An Evaluation of the
Social Cultural Competency for Success
Training Program for the Acquisition of
Intercultural Interpersonal Competency Skills
Among Health Care Trainees

by

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Abstract

The purpose of this study was to test the validity and effectiveness of Westwood, Mak, Barker, and Ishiyama’s (1995) “Social Cultural Competency for Success” (SCCS) program. The SCCS program is designed to teach specific social cultural competency skills in a group format by means of modeling, coaching, role playing, role rehearsal and constructive feedback. The premise of the SCCS is that successful acquisition and performance of social cultural competency skills will enhance one’s sense of competence and self-efficacy.

A between subjects before-after research design was utilized. A cross-cultural sample of 36 students in the Practical Nursing program at the Vancouver Community College was randomly assignment to an experimental and a control group. The former received the SCCS program for a total of 18 hours over three weeks, while the latter participated in a regular didactic course curriculum. The following pre and post test instruments were administered: (1) Sherer, Maddux, Mercadante, Prentice-Dunn, Jacobs, & Rogers’ (1982) Self-Efficacy Scale; (2) Ishiyama’s (1995b) Situational Avoidance Tendency Scale (SAT); and (3) Ishiyama’s (1996) Interpersonal Skills Checklist (ISC). As a post only measure, all participants also participated in a role play scenario at the end of the SCCS program which involved the performance of socio-cultural competency skills with
independent blind raters who rated participants’ performance on the Behavioural Skills Checklist (BSC).

An independent samples t test suggested that the experimental group demonstrated superior performance on self reported measures of social cultural competency skills, based on their evaluations on the BSC by independent blind raters, as compared to the control group. Univariate Split-Plot Repeated Measures ANOVA suggested that compared to the control group: (1) the experimental group reported significantly higher level of verbal interaction competency on the ISC; (2) the experimental group reported significantly lower level of situational avoidance tendency on the SAT; and (3) there were no significant effects of the SCCS program on the general self-efficacy and the social self-efficacy as measured on the Self Efficacy Scale. Further exploratory analysis suggested that immigrant participants demonstrated more improvement than Canada-born participants.

The SCCS program may be an effective method for teaching social cultural competency skills as well as for the development of culturally sensitive counselling models and interventions for culturally diverse clients and intercultural counsellor training programs.
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Dedication

For

my mother, Kashmir Kaur Gill

to whose wisdom, strength, and support

I credit all my meager accomplishments
CHAPTER I

Introduction

Nations across the world have experienced a global increase in transnational human migration. This global increase in immigration has resulted in significant changes in the demographic and socio-cultural make up of the host countries. These changes have been felt in all spheres of the host society including customs and traditions; interpersonal relations and communications; governmental, educational, legal and business institutions as well as in the national workforce.

Canadian society is composed of people of diverse ethnic, racial, and cultural backgrounds. The liberalization of the Canadian immigration regulations and the adoption of a national multicultural policy by the federal government in the early 1970's resulted in increased immigration to Canada from all parts of the globe. Nowhere else in the Canadian mosaic has this change been as pronounced as it has been in the Canadian workforce. A large number of the new immigrants have come from non-European and non-English speaking backgrounds. The 1981 Census indicates that 16% of Canada's population was comprised of immigrants and of these 24% came from Third World regions (Mak, 1991; Tinglin, 1985).
Newcomers come to Canada for various reasons: immigrants seeking better social and economic opportunities for their families; refugees seeking political asylum because of state persecution and fear of loss of legal and human rights in their home countries; business immigrants seeking new and better entrepreneurial opportunities and individuals in the process of family reunification. Despite their diverse backgrounds, immigrants to Canada share one thing in common: their uphill struggle to adjust and adapt to their new living arrangements, which includes changes in culture, customs, language, interpersonal relations and employment.

Immigration and the subsequent socio-cultural adaptation is by no means an easy process. The difficulties and problems faced by sojourners, international students, and immigrants in adjusting and adapting to their new cultural environment have been documented by several authors (Altbach & Wang, 1989; Church, 1982; Taft, 1977; Tinglin, 1985; Triandis, 1972). Immigrants, by virtue of their new living context, are required to deal and cope with unfamiliar cultural values and practices, to learn new responses and skills, and to acquire new information and rules and cues in order to effectively communicate and relate to others in the host country both at work and in social interpersonal interactions.

Bronfenbrenner (1992) states that “human beings are not only a culture-
producing species, they are also culture-produced" (p.205). Cultural dislocation associated with immigration may result in the individuals experiencing a lack of self validation, cultural uprootedness, cultural attachment and homesickness and socio-cultural value based conflicts (Ishiyama, 1995a). The acculturation experience has also been described as involving acculturative stress (Berry, Kim Minde, & Mok, 1987), culture shock (Oberg, 1960), role shock (Byrnes, 1966), role strain (Guthrie, 1975), and self shock (Zaharna, 1989). Taft (1977) states that this socio-cultural relocation may result in the following: a) strain and fatigue, b) loss and deprivation, c) feelings of rejection, d) identity disturbance, e) shock of cultural differences, and f) feeling of impotence. Individuals may differ in their response and coping styles with regards to the above factors. Generally, it has been found that the greater the disparity between the original culture and the new culture, the more difficult the coping task that is faced by these individuals.

Most of the cultures of the world can be placed on the dimensional continuum of individualism-collectivism (Hofstede, 1980; Hui & Triandis, 1986). Collectivism has generally been associated with eastern cultures while individualism has generally been associated with western cultures. Individualistic and collectivistic cultures have been found to differ from one another on the basis of their assumptions and world views; goals and objectives; norms and rules as
well as their patterns of and rules for interpersonal interaction and communication.

Social cultural competence is a multifaceted and multidimensional process involving many factors such as culture, ethnicity, gender, socioeconomic status, and personality factors. Hammer, Gudykunst and Wiseman (1978) found that effective intercultural competence is related to the following: an ability to deal with psychological stress, an ability to communicate effectively, and an ability to establish interpersonal relations. However, individuals new to a society tend to operate from a culturally conditioned basis in which certain behaviours in another culture were effective, but in the new context often lead to a lack of success or in extreme cases, failure (Barker, 1993; Hofstede, 1980; Sue, 1990; Sue & Sue, 1990). This is especially true in the case of communication and self presentation skills required in interpersonal interactions for socio-cultural competence and success in the host country, especially at the workplace. The reasons being that cultures and societies differ in the rules and roles that govern appropriate behaviour and motor skills in social situations. However, such rules and roles which Westwood, Mak, Barker, and Ishiyama (1995) term a “cultural map” are usually not made explicit in any given culture. Such rules tend to be implicitly stated and even indigenous members find it difficult, if not impossible, to
articulate. Thus, newcomers usually lack ready access to these implicit cultural norms and rules.

Hymes (1972) states that intercultural communication competence involves a knowledge appropriate to the new context, effective performance as a communicator and the ability to predict human behaviour. The implications of poor performance, maladjustment, or failure by immigrants are extremely costly, both psychologically and financially for themselves, their families, and the host country. Governmental and private institutions in the host countries invest substantial funds and resources in programs to help newcomers to successfully adjust and adapt to their new context so they can become productive members of society. These initiatives generally consist of information dissemination. However, information obtained in such a didactic manner usually does not translate into the production of socio-culturally competent behaviours and skills. Furthermore, despite the recent developments in intercultural communication research, there has not been a significant increase in intercultural training programs specifically designed to train and empower immigrants to become successful in socio-cultural competency skills (Fontaine, 1986; Hannigan, 1990; and Westwood and Borgen, 1988).

Westwood, Mak, Barker, and Ishiyama (1995) have developed a training
model designed to provide a means for teaching newcomers critical behavioural and communication skills relevant to the new context in order to facilitate their successful adaptation. This model called “Social Cultural Competency for Success” (SCCS), is based on the principles of Bandura’s (1977a) social learning theory, Bandura’s (1977b) self-efficacy theory and Bandura’s (1992) social cognition theory. The primary objective of the program is not to substitute competencies, but to augment the competencies people already possess. Mak, Westwood, & Ishiyama (1994) state that this allows acculturating individuals to “expand their repertoire of social competencies to accommodate the host culture’s different interpersonal communication style without giving up their own cultural styles” (p.6). The key components of the program include providing information and rationale for appropriate intercultural skills, modelling the appropriate skills, coaching and role playing, and providing constructive feedback. It can be delivered in a group format in a short period of time and can be easily modified to meet the needs of different situational contexts.

Purpose of the Study

The main purpose of the current study was to test the validity and effectiveness of Westwood et al.’s (1995) “Social Cultural Competency for
Success" (SCCS) program as well as to make recommendations for research and implications for counselling.

The SCCS program is designed to teach specific social-cultural competencies to individuals in a group format by means of modelling, coaching, role playing, role rehearsal and constructive feedback. The premise of the program is that the training provided through this program will augment and enhance an individual sense of competence and self-efficacy in social situations as well as result in the acquisition of and effective performance of social cultural competency skills. More Specifically the research questions were as below:

1. Is the SCCS program effective in enhancing participants' self efficacy with respect to their social cultural competence?
2. Is the SCCS program effective at reducing participants' self reported situational avoidance tendency in social interactions?
3. Is the SCCS program effective at enhancing participants' self reported verbal interaction competence in interpersonal situations?
4. Is the SCCS program effective at enhancing participants' behavioural performance on the social competency skills?
Justification for the Study

As the world approaches the end of the 20th century and the beginning of the 21st century, “employment counselling, career development, career guidance, career education, and other related terms have become concepts and mechanisms of international importance” (Herr, 1990, p.147) due to the demographic and socio-cultural changes brought about by increased transnational human migration. Several authors have repeatedly emphasized the need for the development of counselling models, interventions, and counsellor training programs which are sensitive to the needs of culturally diverse clients (Wehrly, 1995; Pederson, 1991; Sue & Sue, 1990).

Counselling theories, interventions, and models of helping have their roots in socio-culturally bound philosophical assumptions regarding the nature of humanity. Sue and Sue (1990) reported that 50% of clients from minority and culturally diverse backgrounds terminate counselling after the first session because of the lack of perceived credibility of the counsellor. This perceived deficiency in counsellor credibility may be due the lack of counselling models and interventions which are sensitive to the needs of culturally diverse clients.

The results of this study may hold some important implications for counselling. The evaluation of the SCCS program may be able to contribute to the
development of effective counselling models and interventions in order to better meet the needs of culturally diverse clients as well as to broaden the paradigms and content of counselling from a focus on cross-cultural counselling to cross-national migration.
CHAPTER II

Literature Review

The global increase in transnational migration presents new challenges for both the immigrants and the host nationals for coping and adapting to the changes in the socio-cultural makeup and interactions in the host society. I will present a review of the relevant literature which will focus on issues related to immigration, acculturation, intercultural adjustment and adaptation issues, intercultural communication, and counselling implications.

Immigration and Acculturation

Reality is a socially and culturally constructed phenomena (Mahoney, 1991). Bronfenbrenner (1992) states that “human beings are not only a culture-producing species, they are also culture-produced” (p.205). He maintains that the characteristics of the person at a given time in his or her life are a joint function of the characteristics of the person and of the environment over the course of that person’s life up to that time.” (p.188).

When applied to the person-environment fit, the above implies that human beings
are not only culture-producing, but are also culture-produced. Although no two individuals are alike, individuals who have been raised in similar cultural environments usually tend to share more in common than individuals raised in two different cultural contexts. McGoldrick (1982), and Shon and Ja (1982) state that ethnicity and culture describe a sense of commonality transmitted over generations by the family and reinforced by the surrounding community by means of both unconscious and conscious processes which fulfil a deep psychological need for identity and historical continuity. Triandis (1972) calls these commonalities "subjective culture" which may include patterns of dress, child rearing, decision making, language, philosophy, aesthetics, and communication practices. Subjective cultures can generally be classified along the dimensional continuum of individualistic and collectivistic cultures.

