 1,2 & 3). Because her reverse-score was above the effective cutting score which was 30, it indicated that the client had a clinically significant problem and in the area being measured, that was her self-esteem. Also, her score of 31 indicated that the severity of her problem of self-esteem was just above the minimum level. Thus, this score was a good diagnosis aid in relating to all other data and information which were available about the client and her problem, so that appropriate intervention may be established in the intervention plan.

At the end of the twelve-week intervention phase, the client reverse-scored 22 on her post-test, and her total score was -3 (See Figures 1,2 & 3). The total score changed by 9 points, and it meant that a real change in her level of self-esteem had occurred. In

other words, it indicated that the client's problem of self-esteem decreased statistically; the client felt better about herself over time.

There were also other measurements being used in the study. First, the report sent from the facilitator of the client's parenting classes indicated that she had attended the classes in a weekly basis. Also, at the end of the treatment, the client happily showed me a certificate of completion of her twelve-week parenting education program and a certificate of completion of her twelve-week nutrition classes.

Second, the report sent from the facilitator of the Gamblers Anonymous group in which the client had attended weekly also indicated that she had participated actively in a regular basis.

In addition, the client's probation officer informed the writer that the client had been complying with all of the parole requirements. The grandmother also noted that the client had been visiting the children regularly in a daily basis. In the third week of the intervention phase, the client reported that she was hired to work approximately 35 hours per week at a supermarket as a cashier. The client had been able to maintain the employment throughout the entire study period.

VII. Discussion

Overall, the intervention appears to be successful for the studied client. Statistically, the client's problem of self-esteem decreased statistically over time. The client's abilities of psychosocial functioning was also enhanced throughout the period of study. However, there were several limitations of the study. First, there was a threat to external validity. There were *Reactive effects of testing* in which, by using pre-testing, the possibility existed that experiencing the ISE pre-test can alter the client's reactions to the independent variables which were the intervention. Also, there was an issue of *Multiple treatment interference* in which, it may be the combination and ordering of studied interventions (individual and group counseling) that produced changes in the dependent variables (which were the client's level of self-esteem and psychosocial functioning) (Monette, 1990).

There was also a threat to internal validity. It was an issue relating to *History* that which certain events that occurred during the course of the study, other than the studied intervention, that affected the dependent variable. There was also another issue concerning about *Testing* that the threat of testing occurred when the client were exposed to the ISE twice during the pre- and the post-testing. After taking the pre-test, the client may have figured out what the test was about, and therefore, she may had tailored her responses in the post-test to achieve better results.

There are also some other concerns with the ISE scale in terms of its language. Even though I translated the ISE scale into Vietnamese without altering the general ideas of the questions on the scale, I felt that first, I still used my own interpretation and

perception to translate the questions; and second, many English words could not be translated directly into Vietnamese.

In addition, the time frame (12 sessions) used in the study was extremely short for the intervention to be fully effective. The two-week Christmas and New Year break was a disruptive factor in terms of the continuity of the intervention plan.

On the other hand, there were several strengths of the study. First, the on-going problem of domestic violence has not been made aware of by the public as a serious on-going problem within the Asian community. Thus, the study may help to identify the tremendous effects of the problem upon families and children within the community, and to advocate for more immediate and/or appropriate prevention and intervention to resolve this problem within the community.

The ISE scale was short and simple. The measure was simply administered in the clinical setting without having to alter normal the agency's procedure. Also, it was manually scored by the therapist. It was designed for repeated administrations. In addition, the standardized scales had high content, concurrent, and construct validity.

The use of three measures also increased the internal validity of the study. The requested reports were made available to the writer without any difficulty regarding to the issues of confidentiality, because both of the groups were organized and facilitated by the staff of the County's Social Services Agency. Also, there was an agreement of collaborations between the probation department and the County Social Services Agency. Thus, all pertinent information relating to the case were exchanged openly between the two agencies.

In addition, the County's Social Services Agency provided all of the pertinent information about the case to the writer. The Agency also provided quality supporting resources (e.g., the Agency's Asian Resource Center) in helping the counselor as well the client to achieve the goal of intervention.

Both the individual counseling and group work, which were facilitated by culturally appropriate counselor and group facilitators, became great advantages and critical factors in assisting the studied intervention to be most effective and successful. The language barrier was no longer an issue. Also, certain culturally sensitive issues were resolved rather easier during the process of intervention.