Inkeles (1969) defines culture as "the knowledge, skills, attitudes, values, needs and motivations, and cognitive affective and conative patterns which shape [peoples'] adaptation to the physical and projective cultural setting in which they live" (p.615-616 cited in Taft, 1977). Gudykunst and Kim (1984) define culture as involving shared ideas about societal ordered patterns of behaviour. Collier & Thomas (1988) define culture as an historically transmitted system of symbols, meanings, and norms. According to Schien (1985), culture is the way in which a
A group of people solves problems. Thus, cultures differ on and can be distinguished from one another on the basis of assumptions and world views as well as goals and objectives, and appropriate norms and rules to attain these culturally defined objectives.

A major dimension of cultural variation is individualism-collectivism, which has been identified as central to an understanding of cultural values. Eastern cultures are said to espouse a collectivistic value orientation while Western cultures are said to espouse an individualistic value orientation. Individualism has been found to be the predominant cultural pattern in most northern and western regions of Europe and in North America while collectivism has been associated with Asia, Africa, South America, and the Pacific (Hofstede, 1980; Hui & Triandis, 1986; Ibrahim & Kahn, 1987; Sue, 1978; Triandis, Brislin, & Hui, 1988). Hall (1976) differentiates cultures on the dimensions of high or low context, collectivistic being high context and individualistic being low context cultures. High context cultures place greater emphasis on situational and contextual variables than verbal and explicit factors in interpersonal interactions than low context cultures. Hofstede (1980) found the following four dimensions on which cultural groups vary: individualism/collectivism; power distance; masculinity/femininity, and uncertainty avoidance.
Individualism is marked by a sense of personal identity, self actualization, internal locus of control, and post-conventional principled moral reasoning. It is also associated with valuing freedom, honesty, social recognition, hedonism, and equity. Furthermore, an individualistic or Eurocentric orientation emphasizes western values, ethos, and beliefs which include competition, individuation, and mastery over nature as well as rigid adherence to time.

Collectivistic cultures view the self as part of a collective whole and tend to value high ingroup identification, positive attitudes towards vertical relationships, and positive attitudes towards group harmony. Collectivistic cultures stress affiliation, collectivity, interdependence, respect for elders, obedience to authority, and the incorporation of the family self as significant parts of the self. Furthermore, collective harmony, face-saving, filial piety, modesty, moderation, thrift, and fulfilment of other's needs play an integral role in day to day social behaviour which tends to be associative and non-confrontational. At the workplace, this is expected to translate into valuing membership in and loyalty to organizations. Therefore, one’s career identity and career development, worksite interpersonal relations, and self-worth revolve around a sense of belonging to a workplace and harmonious relationship with other workers.

Migration, within or between countries, presents itself with the migrant
facing cultural conflict and the acculturation process. Cultural adaptation due to migration or cultural dislocation requires learning to cope with an unfamiliar culture. The magnitude of the coping task varies according to the size of the gap between the original and the new cultural environment. Redfield, Linton, and Herskovits (1936) define acculturation as culture change which results from continuous first hand contact between two or more distinct cultural groups. These changes may occur in the first and subsequent generations and may involve personal values and habits, beliefs, social relationships, and issues related to identity and career.

Berry (1987) states that individuals and groups differ in their mode of acculturation as a degree and function of two fundamental dimensions: contact participation with the majority community and cultural maintenance of the original culture. These two basic dimensions yield four different modes of acculturation: integration, assimilation, separation, and marginalization. Assimilation occurs when an individual does not wish to maintain his/her original culture and desires to participate in the majority culture. In contrast, separation occurs when an individual places a value on holding onto one's original culture and wishes to avoid interaction with the majority culture. Marginalization is characterized by a lack of interest in either culture and is accompanied by
collective and individual confusion and anxiety. Integration occurs when an individual wishes to participate in the majority culture as well as maintain his/her original culture. Berry's (1987) model of acculturation are analogous to Lee's (1982, 1990) model of cultural transition, based on her work with Chinese-Americans, which also posits four modes: traditional, bicultural, Americanized, and transitional (i.e. analogous to Berry's separate, integrated, assimilated, and marginalised acculturative modes).

Berry (1980, 1987) found that psychological responses at the individual level to acculturation may occur in a number of areas such as personality, identity, attitudes, values, cognitive style, and language, and may be associated with acculturative stress and behavioural shifts. Individuals from different generations may differ in their mode and degree of acculturation. Generally speaking, older adults or first generation individuals tend to prefer separation while subsequent generations prefer to assimilate or integrate.

Adler (1975) views the intercultural interaction/experience as a transitional experience that “begins with the encounter with another culture and evolves into the encounter with self” (p.18). What may initially appear to be apparent differences in cultural practices in the two cultures may over time result in the individual facing intrapersonal value conflicts during the acculturation
process. According to Berry, Kim, Minde, and Mok (1987), it involves a struggle between maintenance of one's original cultural identity and practices, and one's desire to participate in mainstream society. According to role theory, this represents a situation which involves role transitions which are often accompanied by an aversive state called role strain. If nothing is done to attenuate the strain, then its persistence is likely to result in ineffective role enactment and in detrimental consequences for the individuals's physical and psychological well being (Sarason & Spielberge, 1975 cited in van de Vliert & Allen, 1984). Byrnes (1966) refers to it as "role shock" which is defined as disorientation due to an unexpected discrepancy between two cultures in terms of meanings and values attributed to a certain role, status or role-related behaviour. Berry et al. (1987) refer to this experience as acculturative stress which is defined as stress associated with the process of acculturation and which is marked by "lower mental health status (specifically confusion, anxiety, depression), feelings of marginality and alienation, a heightened psychosomatic symptom level, and identity confusion" (p.492).

A number of researchers have also commented on this phenomenon associated with cultural adjustment and adaptation. Oberg (1960) termed this experience "culture shock" which refers to the distress experienced during cultural
adaptation as a result of losing all the familiar signs and symbols of social interaction. Hall (1959) defined culture shock as the removal or distortion of many of the familiar cues of one's environment, and their substitution by other cues which may be strange. Lundstedt (1963) described culture shock as...a form of personality maladjustment which is a reaction to a temporarily unsuccessful attempt to adjust to new surroundings and people. Instead of absorbing new stress successfully, the person becomes anxious, confused and often appears apathetic. The symptoms of culture shock are usually accompanied by a subjective feeling of loss, a sense of isolation and loneliness often associated with homesickness. Culture shock can be viewed as a response to stress by emotional and intellectual withdrawal, is characterized by a longing for an environment in which gratification of important psychological and physical needs is predictable and less uncertain. (P.3)

The experience of living and coping with differences in the values, practices, traditions, societal norms and rules, and social interactions/relationships may start out as an interpersonal conflict, but, it soon becomes an intrapersonal conflict. Zaharna (1989) calls this intrapersonal conflict experienced by
individuals as "self shock" which she defines as

...an extended reaction to the differences with and within the self.

Self shock is the intrusion of new and, sometimes, conflicting self-identities that the individual encounters when he or she encounters a culturally different.....The strained relationship [with the other]

affects the individual’s ability to hold on to recognizable, consistent self-identities. (P.511)

Therefore, this may have adverse affects on an individual’s self esteem, self worth, self confidence, and self-efficacy as well as affecting their socio-psychological functioning. Taft (1977) states that the major dissonance generated by the advent of a newcomer to an unfamiliar culture is in the area of interpersonal communication and interpersonal relations. At the intercultural communication level, self-shock represents a double bind because

...unshared meanings for behaviors increase one’s need to confirm self-identities. However, unshared meanings for behaviors decrease one’s ability to confirm self-identities. (Zaharna, 1989, P.517)
Intercultural Adaptation

Human adaptation is a complex and difficult process. According to Hannigan (1990), adjustment is viewed as either a component of adaptation or is considered to be synonymous with adaptation. (I will use these two terms interchangabally). He states that adaptation and adjustment encompass cognitive, attitudinal, behavioural and psychological changes in an individual living in a new or unfamiliar cultural context. He states that:

..adjustment can be conceptualized as a psychological concept which has to do with the process of achieving harmony between the individual and the environment. Usually this harmony is achieved through changes in the individual's knowledge, attitudes, and emotions about his or her environment. This culminates with satisfaction, feeling more at home in one's new environment, improved performance, and increased interaction with host country persons. (p.91)

Kim (1991) presents a systems approach to the conceptualization of adjustment or intercultural communication competence (ICC). She states that "collectively, the cognitive, affective, and behavioural dimensions of adaptive capacity are viewed as constituting the present domain of ICC" (p.270).
Generally speaking the factors associated with adjustment and subsequent intercultural effectiveness fall into the following three categories: skills, attitudinal factors, and personality traits.

Anderson (1994) in a review of the literature concludes that there are three major obstacles to a newcomer’s adjustment. First, there are differences in values, attitudes, and beliefs between the home and host culture, especially in the core values. Second, there is loss of familiar and/or loved objects of the home culture which define one’s self and identity. Finally, the newcomer experiences social incompetence because s/he does not have either the perceptual sensitivity nor the behavioural flexibility to respond appropriately in the new setting. She cites six principles which are considered to be critical for cross-cultural adaptation: (1) it involves adjustments; (2) it implies learning; (3) it implies a stranger-host relationship; (4) it is cyclical, continuous, and interactive; (5) it is relative; and (6) it implies personal development.

According to Taft (1977), adaptation to an unfamiliar culture involves the following four processes: (1) cultural adjustment which refers to personality functioning in the new context; (2) identification which refers to a change in the person’s reference groups and personal models; (3) cultural competence which refers to the acquisition of new cultural knowledge and skills; and (4) role
acculturation which refers to adoption of new culturally defined roles. The first
two represent dynamic processes and the second two involve the acquisition of
competence in culturally defined appropriate attitudes, roles, and behaviour.

Stenning (1979) states that the traditionally held view that personality is
central to all problems of intercultural adjustment may not be valid as personality
is no longer considered to be a good predictor of intercultural adjustment. Berry
(1985) states that in cross-cultural practice,

virtually any behaviour studied by psychology is a candidate for a
shift during acculturation. Of course, this challenges the basic
notions of the personality trait and behavioral stability, which posit
continuity over time and across situation. However, the field of
cross cultural psychology has established some fairly solid linkages
between how an individual acts (including thoughts, feelings, and
motives) and the culture which nurtured him; it should not be
difficult to accept, then, that when the culture changes the
individual may change as well. What may be stable over time is the
culture-behaviour linkage, but not the behaviour itself. (p.40)

Social cultural competence is a multifaceted and multidimensional process
involving many factors such as culture, ethnicity, gender, socioeconomic status,
and personality factors. Brislin (1981) lists six types of social skills critical to intercultural competence (cited in Redmond & Bunyi, 1993). These include: (1) knowledge of subject matter, (2) language, (3) communication skills, (4) positive orientations to opportunities, (5) ability to use traits as tolerant personality, personality strength, social relations, problem solving abilities, and (6) ability to complete tasks. Oberg (1960) also emphasizes the need for skill building rather than an identity change. Hammer, Gudykunst and Wiseman (1978) found that effective intercultural competence is related to the: (a) ability to deal with psychological stress; (b) ability to communicate effectively; and (c) ability to establish interpersonal relations. Therefore, the ability to communicate effectively and ability to establish interpersonal relations is generally regarded as both a predictor of intercultural competence as well as an outcome. Redmond and Bunyi (1993) found that the ability to communicate effectively across cultures is the strongest predictor of international students’ report of how well they were able to handle stress. Furthermore, it is difficult to develop effective interpersonal relationships if one is lacking the appropriate social cultural communication skills.

**Intercultural Communication**

According to Harré and Secord (1972), social behaviour is rule governed.
They maintain that rules arise to regulate behaviour, to order social life, and to render it meaningful because they provide a set of mutual expectations in order to render the interactants’ behaviour predictable and understandable (cited in Noesjirwan, 1978). These rules apply to all social behaviours, including, verbal and non-verbal communication interaction. In intracultural settings a communicator and a receiver share some views, desires and values which can provide the foundations for mutual communication and understandings. However, this may not be the case in intercultural communication interactions.

In intercultural communication and interactions, it has been found that verbal and non-verbal communication is strongly correlated with race, culture, ethnicity, and gender (Pearson, 1985, cited in Sue, 1990). Researchers have found that there are consistent and systemic cultural differences in the way people send and receive information, prescriptions (commands and wishes), and affect (Bochner, 1986). Interpersonal relationships and communication in intercultural situations present an increased likelihood where individuals will be unable to make isomorphic attributions, which refers to the understanding and assigning of common causes and intentions for each other’s behaviour. The probability of making isomorphic attributions decreases as the divergence between subjective cultures of the participants increases. Triandis (1972, 1977) concurs that the
greatest intercultural problems arise where the social situations in the host and the original culture are basically the same but in which the appropriate behavioural responses are different. This is one of the major reasons for mutual hostility, misunderstandings and poor relationships in intercultural interactions.

Hall (1976) differentiates between high and low context communication. In high-context communication, the message tends to be grounded in the physical context, (situation), or is internalized in the person. It is usually associated with collectivist cultures, such as Asian and south American cultures, as the large part of the communication depends on non-verbal cues associated with group identification. On the other hand, low context communication places a greater reliance on the verbal message and is associated with individualistic cultures such as the United States and Canada. Low context cultures tend to emphasize rules of law and procedure instead of group identification. Bochner (1986), Okabe (1983), Sue (1990), and Sue & Sue (1990), state that, in intercultural communication, problems may occur in some of the following areas: proxemics, kinesics, and paralanguage. Proxemics refers to the perception and use of personal and interpersonal space. Cultures differ in the use of personal and interpersonal space. Kinesics refers to bodily movements such as facial expression, posture, gestures and eye contact. The meaning associated with kinesics has been linked to cultural
conditioning. Paralanguage refers to vocal cues used in communication such as loudness of voice, pauses, silences, hesitations, rate, inflection, and intensity as well as directness of conversation.

Cross-cultural differences in the rules that govern interpersonal behaviour present a major source of difficulty in intercultural communication. These may include expressing attitudes, feelings, and emotions; adopting the appropriate proxemic posture; understanding the gaze patterns of the interactants; carrying out ritualized routines such as greetings, leave-taking, self-disclosure, making or refusing requests, and asserting oneself. Therefore, ordinary everyday situations such as attending parties, making contact with the opposite sex, ordering meals, shopping, talking with an instructor or a colleague, etc. become major obstacles for people new to a culture because they have not been socialized to the rules and routines of appropriate behaviour pertaining to their new context (Furnham & Bochner, 1982). Furthermore, the rules associated with social role behaviour are rarely made explicit, and an individual usually finds it almost impossible to formulate and communicate such rules to another. The newcomer usually has to rely on learning these cultural norms and nuances on a trial and error basis, which, in addition to being inefficient, may lead to unrealistic, irrational, and often self-defeating self-appraisals in interpersonal interactions. This further confounds
successful adjustment and adaptation to one's new cultural context, especially at
the workplace.

Although newcomers are generally highly motivated, goal directed, and
hard working with regards to their career, educational, and financial success, they
usually fail to recognize the importance of sociocultural competence to the
attainment of such objectives. They generally continue to operate from the
framework of their original culture, usually to no effect. Not only is such an
operative mode inefficient and ineffective, but also leads to confusion and self
defeating attitudes. The critical skills in the workplace arena include the
following: job search strategies, job keeping strategies, establishment and
maintenance of effective relationships with authority figures and colleagues, the
appropriate expression of affect, assertiveness skills, making a request,
interrupting, asking for clarification, and strategies for conflict management (Sade
and Notarius, 1985; Swensen, 1985). Mak (1996) states that:

...the extent to which highly qualified immigrants and expatriate
workers are able to transfer their occupational skills and potential
for career success often rests largely on whether they can continue
to be socially effective in the new country. This is particularly the
case for human services professionals, business people, managers,
and administrators, because much of their work involves building rapport and communicating with staff and clients and is conducted in the context of work organisations. (p. 4)

She found that unfamiliarity with the Australian culture and society to be the most frequently identified barrier among professional and managerial immigrants from Hong Kong.

Tinglin (1985) notes that the Advisory Committee on Cultural Heritage in British Columbia (1983) observed that:

Too many immigrants with education, training and experience in professions and trades do not achieve their potential because they cannot find the appropriate rung of the ladder which will enable them to climb to the position they ought to achieve. Some, having found this foothold, may lose courage, thinking they are trapped, forgotten and alone on the bottom rung for life...This is tragic from the point of view of human compassion and is an unfortunate waste for the...economy. (p.259)

This is usually due to a lack of effective interpersonal communication and relationship skills necessary for successful adaptation to the new cultural context. Not only are these skills important in finding employment, but are considered to
be critical in keeping one's current job as well as getting a promotion. A British Columbia Business Council’s (1995) survey found that the ability to successfully communicate, and the ability to successfully maintain and establish interpersonal relationships, at the worksite, are the two top abilities sought by employers in perspective employees. However, due to a lack of such skills, immigrants usually find themselves being underemployed and unemployed.

Not only do immigrants find themselves in a situation where they are accused of taking jobs from people in the host culture, but find themselves being attacked for not being self-sufficient. In their attempts to become self-sufficient, they feel confused and disempowered with regards to understanding and mastering effective socio-cultural competency skills for successful integration in the host society and the workforce (Borgen & Amundson, 1985; Miller, 1987).

Developing Intercultural Competency

In a review of the literature on learning paradigms, Mak, Westwood, Ishiyama, and Barker (1996) noted that “previous works, (e.g. Brislin, Landis, & Brandt, 1983, Gudykunst & Hammer, 1983) (including Mezirow, 1991; Taylor, 1994), have delineated different approaches to intercultural training, but have not presented a theoretical discussion of what makes cultural learning effective
despite various potential psychosocial barriers” (p.7). According to them, operant conditioning, classical learning, social cognitive learning, and role-based learning in groups are the four widely accepted learning paradigms which can inform and direct the sociocultural communication and competence training models. A brief review of some of these paradigms and relevant concepts is provided below.

**Behavioural Paradigms**

According to Skinner (1953), only the observable qualities of behaviour have any scientific relevance to psychology. He maintained that human learning was a functional reaction to reinforcement. Mak et al. (1996) state that the following conditions, based on the principles of operant conditioning, are critical for teaching new micro social skills to newcomers:

1. their correct responses to specific social cues are repeatedly rewarded by praises and successes,
2. their appropriate social behavior are further reinforced by the reduction of embarrassment and anxiety about unfamiliar social interactions,
3. provision of coaching and opportunities for practice to facilitate corrective feedback and perfection of new skills. (p.8)

She maintains that although the principles of classical conditioning are useful in the understanding of social anxiety reaction of newcomers in intercultural
interaction in the host countries, operant conditioning and counter-conditioning procedures, such as providing opportunities for interaction between newcomers and hosts in a supportive, safe and relaxed environment, can be effective in teaching social cultural competencies.

**Social Learning Paradigms**

The principles derived from Bandura’s (1977a) social learning theory, (1977b) self-efficacy theory, and (1992) social cognition theory form the foundations of Westwood, Mak, Barker, and Ishiyama’s (1995) Social Cultural Competency for Success training program. I will therefore review the relevant concepts, such as modelling, vicarious learning, and self-efficacy, in detail in this section.

Bandura’s (1977a) social learning theory, emphasized the social aspects of learning, especially the influence of modelling and vicarious learning. Modeling involves the learning of skills by observing and imitating the behaviour of others and the motivation to perform these behaviours is determined by their internal reinforcement, external reinforcement contingencies, and vicarious reinforcement processes. This further highlights the salient influence of family and cultural milieu on the development of social behaviour and social competence.
Bandura (1977a) and (1992) emphasized the role of attentional processes, retentional processes, behavioural production processes, and motivational processes in modeling. Attentional processes refer to the salient characteristic of the model that people observe and the information they extract from the modeled behaviour. These may include distinctiveness and functional value of the modeling stimuli as well as arousal level and motivational characteristics of the observer. Retentional processes refer to the transformation, restructuring, and storage into memory of information presented by the modeled behaviour in the form of rules and concepts. These may include both symbolic and actual motor rehearsal. Behavioural production processes involve the transformation of the above symbolic rules and concepts into actual motor skills through a concept-matching process. Accurate feedback and self-observation are considered to be critical during this process. Motivational processes refer to direct, vicarious, or self-produced incentives for the production of learned behaviour. Therefore, external, vicarious, and self-reinforcement processes play a critical role.

According to Cartledge and Milburn (1980), successful modeling involves the following four sequential steps: (1) presentation of a model, (2) behavioural rehearsal, (3) feedback on performance, and (4) practice in real-life settings. Once trainees are provided with a rationale for a particular social
behaviour, and the behavioural performance is demonstrated by credible models, they are more likely to perform such behaviours themselves. Bandura (1992) states that a “major significance of symbolic modeling lies in its tremendous multiplicative power” because “a single model can transmit new ways of thinking and behaving simultaneously to many people in widely dispersed locales” (p.15).

It has been shown to be “a highly effective means of establishing abstract or rule-governed behavior. On the basis of modeled information, people acquire, among other things, judgmental standards, linguistic rules, styles of inquiry, information processing skills, and standards of self-evaluations (Bandura, 1986; Rosenthal & Zimmerman, 1978)” p.18.

Modeling influences can serve as instructors, motivators, inhibitors, disinhibitors, social facilitators, and emotion arousers. Bandura (1992) states that modeling influences have the following psychological and social effects:

First, they foster acquisition of new competencies, cognitive skills, and behavior patterns. Second, they affect level of motivation and restraints over behavior that has been previously learned. Modeling influences also serve as social prompts that actuate and channel behavior in social transactions. In addition, models often express emotional reactions that tend to elicit emotional arousal in
According to Bandura (1977a) and (1992), the cognitive processes required in training through modelling are identical for both symbolic and live presentations. Live modelling appears to offer the most flexibility in teaching methods and reduces the problems associated with issues of accessibility and budgetary constraints.

Bandura (1977b) also emphasized the importance of self-efficacy in human agency. It is posited that outcome expectancy and self-efficacy expectancy are instrumental in behavioural change. The former refers to the belief that certain behaviours will lead to certain outcomes, and the latter refers to the belief that an individual can successfully perform a specific behaviour. Self-efficacy is defined as "people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (Bandura, 1986, p.391). He maintains that self-efficacy expectancies are the most powerful factors involved in behavioural change because self-efficacy expectancies determine the initial decision to perform a behaviour, the effort expended, and persistence in the face of adversity. Therefore, alteration of a person's expectations of personal mastery and success can lead to behavioural change. Self-efficacy, both perceived and actual, is a dynamic entity which may increase, decrease, or remain the same.
during the course of a person's life span. Self-efficacy judgements are based on the following four principles: mastery experiences, vicarious observations, social persuasion, and physiological arousal states, as well as an individual's appraisal of these four components. It has been shown that self-efficacy is a better predictor of behaviour change than outcome expectancies or past performance (Bandura, 1977b; Bandura, Adams, & Beyer, 1977).

**Role based learning in groups**

Mak et al. (1996) emphasize the importance of group based sociocultural competence due to its focus on modeling, practicing, giving and receiving feedback in a group context, and group influencing processes. She states that group based learning offers a safe place for people to learn new skills because it helps group members to relax, reduce social anxiety and defensiveness, encourages risk taking, provides opportunities for mutual validation, and provides multiple opportunities for feedback and modeling. In their review of the literature, involving 32 studies comparing individual and group-based treatment approaches, Toseland and Siporin (1986) found group treatment to be more effective and efficacious than individual therapy and found the attrition rate to be considerably lower than in individual therapy. Mackenzie (1986) suggests that the group format is also a powerful method for overcoming motivation.
Helping Approaches in Intercultural Adaptation

Hymes (1972) states that intercultural communication competence involves a knowledge appropriate to the new context, effective performance as a communicator and the ability to predict human behaviour. Bandura (1992) states that “most human behavior, being purposive, is regulated by forethought” (p.27). “The capacity to extrapolate future consequences from known facts enables people to take corrective actions that avert disastrous futures. It is the expanded time perspective and symbolization of futures afforded by cognition that increases the prospects of human survival” (p.31). However, the above proposition may not hold true in intercultural interactions due to different world view, expectations, and predictive rationales.