Consequently, the client felt more comfortable and trustful to the counselor and the group facilitators. Although there were some hesitations in complying the treatment requirements at the beginning of the intervention, the client complied and cooperated most of the times with her counselor and group facilitators.

In general, based on the results, the studied intervention was experimentally and statistically effective for the targeted client. The intervention was experimentally effective because the client did increase her level of self-esteem. The intervention plan was statistical effective because the increase was statistically significant; it was too great to be due to chance variation.

Finally, the results of this study suggest that individual counseling and group work can be useful in strengthening a Vietnamese woman's ego and in enhancing her psychosocial functioning, provided that the client has some motivation to change and there are adequate resources available within the community. Consequently, the study highlights the need for more research, more culturally sensitive intervention, and more

available resources in order to resolve effectively the problem of domestic violence within the Asian communities.

References

- American Psychiatric Association. (1995). Diagnostic and Statistical Manual of Mental Disorders - DSM IV. Washington, DC: American Psychiatric Association.
- American Psychological Association. (1994). Publication Manual. 4th Edition. Washington DC: American Psychological Association.
- Breines, W. & Gordon, L. (1993). The New Scholarship on Family Violence. *The Journal of Women on Culture and Society*. Chicago: The University of Chicago.
- Brodsky, A. & Hare-Mustin, R. (1980). Women and Psychotherapy. New York: The Guilford Press.
- Brown, J. (1992). Handbook of Social Work Practice. Springfield, Illinois: Charles C. Thomas Publisher.
- Burgett, D. (1982). Social Work Practice with Minorities. Metuchen, NJ: The Scarecrow Press, Inc.
- Chau, K. (1991). Ethnicity and Biculturalism. New York: The Haworth Press.
- Cole, E. & Espin, O. & Rothblum, E. (1992). Refugee Women and Their Mental Health. New York: The Haworth Press.
- Costin, L. (1979). Child Welfare. New York: McGraw-Hill Book Company.
- Dana, R. (1981). Human Services for Cultural Minorities. Baltimore: University Park Press.

- Devore, W. & Schlesinger, E. (1981). Ethnic Sensitive Social Work Practice. St. Louis: The C.V. Mosby Company.
- Dwyer, D. (1995). Domestic Violence Research. *Clinical Social Work Journal*. Vol. 23, No. 2. New York: Human Sciences Press.
- Foreman, R. & Frederick, K. (1984). Domestic Violence. Saratoga, CA: R & E Publishers.
- Forshey, F. (1995). Domestic Violence Repeats in A Cycle. Springfield, Ill: Illinois Coalition Against Domestic Violence.
- Forte, J. & Franks, D. & Forte, J. & Rigsby, D. (1996). A Symmetrical Role Taking: Comparing Battered and Non-Battered Women. *Social Work Journal*. (Volume 41, No. 1.) Washington, DC: The National Association of Social Worker Press.
- Galski, T. (1987). The Handbook of Pathological Gambling. Springfield, Illinois: Charles C. Thomas Publisher.
- Gelles, R. & Cornell, C. (1983). International Perspectives on Family Violence. Lexington, Massachusetts: Lexington Books - D.C. Health and Company.
- Goldenberg, I. & H. (1985). Family Therapy: An Overview. Pacific Grove, CA: Brooks/Cole Publishing Company.
- Geller, J. Breaking Destructive Patterns. New York: The Free Press.
- Gottlieb, N. (1980). Alternative Social Services for Women. New York: Columbia University Press.

- Greene, R. & Ephross, P. (1991) Human Behavior Theory and Social Work Practice. New York: Aldine De Gruyter.
- Hanks, S. (1992). Translating Theory into Practice: A Conceptual Framework for Clinical Assessment, Differential Diagnosis, and Multi-Modal Treatment of Marital Violent Individuals, Couples, and Families. Washington: Hemisphere Publishing Corporation.
- Hartman, A. & Laird, J. (1983). Family-Centered Social Work Practice. New York: The Free Press (A Division of Macmillan, Inc.)
- Ho, Man Keung. (1987). Family Therapy with Ethnic Minorities. Newbury Park: Sage Publications.
- Hollis, F. & Woods, M. (1990). Casework. New York: McGraw-Hill, Inc.
- Hotaling, G. & Finkelhor, D. & Kirkpatrick, J. & Straus, M. 1988). Coping with Family Violence. Newbury Park: Sage Publications.
- Hudson, W. (1982). The Clinical Measurement Package - A Field Manual. Homewood, Illinois: The Dorsey Press.
- Issaacs, M. & Montalvo, B. & Abelsohn, D. (1986). The Difficult Divorce. New York: Basic Books, Inc., Publishers.
- Jaffe, P. (1995). Impact of Domestic Violence on Children and Families in Divorce. San Francisco, CA: A National Judicial Curriculum.
- Kaplan, L. & Girard, J. (1994). Strengthening High - Risk Families. New York: Lexington Books - An Imprint of Macmillan, Inc.