Government and private institutions in the host countries usually invest substantial funds and resources in programs to help immigrants successfully adjust and adapt to their new context and become productive members of the society. However, these initiatives usually consist of information dissemination and usually fall short of newcomers mastering socio-cultural competencies. Furthermore, despite the recent developments in intercultural communication research, there has not been a significant increase in intercultural training programs specifically designed to train and empower immigrants to become
successful in socio-cultural competency skills (Fontaine, 1986; Hannigan, 1990; and Westwood and Borgen, 1988). According to Bochner (1986), there have been a number of approaches to helping individuals cope and adjust to their new cultural environments. These include the pseudo-medical model, information giving and cultural sensitization, and the social learning approach.

The pseudo-medical model presupposes that psychological well-being of individuals is dependent largely on the smooth functioning of their intra-psychic elements and any problems are seen as a crisis of personality or identity. It tends to ignore the role of the person’s socio-cultural factors in the aetiology, diagnosis, and treatment. This model also suffers from cultural encapsulation and chauvinism because it assumes that a newcomer’s problems would be over if s/he can be persuaded to embrace the values and customs of the host society and abandon her/his original cultural identity. Mak (1996) states that the motivation to develop sociocultural competence is likely to be compromised when people’s original cultural pride or identity is threatened.

The information giving and cultural sensitization approaches rely upon either providing information about the new culture or an awareness of how one’s cultural practices and beliefs are different from the new culture. Such cognitive approaches usually have the following limitations:
(1) The facts are often too general to have any clear specific applications in particular circumstances; (2) The facts emphasize the exotic.....and ignore the mundane but more commonly occurring happenings; (3) Such programs give the false impression that a culture can be learned in a few easy lessons. (Bochner, 1986, p.161)

The social learning approach views the problems faced by newcomers as a lack of critical skills and knowledge instead of employing psycho-dynamic explanations. The major task is viewed as “not to adjust to a new culture, but to learn its [new culture's] salient characteristics” (Bochner, 1986, p. 160). Thus, the acquisition of a particular practice and the skill to carry it out is not considered to be intrinsically desirable or undesirable, but is judged in relation to the appropriateness or inappropriateness of the behaviour depending on the cultural circumstances at hand. This approach utilizes techniques based on principles derived from behavioural theory and the social learning theory. Furnham and Bochner (1982) list the following advantages of the social learning approach:

the first was that no value-judgements were being made about the relative merit of the two societies; the second was that the culture-learning model had obvious implications for remedial action...and
the third advantage...is that it leads to quite precise operational definitions of the concept. (P.167)

The fourth advantage cited by Mak, Westwood, & Ishiyama (1994) is that it allows the acculturating individuals to “expand their repertoire of social competencies to accommodate the host culture’s different interpersonal communication style without giving up their own cultural styles” (p.6) or ethnic identity. Argyle (1979) lists seven skills that can be developed in individuals with the use of the social learning model (cited in Furnham & Bochner, 1982). These include: perceptive skills, expressive skills, conversation skills, assertiveness, emotional expressiveness, anxiety management, and affiliative skills.

Anderson (1994) notes that there are two different variations to the social learning approach to cultural adaptation. The first school of thought holds that communication governs individuals’ ability to interact effectively in all life situations, and regards intercultural communication to be at the core of cultural adaptation. The second school of thought holds that:

...successful adaptation lies in implementing appropriate social behaviors but distinguishes itself from the communication view by its emphasis on the behavior learning itself....[Thus adaptation to a culture requires the learning of]..... both perceptual rules - the
rules for interpreting their environment, and behavioural rules - the rules for comporting themselves within it (p.295).

Therefore, instead of construing cultural adaptation as a mental health concept, a more appropriate conception might be simply the development of competence in response to challenges (Smith, 1966).

Social-Cultural Competency for Success Training Program

Westwood, Mak, Barker, and Ishiyama's (1995) "Social-Cultural Competency for Success," (SCCS), program falls in the second stream of the social learning approach to cultural adaptation. The program is designed to teach newcomers critical social competency skills relevant to their new context in order to facilitate their successful adaptation. This training program is based on Bandura's (1977a) social learning theory, Bandura's (1977b) self-efficacy theory and Bandura's (1992) social cognition theory. Mak (1996) notes that the motivation to develop sociocultural competence is likely to be compromised when people's original cultural pride or identity is threatened. Therefore, the SCCS program does not attempt to substitute competencies, but rather intends to augment the competencies people already possess. Westwood et al. (1995) state that:
the approach is preventative rather than remedial. The focus in this approach is developing “culturally appropriate” behaviours which have been shown to bring about more positive interactions and outcomes. These cannot be taught by information only, but they must be (EXPLAINED), seen in action (MODELLED), and incorporated into the individual’s own social behaviour repertoire (PRACTICED). This is a social learning approach stressing the acquisition of critical role behaviours. (p.3)

The key components of the model include: assessment, explanation (providing information and rationale), demonstration (modeling), practice and coaching (through role play), feedback, and repeated trials. The model can be varied or altered to meet the particular needs of the groups or individuals in the program.

Modeling and vicarious learning based on Bandura’s (1977a) social learning theory have been shown to be effective techniques for bringing about change in an individual (Ozer & Bandura, 1990; Kazdin, 1982). Westwood et al. (1995) state that “role-play and behaviour rehearsal originated from Moreno’s psychodrama technique (1946), Salter’s conditioned reflex therapy (1949) and
Figure 1: Social Cultural Competency for Success Model

(courtesy of Westwood et al., 1995)

Kelly’s fixed-role therapy (1955)” (p.11). Van de Vliert and Allen (1984) also state that role playing is a powerful method for bringing about behavioural changes and “is a particularly valuable intervention tool in the case of role transitions where the strain must be managed, some new behavior learned, and
other old behaviors unlearned” (p.351). This program is both time and cost efficient as it can best be delivered in a group format. The group provides support and encouragement from peers.

Borgen and Amundson (1985) emphasize that the appropriateness of the group leader for facilitating cross-cultural groups is critical for establishing her/his credibility with the group and for group interventions to be successful. They state that:

...in attempting to work with others counsellors must first understand themselves. Using this as a foundation, a counsellor can begin to develop a broader cultural awareness and the skills necessary to run this type of group. Group facilitation skills must then be integrated with the particular cultural values of the participants. (p.277)

According to Mak et al. (1996),

for individuals to reap the maximum benefits from a sociocultural training program, it is most effective if the group is led jointly by a minority group member (as a credible role model for the enhancement of trainees’ perceived self-efficacy) and a member of the dominant culture (for authentic explanation of the host cultural code). Trainees will be encouraged to witness how someone with visibly different features and speaking with a foreign accent can successfully assume a leadership
Counselling Implications

The SCCS program may have some important implications for counselling. The program can be utilized in situations involving cultural and role transitions which may be associated with immigration, unemployment, cultural dislocation, divorce, employment relocation, transition from academic to work environment etc. The research will contribute to developing effective counselling models and interventions with culturally diverse clients.
CHAPTER III

Methodology

The main purpose of the current study was to test the validity and effectiveness of Westwood, Mak, Barker, and Ishiyama’s (1995) “Social Cultural Competency for Success” (SCCS) program as well as to make recommendations for research and implications for counselling. The SCCS program is designed to teach specific social-cultural competencies to individuals in a group format by means of modelling, coaching, role playing, role rehearsal and constructive feedback. The premise of the program is that the training provided through this program will augment and enhance participants’ sense of self-efficacy and competency in social situations as well as result in the acquisition of and effective performance of social cultural competency skills. More Specifically the research questions were as follows:

1. Is the SCCS program effective in enhancing participants’
general and social self-efficacy as measured by pre and post test
ratings on the Sherer et al.’s (1982) Self-Efficacy Scale?

2. Is the SCCS program effective at reducing participants’ self
reported situational avoidance tendency as measured by pre and
post test ratings on Ishiyama’s (1995b) Situational Avoidance
Tendency Scale (SAT)?

3. Is the SCCS program effective at enhancing participants’ self
reported verbal interaction competency as measured on Ishiyama’s
(1996) Interpersonal Skills Checklist (ISC)?

4. Is the SCCS program effective at enhancing participants’
behavioural performance on the social competency skills as
evaluated/rated by independent blind raters on the Behaviour Skills
Checklist (BSC)?

Characteristics of the Sample

The participants for this study were recruited from the Licensed Practical
Nursing (LPN) program at the Vancouver Community College. After briefing the
instructors about the nature of the SCCS program and the research study, they
were asked to refer those students to the research study who, in the instructor’s
opinion, would benefit from training in social cultural competency skills.
Participation in the research study was purely voluntary. Students were free to
withdraw from the research study at any time without any penalty. Students were
informed of the voluntary nature of their participation in the program by the
primary researcher verbally and in writing as well as by the LPN department.

Students were also encouraged to speak with the primary researcher, the LPN department head, and Dean of Health Sciences program at Vancouver Community College if they had any concerns or questions regarding the research study or their participation in the research study. There were no foreseeable or expected physical or psychological risks for the participants in this study.

The participants for this study were 39 students enrolled in the Licensed Practical Nursing (LPN) program at the Vancouver Community College. The participants were all adults who had a functional fluency in the English Language as determined by the Vancouver Community College’s test of English Language competence. The participants included both “mainstream Canadian” students and immigrant students. The inclusion of both native born mainstream participants and immigrant participants was necessitated by the field nature of this study. However, it was also considered that having a heterogenous group might provide a wider diversity of participant role models and may be more representative of real life group compositions at the work site. Borgen and Amundson (1985) note that although culturally homogeneous groups may provide “a more obvious sense of psychological support and trust (Brower, 1980), ... the advantage of culturally dissimilar groups is that they provide an excellent opportunity to confront,
challenge, and inform a person about how he/she views his/her situation” p.277-278).

All participants were randomly assigned to an experimental and a control group. This random assignment of participants resulted in 20 being in the experimental and 19 in the control group. However, three participants in the control group were excluded from the study and subsequent statistical analysis due to attrition and insufficient data. This resulted in 20 participants in the experimental group and 16 in the control group for the purposes of statistical analysis.

Research Design

This study utilized a between subjects before-after research design as described by Christensen (1985). During an introductory first session, research participants were randomly assigned to either a “control group” or an “experimental group” in order to establish the equivalency of the groups. Both the control group and the experimental group were administered the following: (1) a background demographic survey; (2) Sherer et al.’s (1982) Self-Efficacy Scale; (3) Ishiyama’s (1995b) Situational Avoidance Tendency Scale (SAT); and (4) Ishiyama’s (1996) Interpersonal Skills Checklist (ISC). The Self Efficacy Scale,
SAT, and the ISC were administered to both groups as a pre-test before commencing the study and as a post-test after the administration of SCCS program to the experimental group. All of the instruments used in the study have been shown to be psychometrically valid and reliable.

This program was delivered to the participants as part of the “human relations” course which is part of the regular curriculum at the Vancouver Community College. The program was delivered by two group leaders: (1) the primary researcher, (a male from a visible minority group, Sikh), who served as the lead facilitator; and (2) a female LPN instructor, a member of the dominant mainstream culture, who served as a co-facilitator. This was done to enhance the credibility of the group leader as suggested by Borgen and Amundson (1985), and Mak et al. (1996).

The control group participated in the regular didactic curriculum material while the experimental group participated in the SCCS program, as per appendix H. The program was delivered over three weeks, for a total of 18 hours of participation. Each week the students participated in the program in two, three hour sessions and contracted to practice social-cultural competency skills outside of class time. The following social cultural competency skills were taught: interjection/interruption skill, clarification skills, social conversation skills, and
conflict management skills as per appendix H.

At the conclusion of the three week training period, both groups were administered the post-test instruments in the fourth week. Additionally, all participants from both groups participated in a role play scenario, as per appendix G, which involved the performance of social cultural competency skills with independent blind raters. These raters were graduate students in counselling psychology. The raters’ task was to rate participants’ behavioural performance of the social cultural competency skills on the Behavioural Skills Checklist. Following this, the control group also received the SCCS program in order to ensure ethical compliance with program delivery to all research participants. A four month follow-up was also conducted.

**Instrumentation**

The instruments used in this research study were: a background survey “Demographic Questionnaire”, Sherer et al.’s (1982) Self-Efficacy Scale, Ishiyama’s (1995b) Situational Avoidance Tendency Scale (SAT), and Ishiyama’s (1996) Interpersonal Skills Checklist (ISC). Additionally, independent blind raters rated participants’ behavioural performance on social cultural competency skills on the Behavioural Skills Checklist.
Self Efficacy Scale

Sherer, Maddux, Mercadante, Prentice-Dunn, Jacobs, & Rogers (1982) developed the Self Efficacy Scale to assess expectancies of self-efficacy. They state that the Self Efficacy Scale “measures generalized self-efficacy expectations dependent on past experiences and on tendencies to attribute success to skill as opposed to chance,” and “may be useful adjunct measure in determining the success of psychotherapy and behavioural change procedures” (p.671).

The Self Efficacy Scale consists of a series of 30 statements about personal attitudes and traits representing commonly held beliefs. Participants were asked to mark each statement, that best represented their own attitudes and feelings, with a letter, on a scale from A to E where A represented “strong disagreement” and E represented “strong agreement”. The Self Efficacy Scale has two subscales, the General Self Efficacy (GSE) sub-scale accounting for 17 of the 30 item total, and the Social Self Efficacy (SSE) subscale accounting for 6 of the 30 item total. The scale also includes 7 filler items. Both subscales have good reliability (Cronbach $\alpha = .86$ and $.71$, respectively). In terms of criterion related validity, Sherer et al. (1982) demonstrated that the General Self Efficacy subscale adequately predicted past success in vocational, educational, and military areas, and the Social Self Efficacy subscale predicted past vocational success. Construct
validity of the Self Efficacy scale was also demonstrated by Sherer & Adams (1983), and Sherer et al. (1982). Their results confirmed the Self Efficacy Scale as a valid measure of expectations of personal ability to initiate and persist in behaviour. The Self Efficacy Scale has been used in a number of studies (Berry and West, 1993).

The Self Efficacy Scale was administered as pre and post test indicator of change in participants’ social self-efficacy (SSE) and the general self-efficacy (GSE). It was hypothesized that the experimental group would report a more highly significant increase in their Social Self Efficacy (SSE) and their General Self Efficacy (GSE) than the control group due to participation in the SCCS program.

**Situational Avoidance Tendency Scale (SAT)**

Ishiyama’s (1995b) Situational Avoidance Tendency Scale (SAT) was developed as a measure of self reported situational avoidance tendency which may be an indirect measure of social anxiety. The SAT is a 15 item scale consisting of descriptions of different social interactions. Participants were asked to rate themselves in terms of how often they tend to avoid the above 15 social interactions on a 7 point Likert type scale, where 1 represented “almost never” and 7 represented “almost always”. The SAT has good reliability (Cronbach α = .89).
and adequate test-retest reliability over a 6.5 week interval, \( r = .76, n=71 \). Its concurrent validity and predictive validity has also been well established (Ishiyama, 1995b).

The Situational Avoidance Tendency Scale (SAT) was administered to both groups as a pre and post test measure of situational avoidance tendency. It was hypothesized that the experimental group would report a significantly lower self-reported situational avoidance tendency as measured on the SAT than the control group due to their participation in the SCCS program.

**Interpersonal Skill Checklist (ISC-33)**

Ishiyama (1996) developed the Interpersonal Skill Checklist (ISC-33) to assess “verbal interaction competency in a wide range of interpersonal situations” (p.1). Participants were administered the original 40 item version of the checklist. The ISC-40 is a 40 item scale consisting of descriptions of social interaction skills in various social and cultural environments. Participants were asked to rate their effectiveness on these social interaction skills using a 7 point Likert type scale, where 1 represented “not at all” effective and 7 represented “extremely” effective.

The author of the scale refined the ISC-40 to a 33 item scale, ISC-33. According to the author, F.I. Ishiyama (personal communication November, 1996), refinement of the ISC-40 to ISC-33 yielded a psychometrically superior
instrument and involved discarding 7 items from the ISC-40. Although participants were administered the ISC-40 as part of this study, the statistical analysis was conducted according to the ISC-33 item set, and the above 7 discarded items were treated as filler items.

The ISC-33 was normed on a cross-cultural sample of 215 university students. Ishiyama (1996) states that “the internal consistency of the scale, as one of reliability indices, was found [to be] extremely high...the item total r’s varied from .46 to .68, with a Cronbach alpha of .94” (p.4). Furthermore, “there were no statistically significant gender effects. Nor were there significant effects of gender-by-race interaction” (p.6). Ishiyama (1996) also reported adequate concurrent validity for the ISC-33.

The Interpersonal Skill Checklist (ISC) was administered as a pre and a post test indicator of change in participants’ self reported verbal interaction competency in social situations. It was hypothesized that the experimental group would report a significant increase in their reported level of verbal interaction competency as measured on the ISC than the control group due to their participation in the SCCS program.

**Behavioural Skills Checklist (BSC)**

Behavioural Skills Checklist consisted of 8 items specifically designed by
the author to assess the effective and appropriate use of two of the major social cultural competency skills taught in the SCCS program, interjection and clarification skills, by the participants during a role play with independent blind raters. Research participants were involved in a standard role play scenario with independent blind raters, as per appendix G, which required the use of interjection and clarification skills. Independent blind raters were required to rate participants’ behavioural performance on the above two skills using the Behavioural Skills Checklist, on a 7 point Likert type scale, where 1 represented “not at all effective” or “not at all appropriate”, and 7 represented “highly effective” or “highly appropriate” depending on the scale items under consideration. The purpose of this exercise was to investigate whether the participants in the experimental group were able to perform specific behavioural skills and to determine whether independent blind raters are able to differentiate between the experimental and control groups by rating the participants’ performance on the Behavioural Skills Checklist (BSC). The BSC ratings were obtained as a post only procedure. It was hypothesized that the experimental group would demonstrate superior behavioural performance of the social cultural competency skills based on evaluations on the BSC by the independent raters than the control group due to participation in the SCCS program.
According to R. Connery (personal communication, January, 1996), and Hops & Greenwood (1981), Behavioural role play tests have several advantages over sociometrics, ratings, and observations: (1) behavioural role play tests can assess social behaviour that occur at low frequencies in the natural environment; (2) behavioural role play tests represent actual enactment of a skill rather than a rating of it; and (3) simulated settings can be more tightly controlled to assess a participant's response to specific stimuli. However, behavioural role play tests may not correspond to the same behaviour in its naturalistic setting.

Senior graduate students in counselling psychology who had masters level training in the use of interjection and clarification skills were recruited as independent blind raters in consultation with the doctoral dissertation committee. They were informed of the nature of the study, the standard role play scenario, and the two social cultural competency skills (interjection and clarification). However, they were blind as to the assignment of research participants to either the control or the experimental group. Independent blind raters were also trained in the use of the Behavioural Skills Checklist via a simulated role play which mirrored the role play they were required to evaluate. Interrater reliability on this task was found to be 85%.
Statistical Analyses

All statistical analyses were conducted on the University Computing Centre’s SPSS-X program and SPSS for windows, (version 6.1.3). Univariate Split-Plot Repeated Measures Analysis of Variance (ANOVA) was carried to assess the statistical significance of pre and post test scores for the experimental group and the control group on the data obtained from the following scales and their respective subscales: (1) Self Efficacy Scale including the General Self Efficacy (GSE) subscale and the Social Self Efficacy (SSE) subscale; (2) Situational Avoidance Tendency Subscale (SAT), and Interpersonal Skills Checklist (ISC). Since the Behavioural Skills Checklist involved a post-only procedure, an Independent Samples t-test was carried out to determine statistical significance of the data obtained for the experimental and control group. The above Univariate Split-Plot Repeated Measures ANOVA was also carried out for the SSE, GSE, SAT, and ISC for the experimental and control group based on whether the participants were born in Canada or had immigrated to Canada. However, due to the small n’s involved, such analyses were conducted for exploratory purposes only. A p < .05 level was used to test the statistical significance and to reject the null hypothesis unless otherwise specified. Descriptive Statistics for the above scales, demographic variables, and follow-up
questions were also obtained.

**Delimitations and Limitations**

The criteria which specify the population and the sample for this study are restrictive of to whom the results of the current study may be generalized. It is possible that the participant sample in this research study may be part of a specific socioeconomic or demographic status. The research sample used in this study was not a homogenous group. It was a heterogeneous group composed of native born mainstream Canadians and new immigrants to Canada which may also limit the generalizability of the results. Although the sociometric instruments used in this study were the best instruments available for this study at the present time, it is possible that they may not be valid and reliable with this participant sample/population due to normative differences.
CHAPTER IV

Results

The purpose of this research study was to test the validity and effectiveness of “Social-Cultural Competencies for Success” (SCCS) training program. The SCCS program, developed by Westwood, Mak, Barker, and Ishiyama (1995), is designed to teach specific social-cultural competencies to individuals in a group format by means of modelling, coaching, role playing, role rehearsal, and constructive feedback. The premise of the program is that the training provided through this program will augment and enhance an individual’s sense of competence and self-efficacy in social situations as well as result in the acquisition of and effective performance of social cultural competency skills. In this chapter, I will provide and examine the results of this study.

The SCCS program was delivered to the participants during the “human relations” course which is part of the regular curriculum at the college. This study utilized a between subjects before-after research design as described by Christensen (1985). The control group participated in the regular didactic curriculum material while the experimental group participated in the SCCS program. Both the control group and the experimental group were administered
the following: (1) a background demographic survey; (2) Sherer et al.’s (1982) Self-Efficacy Scale; (3) Ishiyama’s (1995b) Situational Avoidance Tendency Scale (SAT); and (4) Ishiyama’s (1996) Interpersonal Skills Checklist (ISC). The Self Efficacy Scale, SAT, and ISC were administered to both groups as a pre-test before commencing the study and as a post-test after the administration of SCCS program to the experimental group. An additional post test measure was given to both groups who participated in a role play scenario involving the performance of socio-cultural competency skills with independent blind raters. The raters’ task was to rate participants’ behavioural performance of the social cultural competency skills on the Behavioural Skills Checklist. It was hypothesized that:

(1) the experimental group would report a more significant increase in their Social Self Efficacy (SSE) and their General Self Efficacy (GSE) than the control group due to participation in the SCCS program;

(2) the experimental group would report a significantly lower level of self reported situational avoidance tendency as measured on the SAT than the control group due to their participation in the SCCS program;

(3) the experimental group would report a more significant
increase in their reported level of verbal interaction competency as measured on the ISC than the control group due to their participation in the SCCS program;

(4) the experimental group would demonstrate superior behavioural performance of the social cultural competency skills based on evaluations on the BSC by the independent raters compared to control group due to participation in the SCCS program.