- Kitano, H. & Daniels, R. (1988). Asian Americans: Emerging Minorities. Englewood Cliffs, New Jersey: Prentice Hall.
- Koss, M. & Goodman, L. & Browne, A. & Fitzgerald, L. & Keita, G. & Russo, N. (1994). No Safe Haven. Washington DC: American Psychological Association.
- Lee, E. (1990). Family Therapy with Southeast Asian Families. Boston: Allyn & Bacon.
- Levinson, D. (1989). Family Violence in Cross Cultural Perspective. Newbury Park: Sage Publication.
- Lynch, E. & Hanson, M. (1992). Developing Cross Cultural Competence. Baltimore, Maryland: Paul H. Brookes Publishing Co.
- Marshall, N. (1995). Psycho-Educational Support Groups. Saratoga, CA: Marshall, LM FCC.
- Matthews, E. (1982). Cultural Clash. Chicago: Inter-cultural Press Inc.
- McGoldrick, M. & Gerson, R. (1985). Genogram in Family Assessment. New York: W.W Norton & Co.
- Milkman, H. (1985). The Addictions. Massachusetts: Lexington Books.
- Mindel, C. & Habenstein, R. & Wright Jr., R. (1988) Ethnic Families in America. New York: Elsevier Science Publishing Co., Inc.
- Mokuau, N. (1991). Handbook of Social Services for Asian-Pacific Islanders. New York: Greenwood Press.

Monette, D., Sullivan, T., & DeJong, C. (1990) Applied Social Research. 2nd Edition. Fort Worth: Holt, Rinehart and Winston, Inc.

Mountain View Police Department. (1991). Domestic Violence Report 1986 - 1991. (p 1-3.) Mountain View, CA: City of Mountain View's Police Department.

Myers, N. & Buck, W. (1994). Children Witnesses of Domestic Violence Workshop. Santa Clara County, CA: Staff Development Department.

Palfai, T. & Jankiewicz, H. (1991). Drugs and Human Behaviors. Dubuque, IA: Wm. C. Brown Publishers.

Rimonte, N. (1989). Making Waves - An Anthology of Writings by and about Asian American Women. Edited by Asian Women United of California. Boston: Beacon Press.

Rutledge, P. (1992). The Vietnamese Experiences in America. Indianapolis: Indiana University Press.

Santa Clara County Social Services Agency's Department of Family and Children's Service. (1995). Case Record # 784018. Santa Clara, CA: DFCS.

Student Handbook 1995. Santa Clara: DFCS.

Schechter, S. & Ganley, A. (1995). Domestic Violence. San Francisco, CA: Family Violence Prevention Fund.

Silverman, P. (1981). Helping Women Cope with Grief. Beverly Hills: Sage Publications.

Sonkin, D. (1987). Domestic Violence on Trial. New York: Springer Publishing Co.

- Steffenhagen, R. A & Burns, J. (1987). The Social Dynamics of Self-Esteem. New York: Praeger Publishers.
- Tift, L. (1993). Battering of Women. Oxford: Westview Press.
- Tran, D. (1994). Cultural Conflict Between A Vietnamese Student and her Parents. A Special Project. San Jose, CA: School of Social Work, San Jose State University.
- U.S. Attorney General's Office. (1984). Attorney General's Task Force on Family Violence. Final Report. Washington, DC: Attorney General's Office.
- Viano, E. (1992). Intimate Violence. Washington: Hemisphere Publishing Corporation.
- Walker, M. (1990). Women in Therapy and Counseling. Philadelphia: Open University Press.
- Weinbach, R. & Grinnell Jr., R. (1991) Statistics for Social Workers. 2nd Edition. New York & London: Longman.
- Westmermeyer, J. (1989). Mental Health for Refugees and Other Migrants. Springfield, Illinois: Charles C. Thomas Publisher.
- Williams, C. (1986). Refugee Mental Health in Resettlement Countries. Washington: Hemisphere Publishing Co.
- Yalom, I. (1985). The Theory and Practice of Group Psycho Therapy. New York: Basic Books, Inc., Publishers.