Descriptive Statistics

A background survey entitled “Demographic Questionnaire” was administered to all participants. The results of this demographic questionnaire are presented in Table 1 (a) and Table 1 (b). Table 2 lists the means and the standard deviations for the SSE, GSE, SAT, ISC, and BSC for both the experimental and control groups.
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
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<td>12</td>
</tr>
<tr>
<td></td>
<td>Male</td>
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<td>4</td>
</tr>
<tr>
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<td>7</td>
</tr>
<tr>
<td></td>
<td>Immigrant</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Education</td>
<td>High School</td>
<td>11</td>
<td>5</td>
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</tr>
<tr>
<td></td>
<td>University</td>
<td>3</td>
<td>3</td>
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<td></td>
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<td>4</td>
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<tr>
<td></td>
<td>Divorced/Separated</td>
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<td>2</td>
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<tr>
<td>Ethnicity</td>
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<td>6</td>
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<td>East European</td>
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<td>2</td>
</tr>
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<td></td>
<td>Hispanic</td>
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<td>1</td>
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<td></td>
<td>Indo-Canadian</td>
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<td>4</td>
</tr>
<tr>
<td></td>
<td>Phillipino</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Chinese</td>
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<td>0</td>
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### Table 1 (b): Demographics of the Sample

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<th></th>
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</thead>
<tbody>
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<tr>
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<td>8</td>
<td>7</td>
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<tr>
<td>Non-English</td>
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<td>9</td>
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<tr>
<td>Christianity</td>
<td></td>
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<td>11</td>
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<td>Hinduism</td>
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<td>0</td>
<td>2</td>
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<td>Buddhism</td>
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<td><strong>Place of Birth</strong></td>
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<td>Britain</td>
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<td>China</td>
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<td>0</td>
</tr>
<tr>
<td>Tanzania</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Nicaragua</td>
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<td>0</td>
<td>1</td>
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<td><strong>Age</strong></td>
<td>Group Mean</td>
<td>30.35 ± SD 8.20</td>
<td>28.69 ± SD 10.63</td>
</tr>
</tbody>
</table>
Table 2: Means & Standard Deviation Statistics

<table>
<thead>
<tr>
<th>Scales</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
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<tr>
<td>SSE</td>
<td>Pre</td>
<td>22.00</td>
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<tr>
<td></td>
<td>Post</td>
<td>23.30</td>
</tr>
<tr>
<td>GSE</td>
<td>Pre</td>
<td>67.65</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>69.10</td>
</tr>
<tr>
<td>SAT*</td>
<td>Pre</td>
<td>51.90</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>44.05</td>
</tr>
<tr>
<td>ISC*</td>
<td>Pre</td>
<td>162.85</td>
</tr>
<tr>
<td></td>
<td>Post</td>
<td>180.15</td>
</tr>
<tr>
<td>BSC*</td>
<td>Post</td>
<td>42.20</td>
</tr>
</tbody>
</table>

* denotes statistically significant (group X time) ANOVA results

Statistical Analyses

In this section, I will present the results of the Univariate Split-Plot Repeated Measures Analysis of Variance (ANOVA) for the scores on subscales for the Self Efficacy Scale, namely General Self Efficacy (GSE) and Social Self Efficacy (SSE); the Situational Avoidance Tendency Scale (SAT); and the
Interpersonal Skills Checklist (ISC). Table 3 presents the results of an Independent Samples t-test for the pre-test scores for SSE, GSE, SAT, and ISC.

| (a) Social Self Efficacy (SSE): |  |
| --- | --- | --- | --- | --- |
| **Group** | **Mean** | **SD** | **t** | **df** | **p** |
| Experimental | 22.00 | 4.519 | 0.23 | 34 | 0.822 |
| Control | 22.31 | 3.497 |  |

| (b) General Self Efficacy (GSE): |  |
| --- | --- | --- | --- | --- |
| **Group** | **Mean** | **SD** | **t** | **df** | **p** |
| Experimental | 67.65 | 8.530 | 0.23 | 34 | 0.823 |
| Control | 68.31 | 9.039 |  |

| (c) Situational Avoidance Tendency Scale (SAT): |  |
| --- | --- | --- | --- | --- |
| **Group** | **Mean** | **SD** | **t** | **df** | **p** |
| Experimental | 51.90 | 15.811 | 2.03 | 34 | 0.050* |
| Control | 42.06 | 12.524 |  |

| (d) Interaction Skills Checklist (ISC): |  |
| --- | --- | --- | --- | --- |
| **Group** | **Mean** | **SD** | **t** | **df** | **p** |
| Experimental | 162.85 | 30.339 | 0.13 | 34 | 0.900 |
| Control | 164.19 | 32.711 |  |
Self Efficacy Scale

It was hypothesized that the experimental group would report a more significant increase in their Social Self Efficacy (SSE) and their General Self Efficacy (GSE) than the control group due to participation in the SCCS program. The results of a Univariate Repeated Measures ANOVA are presented in Table 3 and Table 4. A $p < .05$ level was used to test the statistical significance and to reject the null hypothesis unless otherwise specified. The obtained results and the subsequent statistical analysis failed to support the above hypothesis and indicated no significant difference between the experimental group and the control group in their mean scores on the SSE and the GSE. Further exploratory analysis involving Univariate Repeated Measures ANOVA, based on whether the participants in the experimental and control group were born in Canada or had immigrated to Canada, failed to provide any significant results on the SSE or the GSE as per appendix I.
### Table 4: Univariate Repeated Measures ANOVA for Social Self Efficacy (SSE)

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig. Of F (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td>0.40</td>
<td>1</td>
<td>0.40</td>
<td>0.02</td>
<td>0.892</td>
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<tr>
<td>Error</td>
<td>721.10</td>
<td>34</td>
<td>21.21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Within Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>12.47</td>
<td>1</td>
<td>12.47</td>
<td>1.74</td>
<td>0.196</td>
</tr>
<tr>
<td>Group X Time</td>
<td>3.80</td>
<td>1</td>
<td>3.80</td>
<td>0.53</td>
<td>0.472</td>
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<tr>
<td>Error</td>
<td>243.97</td>
<td>34</td>
<td>7.18</td>
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</tbody>
</table>

### Table 5: Univariate Repeated Measures ANOVA for General Self Efficacy (GSE)

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig. Of F (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Subjects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
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<td>1</td>
<td>5.63</td>
<td>0.04</td>
<td>0.845</td>
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<tr>
<td>Error</td>
<td>4933.75</td>
<td>34</td>
<td>145.11</td>
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</tr>
<tr>
<td><strong>Within Subjects</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>32.40</td>
<td>1</td>
<td>32.40</td>
<td>0.86</td>
<td>0.196</td>
</tr>
<tr>
<td>Group X Time</td>
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<td>0.18</td>
<td>0.00</td>
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<tr>
<td>Error</td>
<td>1275.97</td>
<td>34</td>
<td>37.53</td>
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</table>
Situational Avoidance Tendency Scale (SAT)

It was hypothesized that the experimental group would report a significantly lower self reported situational avoidance tendency as measured on the SAT than the control group due to their participation in the SCCS program. The results of a Univariate Repeated Measures ANOVA are presented in Table 5. A p < .05 level was used to test the statistical significance and to reject the null hypothesis unless otherwise specified. The obtained results and the subsequent statistical analysis supported the above hypothesis and indicated that participants in the experimental group reported a significantly lower self reported situational avoidance tendency than the control group as indicated by a statistically significant interaction effect. There also appeared to be a significant effect for

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
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<th>MS</th>
<th>F</th>
<th>Sig. Of F (p)</th>
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</thead>
<tbody>
<tr>
<td><strong>Between Subjects</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td>502.92</td>
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<td>502.92</td>
<td>1.50</td>
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<td>Error</td>
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<td>335.06</td>
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<td>Time</td>
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<td>Group X Time</td>
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<td>363.01</td>
<td>8.33</td>
<td>0.007</td>
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<tr>
<td>Error</td>
<td>1482.49</td>
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<td>43.60</td>
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</table>
improvement over time. However, these results need to be interpreted with some caution because a t-test indicated that the control group and the experimental group appeared to be significantly different based on their pre test scores on the SAT as per table 3. Further exploratory Univariate Repeated Measures ANOVA, based on whether the participants in the experimental and control group were born in Canada or had immigrated to Canada, appeared to indicate greater improvement for the immigrant participants as compared to the Canadian born participants. These results are presented in appendix I. However, the exploratory analysis should not be considered as conclusive due to the small sample size.

**Interpersonal Skills Checklist (ISC-33)**

It was hypothesized that the experimental group would report a more significant increase in their reported level of verbal interaction competence as measured on the ISC than the control group due to their participation in the SCCS program. The results of a Univariate Repeated Measures ANOVA for ISC-33 are presented in Table 6. A p < .05 level was used to test the statistical significance and to reject the null hypothesis unless otherwise specified. The obtained results and the subsequent statistical analysis supported the above hypothesis and indicate that participants in the experimental group reported a more significant increase in their reported level of verbal interaction competence than the control group as
indicated by their scores on the ISC.

### Table 7: Univariate Repeated Measures ANOVA for Interpersonal Skills Checklist (ISC-33)

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
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<th>MS</th>
<th>F</th>
<th>Sig. Of F (p)</th>
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<tbody>
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<td></td>
</tr>
<tr>
<td>Groups</td>
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<td>525.62</td>
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<td>Error</td>
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<td>1666.67</td>
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<td><strong>Within Subjects</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
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<td>1969.34</td>
<td>13.81</td>
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<tr>
<td>Group X Time</td>
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<td>816.01</td>
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<td>Error</td>
<td>4847.60</td>
<td>34</td>
<td>142.58</td>
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</table>

Further exploratory analysis involving Univariate Repeated Measures ANOVA, based on whether the participants in the experimental and control group were born in Canada or had immigrated to Canada on the ISC failed to provide any significant results on the ISC as per appendix I.

**Behavioural Skills Checklist (BSC)**

It was hypothesized that participants in the experimental group would demonstrate superior behavioural performance of the social cultural competency skills based on evaluations on the BSC by the independent raters than the control group due to participation in the SCCS program. Table 7 presents the results of an independent samples t-test for the ratings on the BSC for the experimental and control group. The results of an independent samples t-test supported the above
hypothesis and indicated that there was a significant effect of SCCS program, \( t(34)=2.47, p<.05 \). The rating on the BSC for the experimental group (42.20), was significantly higher than for the control group (34.81).

**Table 8: Independent Samples t-test results for Behavioural Skills Checklist (BSC)**

<table>
<thead>
<tr>
<th>Group</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>42.20</td>
<td>7.641</td>
<td>2.47</td>
<td>34</td>
<td>0.019</td>
</tr>
<tr>
<td>Control</td>
<td>34.81</td>
<td>10.310</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Further exploratory analysis involving independent samples t-test, based on whether the participants in the experimental and control group were born in Canada or had immigrated to Canada, on the BSC appeared to indicate greater improvement for the immigrant participants as compared to the Canadian born participants. These results are presented in appendix I. However, the exploratory analysis should not considered as conclusive due to the small size.

**Follow up**

Although the follow up interviews were not part of the original methodology and research design, it was considered valuable to ask participants for feedback with respect to the application of social cultural competency skills following the research period. A total of 27 individuals, 14 from the experimental
group and 13 from the control group, participated in a 4-month follow-up. This follow up was designed to determine, based on participants’ self reports, evidence of transfer of learning from the SCCS program through successful application of social competencies to real life situations, such as work and social spheres. The estimates of self report were obtained through participants’ responses to the following questions with regards to each of the four skills that were taught in the SCCS program. These skills included interjection/interrupting skills, clarification skills, social conversation skills, and conflict management skills.

1. How many of you have applied the skill learned in the SCCS program?
2. How many of you were able to successfully perform these skills?
3. How many of you received positive feedback from others about performing these skills?

Participant responses indicated that they had at least one such experience. The four month follow up involved all participants, including those in the control group who had later received the SCCS program. However, the follow up methodology was not as rigorously controlled. Table 8 depicts the results of this follow up in the form of percentages.
Table 9: Assessment of Successful Application of Social Competencies
A Four Month Follow up

<table>
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<th>Social Competence Types</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>Interruption</td>
</tr>
<tr>
<td>Attempted Skill</td>
<td>100%</td>
</tr>
<tr>
<td>Successful Application</td>
<td>66%</td>
</tr>
<tr>
<td>Positive Feedback</td>
<td>44%</td>
</tr>
</tbody>
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Summary

The results of this study suggest the following: (1) participants in the experimental group demonstrated superior performance on the social cultural competency skills taught in the SCCS program as compared to the participants in the control group based on their evaluations on the Behavioural Skills Checklist (BSC) by independent blind raters; (2) the participants in the experimental group reported significantly higher level of self reported verbal interaction competency on the Interpersonal Skills Checklist (ISC) as compared to the participants in the control group; (3) participants in the experimental group reported significantly lower level of self reported situational avoidance tendency on the Situational
Avoidance Tendency scale (SAT) as compared to participants in the control group. However these results need to be interpreted with some caution because an independent samples indicated that the experimental group and the control group appeared to be significantly different based on their pre test scores on the SAT; and (4) there were no significant effects of the SCCS program on the general and social efficacy as measured on the Self Efficacy Scale.
CHAPTER V

Discussion

The SCCS program is based on the principles of social learning theory, social cognition theory, and self-efficacy theory. This program utilizes modelling, coaching, role playing, role rehearsal, and constructive feedback as a means of teaching social cultural competency skills for success in a new social cultural context and to enhance an individual’s sense of competence and self-efficacy in social situations as well as result in the acquisition of and effective performance of social cultural competency skills.

The results of this study suggest the following: (1) compared to the control group, participants in the experimental group demonstrated superior performance on the social cultural competency skills taught in the SCCS program based on their evaluations on the Behavioural Skills Checklist (BSC) by independent blind raters; (2) compared to the control group, the participants in the experimental group reported significantly higher level of self reported verbal interaction competence on the Interpersonal Skills Checklist (ISC); (3) compared to the control group, participants in the experimental group reported significantly lower level of self reported situational avoidance tendency on the Situational Avoidance
Tendency scale (SAT). However these results need to be interpreted with some caution because an independent samples indicated that the experimental group and the control group appeared to be significantly different based on their pre test scores on the SAT; and (4) there were no significant effects of the SCCS program on the general and social self-efficacy as measured on the Self Efficacy Scale. I will discuss each of these research findings as they pertain to the validity and effectiveness of the SCCS program as well as their implications for counselling, counsellor training, and future research directions.

**Social Cultural Competence**

The focus of the SCCS program is the development of culturally appropriate behaviours for successful adaptation in a new context. The key components of the model include: explanation (providing information and rationale), demonstration (modelling), practice and coaching (via role play), feedback, and repeated trials. Westwood et al. (1995) maintain that participants can acquire and successfully perform social cultural competency skills through training in the SCCS program and that it may also lead to feelings of competence in interpersonal relationships. The results of this study support their position based on the BSC and the ISC. Participants who received the SCCS program
demonstrated superior performance of social cultural competencies and also reported improvement in their verbal interaction competency compared to the control group.

The superior behavioural performance as a result of training in the SCCS program is consistent with other studies which support that modelling, coaching, and vicarious learning to be effective techniques for bringing about behavioural change in an individual (Bandura, 1986; Bandura (1992); Kazdin, 1982; Ozer & Bandura; 1990). This training was provided in a group format which has been found to be more effective than individual treatment (Toseland & Siporin, 1986). The finding that participants reported improved verbal interaction competency may be due to the fact that the skills being taught are “verbal interaction” skills which focus on interpersonal relationships. Therefore, a mastery of these skills through coaching and repeated trials may have resulted in a feeling of competency in verbal skills. It appears that skill based programs, such as the SCCS program, which utilize social learning techniques and principles are highly effective counselling interventions, especially in the area of rule governed behaviour. Such intervention programs may be utilized in helping people in a number of areas such as intercultural adaptation and adjustment, families in cultural transition, teaching employment skills, as well as developing counselling intervention programs.
Situational Avoidance Tendency

It was hypothesized that participation in the SCCS program would also lead to a decrease in self reported situational avoidance tendency as measured on the SAT. The results of a Univariate Repeated Measures ANOVA indicated that participants who received the SCCS program reported a significant reduction in their reported situational avoidance tendency compared to the control group. Situational avoidance tendency may be an indirect measure of social anxiety as suggested by Ishiyama (1995b). It is possible that participants, who received the SCCS program, may have experienced a reduction in their tendency to avoid social situations, which may have been perceived as anxiety provoking in the past because of a lack of facility in social cultural competency and verbal interaction skills. Further studies involving direct measures of social anxiety are needed to further support and confirm these conclusions. It also needs to be considered that a t-test indicated that the control group and the experimental group appeared to be significantly different on their pre-test scores on the SAT as per table 3. Although a univariate split-plot repeated measures ANOVA may control for the above, it is possible that the two groups may not have been equivalent on their reported situational avoidance tendency on the pre-test and that the obtained results should not be considered to be conclusive in either refuting or supporting the above
hypothesis. Further investigations are required in this matter.

**Self Efficacy**

Self-efficacy is defined as "people’s judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (Bandura, 1986, p.391). It was hypothesized that participation in the SCCS program will not only result in the acquisition and improved performance of social cultural competencies, but may also lead to an alteration of a person’s expectations of their personal mastery and success, and a corresponding increase in their reported level of general and social self-efficacy as measured on the Sherer et al.'s (1982) Self Efficacy Scale. However, the results of this study do not indicate any increase in an individual’s level of general or social self-efficacy. There are a number of ways that these results can be interpreted. One interpretation may be that the SCCS program does not contribute to one’s sense of self-efficacy and therefore participation in the SCCS program is irrelevant to any changes in a person’s sense of self-efficacy. However, there are a number of competing interpretations as follows.

It is possible that the Self Efficacy Scale is not a valid instrument for measuring self-efficacy in the domain of social cultural competencies. Sherer et
al. (1982) developed a general self-efficacy scale because they maintained that "an individual's past experiences with success and failure in a variety of situations should result in a general set of expectations that the individual carries into new situations" (p.664). Therefore, they constructed a scale to measure general self-efficacy in "areas such as social skills or vocational competence" (p.665). Bandura noted that some self-efficacy situations may have broader generality than others and referred to them as "domain-linked" which may imply specific task efficacies in the most similar type of situations. Self-efficacy was originally presented by Bandura as a very task-specific concept. Berry and West (1993) state that according to Bandura,

self-efficacy is our combined sense of competence and confidence for a given task in a given domain...it is not global self-evaluation but instead, is quite tied to a particular task demands and characteristics of a given situation (p.353).

Woodruff & Cashman (1993) state that the Self Efficacy Scale may be "a general efficacy scale for two particular facets of life, the academic/vocational area and the social area. This does not appear to be general efficacy, but rather efficacy that Bandura suggested existed at a domain level and what we called domain efficacy" (p.431). Given the above, it is highly likely that Sherer et al.'s (1982) Self Efficacy Scale may not measure self-efficacy in the domain of social
cultural competence and that may require the construction of a domain-specific scale for social cultural competence. Berry and West (1993) state that,

Bandura (1989, 1990) makes the distinction between global, omnibus measures and domain-specific measures, preferring the latter when the goal of research is to maximise [sic] the predictive validity for self-efficacy relative to performance attainments. Judgements of self-efficacy that are specific responses to performing a particular task are a central feature of Bandura’s conception of self-efficacy. As such, they are domain-specific measures (pp.357-358).

**Implications for Counselling**

The current research findings may hold important implications for counselling interventions and counsellor training. Barker (1993) states that “developments in intercultural communication research have not been matched by a comparable increase in intercultural training programs that transpose this understanding into effective practice” (pp.218-219). Not only does the SCCS program help to fill this void, but may also be an important tool in the development of programs based on its conceptual model for teaching such skills as employment skills, interpersonal skills, academic skills, as well as
communication skills for effective parenting with families in cultural transition. The SCCS program may be utilized in situations involving cultural and role transitions which may be associated with immigration, unemployment, cultural dislocation, divorce, employment relocation, transition from academic to work environment etc.

Borgen and Amundson (1985) state that counselling interventions can be categorized as,

...remedial (working with clients on a one-to-one or group basis in addressing immediate problems), preventive (working with clients' environment to help alleviate problem formation), and developmental (working with clients in the development of life skills and attitudes that will make them more able to successfully cope with future problems).

(p.275)

Counselling interventions based on the SCCS model can be initiated by the counsellor within the context of his or her own interaction with the clients in a group format such as university counselling centres, employment agencies, etc. The SCCS model can also be incorporated in provincial and national skill based counselling intervention initiatives for teaching social cultural competency skills in diverse domains such as employment, interpersonal relationships, intercultural communication, etc.
However, the main focus of the SCCS program is the teaching of social cultural competency skills to newcomers for successful adaptation in a new cultural context, be that an ethnic culture or a professional culture. Westwood & Ishiyama (1991) note that:

Herr (1990) and others have articulated and identified the key factors and skills associated with job search, job attainment, and job keeping among members of the mainstream populations. Frequently, these are not well known by the general population, let alone the various minority client populations. Borgen and Amundson (1984) have documented the extent to which self-defeating job search approaches are employed by immigrant clients. (P.132-133)

Counselling interventions stressing skill development may increase one’s chances at job finding, job securing, job keeping, and job promotion. The SCCS program may hold special significance in the development of counselling intervention programs for new immigrants and as well as be an important tool for training counsellors in working with diverse populations. The skill based nature of the program makes it especially relevant to working with clients from collectivistic cultures who may prefer action and advice based interventions as opposed to individualistic “verbal” counselling interventions (Sue & Sue, 1990).
Recommendations

In addition to the counselling implications of the present study, this study may also have implications for future research in the area of social cultural competence. In this section, I will focus on recommendations and suggestions for future research.

There are a number of possibilities for future research in the area of social cultural competency and the SCCS program. One of the possible limitations of the current study is that it utilized a heterogeneous group composed of both Canadian born mainstream participants and immigrants to Canada due to the field nature of this study. Comparative studies using homogenous groups need to be conducted to further establish the comparative validity and effectiveness of the SCCS program with diverse populations. These homogenous groups may be based on place of birth, ethnic and cultural origin/background, age, gender, length of residency in Canada, and level of acculturation. It is possible that the program delivery can be shortened to two 2-hour sessions per week compared to two 3-hour session per week as used in the present study. The delivery of the program may be extended over a longer time frame to allow for more practice outside of sessions and better absorption of the material presented.

Further studies can be conducted to determine and compare different ways
of delivering the SCCS program. For example, one may wish to compare the methodology involving live modelling of social cultural competencies with that involving videotaped role play sessions as well as using video recording of students's performance for teaching purposes to determine the most effective and efficient method of delivering the SCCS program.

Sue and Sue (1990) note that there are cultural differences in the locus of control and locus of responsibility. Locus of control can be either internal, the belief that control rests with the individual, or it can be external, the belief that control rests with some external force. Locus of responsibility refers to the degree of responsibility or blame placed on the individual or the system. It is possible that individuals from the same or different cultures may differ in their response to the acquisition and performance of social cultural competency skills based on their orientation with regards to the locus of control and/or locus of responsibility. Further studies may be required to determine any correlational or causal relationships among the constructs of social cultural competency, social cultural competency skills, locus of control, and locus of responsibility. Other studies may focus on the effects of participation in the SCCS program on social anxiety, self esteem, self concept, and acculturative stress.

There is also a need for development of a domain specific self efficacy scale in the area of social cultural competence as previously stated. The
Interpersonal Skills Checklist (ISC) may provide a foundation for developing such a scale as it focuses on social cultural competency skills in interpersonal interactions. The ISC item set may need to be modified with respect to their format for developing such a self-efficacy scale.

Social cultural competence is a multifaceted and multidimensional process involving many factors such as culture, ethnicity, gender, socioeconomic status, and personality factors. The results of this study suggest that the SCCS program can be an effective practical method and a conceptual tool for the development of counselling intervention programs for teaching social cultural competency skills in order to empower individuals to successfully adapt to their new surroundings.
References


Bandura, A. (1986). *Social foundations of thought and action: A social


Business Council of British Columbia (1995). Generic skill -
characteristics, survey results: What are British Columbia employers looking for?
Available from Business Council of British Columbia, Suite 810 - 1050 West
Pender Street, Vancouver, B.C. V6E 3S7.


Cartledge, G., & Milburn, J. (Eds.). (1980). *Teaching social skill to

540-572.

Bacon, Inc.

communication: An interpretive perspective. In Y. Kim, W. Gudykunst (Eds.),
*Theories of intercultural communication: International & intercultural
communication annual, XII* (pp. 99-120). CA: Sage.


Intercultural Relations, 2, 382-393.


*Psychological Reports*, 60, 163-176.


Ishiyama, F.I. (1995b). *Situational Avoidance Tendency Scale (SAT)*. Available from F.I. Ishiyama, Dept. of Counselling Psychology, University of British Columbia, Vancouver, B.C.


Kim, Y.Y. (1991). Intercultural communication competence: A systems-


Pearce, & J. Giordano (Eds.), Ethnicity and family therapy (pp.208-228). New York: Guildford Press.


across the individualism-collectivism divide. International Journal of Intercultural Relations, 12, 269-289.