San José State University College of Social Work

Field Agency's Approval of Research Project Prospectus

Instructions: This form must be completed by all students participating in university related research projects, including S.W. 298 projects. The form should be completed and submitted to the student's S.W. 298 instructor or faculty sponsor. All students are expected to advise their agencies of the content of their research projects as well as plans related to their proposed methodology, data collection, and data analysis activities. Completion of this form does not remove the obligations of students to complete other college, university, or agency research review and approval procedures/policies.

If significant changes are made in the project a new form must be completed and submitted. All S.W. 298 students must complete and submit this form prior to commencing their actual research work with data collection or clients; and in any event before the end of their first semester of study.

The field instructor's or other agency representative's signature certifies that the student has discussed and shared their plans with the agency, and that the agency is not in opposition to the project. The S.W. 298 instructor and/or other college officials should be contacted if there are any concerns, questions, or objections.

Name of Student HIEU T. TRAN Name of Agency SANTA CLARA COUNTY'S DFCS.

Field Instructor's Name JOAN ANDERSON F.I.'s Telephone # (408) 441 - 5681

SJSU Instructor's Name FRED PROCHASKA, PH.D. Semester(s) FALL 95 - SPRING 96

Proposed Topic attached

Brief Description of Project - Including Timelines, Sample/Subjects, and Methodology:

Signature of Student Hieu T. Tran Date 11/27/95

Signature of Field Inst./Agency Rep. Sharon G. Wilson Date 12-1-95

Signature of 298 Instructor/College Rep. Fred Prochaska Date 1/26/96

Signature of Faculty Field Liaison John A. Br... Date 4/22/96

INDEX OF SELF-ESTEEM

Today's Date _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

- 1. I feel that people would not like me if they really knew me well. _____
- 2. I feel that others get along much better than I do. _____
- 3. I feel that I am a beautiful person. _____
- 4. When I am with other people, I feel they are glad I am with them. _____
- 5. I feel that people really like to talk with me. _____
- 6. I feel that I am a very competent person. _____
- 7. I think I make a good impression on others. _____
- 8. I feel that I need more self-confidence. _____
- 9. When I am with strangers, I am very nervous. _____
- 10. I think that I am a dull person. _____
- 11. I feel ugly. _____
- 12. I feel that others have more fun than I do. _____
- 13. I feel that I bore people. _____
- 14. I think my friends find me interesting. _____
- 15. I think I have a good sense of humor. _____
- 16. I feel very self-conscious when I am with strangers. _____
- 17. I feel that if I could be more like other people I would have it made. _____
- 18. I feel that people have a good time when they are with me. _____
- 19. I feel like a wallflower when I go out. _____
- 20. I feel I get pushed around more than others. _____
- 21. I think I am a rather nice person. _____
- 22. I feel that people really like me very much. _____
- 23. I feel that I am a likable person. _____
- 24. I am afraid I will appear foolish to others. _____
- 25. My friends think very highly of me. _____

BẢN THỐNG KÊ CỦA LÒNG TỰ TRỌNG

Ngày, Tháng, Năm _____

Những câu hỏi dưới đây được thiết lập nhằm mục đích để đo lường sự đánh giá của bạn về chính bạn. Đây không phải là một bài thi, do đó những câu trả lời sẽ không được đánh giá đúng hay sai. Xin bạn hãy cố gắng trả lời những câu hỏi sau đây một cách cẩn thận và chính xác bằng cách định số cho từng câu hỏi như sau:

- | | |
|---|---------------|
| 1 | Không bao giờ |
| 2 | Rất ít khi |
| 3 | Đôi khi |
| 4 | Hầu hết |
| 5 | Luôn Luôn |

Xin bắt đầu.

1. Tôi cảm thấy người ta sẽ không thích tôi nếu họ biết rõ về tôi. _____
2. Tôi cảm thấy có nhiều người sống hòa thuận với những người khác dễ hơn tôi. _____
3. Tôi cảm thấy tôi là một người có sắc đẹp. _____
4. Khi tôi tiếp xúc với người khác, tôi cảm thấy họ rất vui khi được tiếp xúc với tôi. _____
5. Tôi cảm thấy người ta thực sự thích nói chuyện với tôi. _____
6. Tôi cảm thấy tôi là một người có nhiều khả năng để làm nhiều việc. _____
7. Tôi nghĩ tôi gây nhiều ấn tượng tốt đối với những người khác. _____
8. Tôi cảm thấy tôi cần thêm lòng tự tin vào chính tôi. _____
9. Khi tôi tiếp xúc với những người lạ, tôi cảm thấy rất bồn chồn và lo lắng. _____
10. Tôi nghĩ tôi là một người ngu dốt và tôi dạ. _____
11. Tôi cảm thấy tôi là một người xấu xí. _____
12. Tôi cảm thấy những người khác có nhiều vui vẻ hơn tôi. _____
13. Tôi cảm thấy tôi làm cho những người khác buồn phiền. _____
14. Tôi nghĩ những người bạn tôi rất thích thú về tôi. _____
15. Tôi nghĩ tôi có một cá tính vui vẻ và hài hước. _____
16. Tôi cảm thấy tôi rất có ý thức về chính bản thân mình trước người lạ. _____
17. Tôi cảm thấy nếu tôi giống những người khác, tôi sẽ được thành công. _____
18. Tôi cảm thấy người ta rất vui vẻ khi họ tiếp xúc với tôi. _____
19. Tôi cảm thấy tôi như một đóa hoa già khi tôi ra ngoài. _____
20. Tôi cảm thấy tôi bị xô đi, đẩy lại hơn những người khác. _____
21. Tôi nghĩ tôi là một người rất dễ chịu và tử tế. _____
22. Tôi cảm thấy người ta rất thích tôi. _____
23. Tôi cảm thấy tôi là một người rất dễ được ưa thích và mến chuộng. _____
24. Tôi rất sợ khi tôi tỏ ra là một người ngu ngốc đối với những người khác. _____
25. Những người bạn của tôi rất quý trọng tôi. _____

Figure 1: A Score Chart of the Index of Self-Esteem Scale

	SUM OF REVERSE - SCORES	TOTAL SCORE ON ISE SCALE
PRE - TEST	31	6
POST- TEST	22	- 3

Figure 2: A Graph of the Comparison of Reverse-Scores

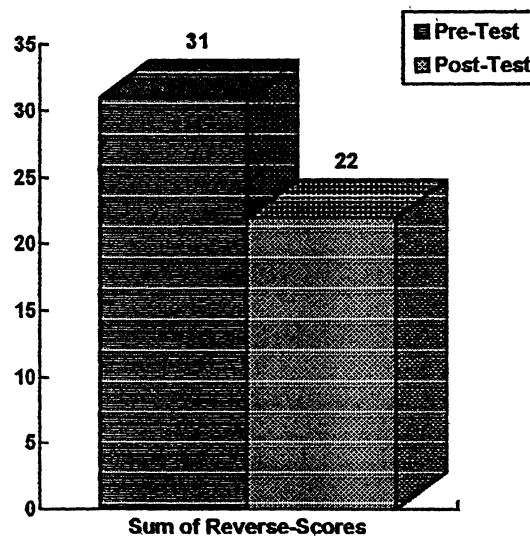
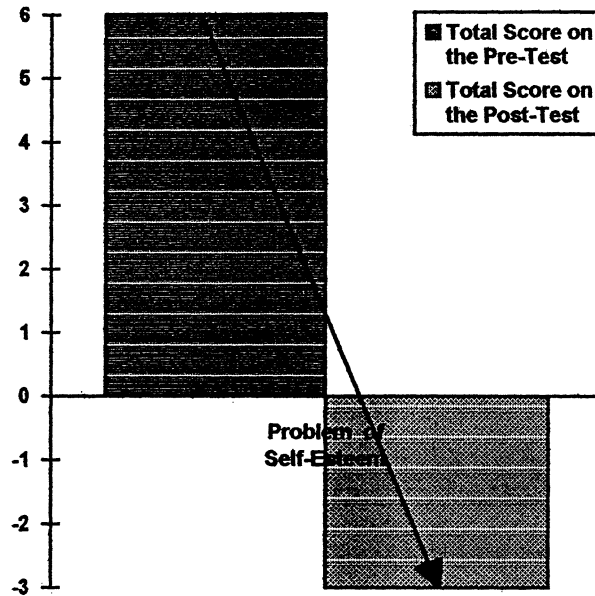
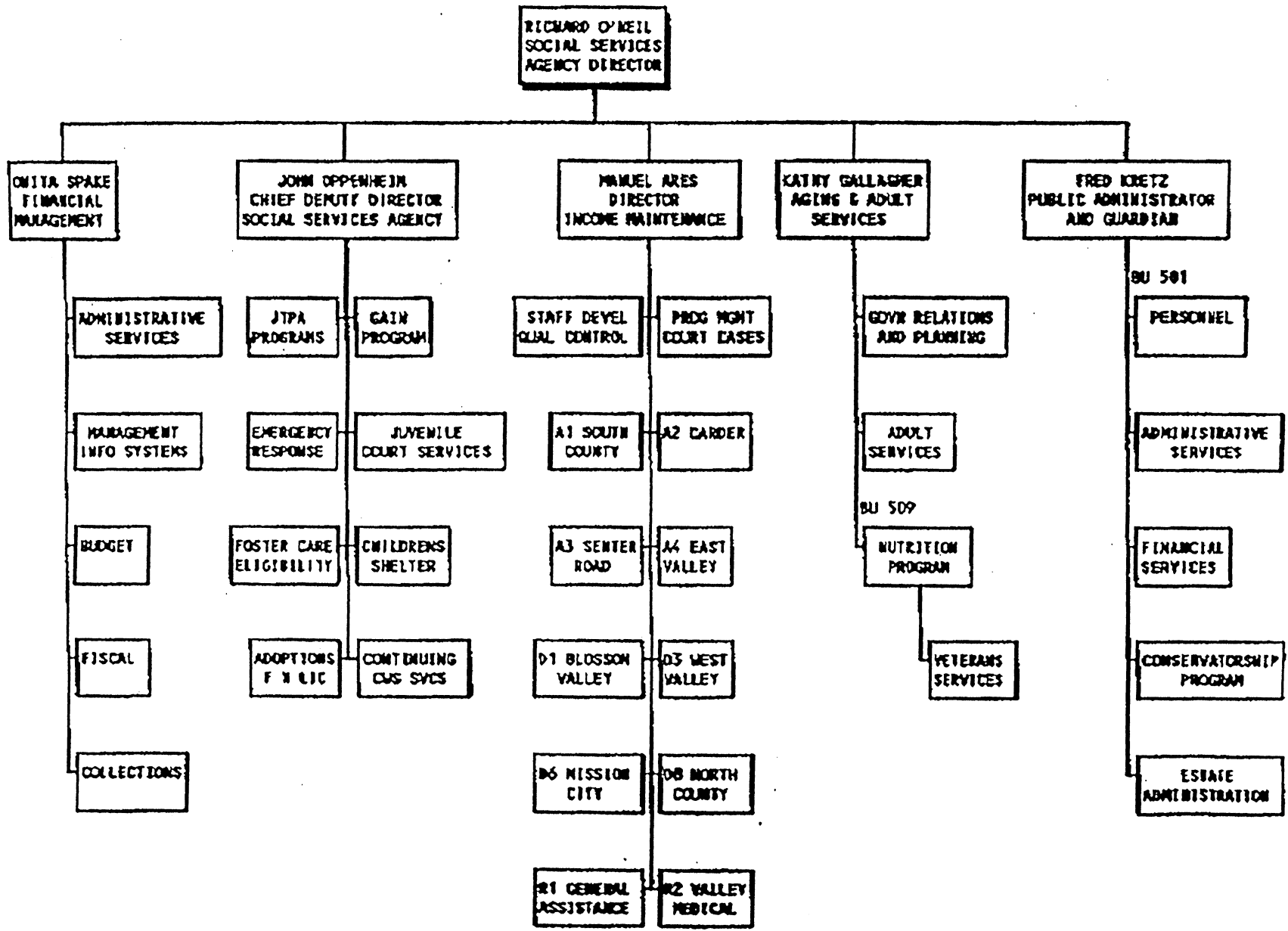


Figure 3: Graph of the Comparison of the Total Score in Relating to the Severity of the Client's Self-Esteem Problem



SOCIAL SERVICES AGENCY
ORGANIZATION CHART
JULY, 1994

46



**SANTA CLARA COUNTY
SOCIAL SERVICES AGENCY
DEPT. OF FAMILY & CHILDREN'S
SERVICES (DFCS)**

**RICHARD R. O'NEIL
AGENCY DIRECTOR**

6/94

**JOHN OPPENHEIM
DIRECTOR, DFCS**

DEBBIE HILTON
SECRETARY

**NOEMI BAIZA, SSPM
EMERGENCY RESPONSE**

Judy Holmes, Secretary
Mike Kim, ER Resonse, SJPD
CAN Reporting Center
SUPERVISORS
Al Brunelle, ER Screening
Bruce Hult, Emerg. Response
Moc-Lan Nguyen, Emrg. Response
Falth Faunteroy, Emrg. Response
Lawrence Gallegos, Emrg. Response
Jan Milles, Emrg. Response
Barbara Schmidt, Assessment Ctr.
Joan Jensen, Clerical Supervisor

**KEN BORELLI, SSPM
JUV. COURT SERV.**

Linda Ramirez, Secretary
SUPERVISORS
Sue Farr, Depend. Invest.
Tom O'Brien, Depend. Invest.
Jean Platner, Depend. Invest.
& Home Supervision
Frances Munroe, Depend. Invest.
Elaine Kawasaki, Court Officers
CLERICAL SUPERVISORS
Jeanne Vandivler, OMC
Donna Love, Sup. Clerk

**MARY HELEN DOHERTY, SSPM
FOSTER HOME**

Debbie Hilton, Secretary
Daniel Esparza, SW Coord.
Resource Specialist
Angie Sharp, Supervisor
Foster Home Licensing &
Recruitment

**BRAD NORMAN, SSPM
CHILDREN'S SHELTER**

Marilyn Glabicki, Secretary
Marianne Pritchett, Activ. Coord.
Meri Helling, ASO II +
SUPV. CHILD COUNSELORS
Yvonne Canter
Kathleen Marshall
Rene Huf
Marcia Peterson
Mike Cavallaro
Kim Allen, Clover House
Debbie Hartman, Sup. Clerk
Daniel Vo. SW
Carolyn Genirberg, SW
Lynne Jorgenson, ESH SW
Carol Valentine, ESH SW
Luis Soriano, Head Cook

BRUCE ENNISS, SW SUP.
SPECIAL PROJECTS

**ANELDA QUALTIERI
DEPUTY DIRECTOR, DFCS**

MARILYN KINNEY
SECRETARY

**MARY CHABOYA, SSPM
PROGRAM SUPPORT**

Denise Judilla, Secretary
Otis Cooper, Mgmt. Analyst
Claudia Hein, SW Coord.
Diane Foster, SW Coord.
Gary Evans, SW III
SUPERVISORS
Marielle Schmitt
Dean Case
Rich Pantoja
Emily Trujillo
Betty Walte
CHDP- Caroline Swanson
Maria Gonzales, Sup. Clerk

**KRIS FISHER, SSPM
CONTG. SERVICES**

Maria Herrera, Secretary
SUPERVISORS
Jan Panell, Contg.
Tom Albers, Contg.
Priscilla Merek, Contg.
Lona Spencer, Contg.
Marcia Standley, Adolescent
Linda Castaldi, Sexual Abuse
Helen Lim

**SHAARON GILSON, SSPM
ADOPT./FACIL.PLCEMENT**

Irene Sanchez, Secretary
SUPERVISORS
Gwen Westphal, Adoptions
Joan Alderson, Adoptions
Randy Parker, Fost/Adopt
Joan Anderson, Adopt. Matching
Pat Healey, Commun. Facilities
Bob Melton, Commun. Facilities
Sunny Buran, Intestn. F.R.
Barbara Watkins, Work/Study
Student Intern
Maria Nasjleti, S.W. Coord.

**ZONIA WALDON, SSPM
FM/FP**

Denise Judilla, Secretary
Gil Villagran, SW Coord.
(Family Resource Ctr.)
SUPERVISORS
Betty Farkas, FM/School Services
Hortencia Calvillo, FP/Spanish
Bill Aragon, Intensive FP
Doris Baldwin, FP Contg.
Hieu Tran, FP Multilingual Contg.
Bill Drennan, FP Resources
CLERICAL SUPERVISORS
Mary Jane Shall, Continuing
Elaine Wescott, Adoptions
Veronica Vargas-Soliz, Contg.,