Westwood M.J., Mak A.S., Barker, M.C., and Ishiyama F.I., (1995, in

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Appendix C: Self Efficacy Scale & Scoring Instructions
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Appendix A: Participant consent form & Information form
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DEMOGRAPHIC QUESTIONNAIRE

1. Name___________________ Age________ Sex: ( ) Male ( ) Female
2. Country of Birth__________ Number of Years in Canada__________________
3. Education________________ Occupation________________ Marital Status________
4. Is English your first language / mother tongue? ( ) Yes ( ) No
   If No, What is your first language________________ Other languages________________
5. Religious Affiliation________________
6. Number of brothers and sisters________ You are Child Number________
7. Father’s Occupation_____________ Mother’s Occupation________________
8. Father’s Place of Birth___________ Mother’s Place of Birth________________
9. Ethnic/Racial/Cultural Background (which ethnicity constitutes more than 50% of your background. If it is 50-50, please put a check mark in two places.)
   ( ) 01. Caucasian/White
   ( ) 02. East European, or: (please specify)________________________
   ( ) 03. Hispanic, or: (please specify)________________________
   ( ) 04. Asian
   ( ) 14. Chinese: ( ) PRC ( ) H.K. ( ) Taiwan or (please specify)________
   ( ) 24. Japan
   ( ) 34. Korea
   ( ) 44. Vietnam
   ( ) 55. Philippine
   ( ) 65. Malaysia
   ( ) 75. Sri Lanka
   ( ) 85. Indonesia
   ( ) 95. Other: (please specify)________________________
   ( ) 05. Indo-Canadian: ( ) Sikh ( ) Hindu ( ) Moslem or (please specify)________
   ( ) 06. First Nations, or (please specify)________________________
   ( ) 07. Middle Easterner, or (please specify)________________________
   ( ) 08. Afro-American, or (please specify)________________________
   ( ) 09. African, or (please specify)________________________
   ( ) 10. Other ethnic/racial/cultural background (please specify)________________________
Appendix C: Self Efficacy Scale & Scoring Instructions
Self-Efficacy Scale

INSTRUCTIONS: This questionnaire is a series of statements about your personal attitudes and
traits. Each statement represents a commonly held belief. Read each statement and decide to what extent
it describes you. There are no right or wrong answers. You will probably agree with some of the
statements and disagree with others. Please indicate your own personal feelings about each statement
below by marking the letter that best describes your attitude or feeling. Please be very truthful and
describe yourself as you really are, not as you would like to be.

MARK:
A If you DISAGREE STRONGLY with the statement.
B If you DISAGREE MODERATELY with the statement.
C If you neither agree nor disagree with the statement.
D If you AGREE MODERATELY with the statement.
E If you AGREE STRONGLY with the statement.

1. I like to grow house plants.
2. When I make plans, I am certain I can make them work. GSE
3. One of my problems is that I cannot get down to work when I should. GSE
4. If I can't do a job the first time, I keep trying until I can. GSE
5. Heredity plays the major role in determining one's personality.
6. It is difficult for me to make new friends. SSE
7. When I set important goals for myself, I rarely achieve them. GSE
8. I give up on things before completing them. GSE
9. I like to cook.
10. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me. SSE
11. I avoid facing difficulties. GSE
12. If something looks too complicated, I will not even bother to try it. GSE
13. There is some good in everybody.
14. If I meet someone interesting who is very hard to make friends with, I'll soon stop trying to make friends with
that person. SSE
15. When I have something unpleasant to do, I stick to it until I finish it. GSE
16. When I decide to do something, I go right to work on it. GSE
17. I like science.
18. When trying to learn something new, I soon give up if I am not initially successful. GSE
19. When I'm trying to become friends with someone who seems uninterested at first, I don't give up very easily.
SSE
20. When unexpected problems occur, I don't handle them well. GSE
21. If I were an artist, I would like to draw children.
22. I avoid trying to learn new things when they look too difficult for me. GSE
23. Failure just makes me try harder. GSE
24. I do not handle myself well in social gatherings. SSE
25. I very much like to ride horses.
26. I feel insecure about my ability to do things. GSE
27. I am a self-reliant person. GSE
28. I have acquired my friends through my personal abilities at making friends. SSE
29. I give up easily. GSE
30. I do not seem capable of dealing with most problems that come up in my life. GSE
Self Efficacy Scale

Scoring Instructions:

Letter answers are converted to numbers, (A=1, B=2, etc.). Items which are **bolded** and **underlined** are reversed in scoring, (A=5, B=4, etc.). Items in *italics* are filler items and are not scored. Items marked GSE contribute to the General Self Efficacy subscale. These items are summed to produce the General Self Efficacy subscale score. Items marked SSE contribute to the Social Self Efficacy subscale. These items are summed to produce the Social Self Efficacy subscale score.
Appendix D: Situational Avoidance Tendency Scale & Scoring
Instructions
SAT Scale

Part 1. How often do you tend to avoid the following situations? Please indicated your avoidance tendency on the scale of 1 (almost never) to 7 (almost always).

| 1-2-3-4-5-6-7 | 1. Eating and drinking with other people. |
| 1-2-3-4-5-6-7 | 2. Being the focus of attention. |
| 1-2-3-4-5-6-7 | 3. Talking to people in authority. |
| 1-2-3-4-5-6-7 | 4. Being criticized or confronted by others. |
| 1-2-3-4-5-6-7 | 5. Speaking or acting before an audience. |
| 1-2-3-4-5-6-7 | 6. Mixing with strangers in social situations. |
| 1-2-3-4-5-6-7 | 7. Asserting rights and saying “No” to others. |
| 1-2-3-4-5-6-7 | 8. Confronting or disagreeing with others. |
| 1-2-3-4-5-6-7 | 9. Being a group leader. |
| 1-2-3-4-5-6-7 | 10. Expressing ideas and feelings in class or in a relatively large group. |
| 1-2-3-4-5-6-7 | (”relatively large group” means over 20 people, hereunder) |
| 1-2-3-4-5-6-7 | 11. Dealing with verbally aggressive people. |
| 1-2-3-4-5-6-7 | 12. Initiating conversation with a person I feel attracted to. |
| 1-2-3-4-5-6-7 | 13. Asking questions and asking for clarification in a relatively large group. |
| 1-2-3-4-5-6-7 | 14. Being uncertain and possibly making a mistake |
| 1-2-3-4-5-6-7 | Or saying a wrong thing in front of others. |
| 1-2-3-4-5-6-7 | 15. Being praised and getting compliments from others in a relatively large group. |
Situational Avoidance Tendency Scale (SAT)

Scoring Instructions

Items # 1 to 15 are summed to obtain the total SAT score.
Appendix E: Interpersonal Skills Checklist & Scoring Instructions
Interaction Skills Checklist

Please rate yourself on the following social interaction skills. Circle one of the numbers for each item, to indicate how effective your skills are in the present social and cultural environment. Note: "Others" in this checklist refers to people other than your family, relatives, and close friends, such as classmates, acquaintances, co-workers, teachers, supervisors, and strangers.

7-point Scale: from "1: not at all" effective to "7: extremely" effective

1. Letting others know when I have trouble understanding them.
2. Asking others to explain to me what they are trying to say to me.
3. Expressing my own personal ideas and opinions.
4. Approaching strangers to ask for information.
5. Verbally showing interest in others' speech.
6. Talking about my personal interest and background.
7. Asking others to do things for me.
8. Saying "No" to others.
9. Approaching others to have a friendly conversation.
10. Asking questions to check if others are understanding me accurately.
11. Correcting others' misunderstanding about me.
12. Asking others to repeat when I don't understand what they have just said.
13. Remaining in a conversation with someone from another culture who has difficulty communicating in our common language (e.g., English).
14. Giving my feedback on others' presentations and performances.
15. Asking for others' feedback on my presentations and performances.
16. Talking about my positive personal qualities and skills.
17. Talking about my achievements and success stories.
18. Talking about money and money-related issues with others.
20. Telephoning and making appointments with strangers.
21. Approaching new people to expand my career and information network.
22. Repeating my request for information or assistance and not giving up when my first request has been denied or ignored.
23. Offering to do things for others.
24. Letting others know that I am looking for work or work-related information.
25. Discussing with others how I can improve myself to be more effective and successful.
26. Verbally expressing my dissatisfaction when I am mistreated.
27. Finding another way of expressing myself when there is a breakdown in communication.
28. Chit chatting, such as making casual and friendly exchange of words with others.
29. Expressing my positive feelings directly to the person involved.
30. Expressing my negative feelings directly to the person involved.
31. Approaching the same person again to establish a line of communication even when the first attempt has failed.
32. Verbally expressing my understanding of the other person's feelings during a conversation.
33. Interrupting a conversation to say something important.
34. Expressing my appreciation directly to the person.
35. Talking about my personal and cultural background as a conversation topic.
36. Discussing my personal and cultural background in order to avoid or correct misunderstanding.
37. Greeting others in a friendly way.
38. Asserting my rights.
39. Expressing disagreement with others.
40. Ending a conversation when I want to go somewhere else.
Interpersonal Skills Checklist (ISC)

Scoring Instructions

Items # 8, 13, 18, 23, 24, 33, and 40 were discarded from the ISC-40, and should be treated as filler items. They do not contribute to the ISC score. Sum all other items to obtain score for the ISC.
Appendix F: Behavioural Skills Checklist & Scoring Instructions
STUDENT ____________________  RATER ________

**Behavioural Skills Checklist**

Please rate each student's performance in the role plays involving the use of interrupting and clarification skills. Make sure to note both their verbal and non-verbal behaviours. Circle the number which best describes their use of these skills in the role play on the following behavioural components.

1. **The Student smiled during the role play.**

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2. **The student's eye contact during the role play was .....**

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3. **The student's tone of voice and speech was ....**

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4. **The student used interrupting skills in the role play.**
   • (Using the formula Excuse me, I .......................)

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5. **The student asked for clarification during the role play.**

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6. **The student used open ended questions in the role play.**

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7. **The student summarized and paraphrased during the role play.**

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8. **The student's behaviour in general was .....**

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Behavioural Skills Checklist (BSC)

Scoring Instructions

Items # 1 to 8 are summed to obtain the total score on the BSC.
Appendix G: Role play Scenario & Instructions for independent blind raters
INSTRUCTIONS

As an independent rater, you will be involved in the following simulated role play with a student from the Vancouver Community College. You will play the role of a supervisor at a nursing home.

Please make sure to note the student’s non-verbal behaviour, (such as facial expressions, eye contact, tone of voice), and verbal behaviour, (such as use of interrupting and clarification skills, open questions and summarization).

After the role play, you will be asked to rate each student’s performance on the Behavioural Skills Checklist. It is important to rate the students objectively regardless of their gender, race, ethnicity, or culture.

Role Play Scenario

Background:

The role play involves an LPN (licensed practical nurse) student interrupting you to inquire about instructions/directive regarding an elderly patient named Mary. The student is required to use appropriate interrupting skills to get the instructions/directive regarding Mary. After having received vague or ambiguous directive, the student is required to ask for further clarification regarding your instruction/directive.

Role Play

Student: Excuse me, I would like to know my duties for this morning.

Supervisor: Make sure Mary is ready for the handidart for her doctor’s appointment.

Student: { Student is to use open ended question to enquire about what it means to have Mary ready for the handidart. Student is also expected to summarize and reflect what s/he has understood in order to confirm your instructions/directives.}

i.e.

- getting Mary dressed
- reviewing her chart
- what time she is suppose to be ready
- special needs, i.e. wheel chair, escort, medication, etc.
- return time
- return arrangements, etc.

Note: You may need to improvise in the role play as well.
Appendix H: The SCCS Program: Guidelines & session plans
Social Cultural Competency For Success
The SCCS Program Design

In this section, I will provide an outline of the SCCS program which was delivered to the participants in this study. The session design and content was based on a model developed by Westwood, Mak, Barker, & Ishiyama (1995). The purpose of the program was to teach social cultural communication skill for success in a new cultural context such as the health care culture in a hospital. The goal of the present study was to teach students in the health science, (LPN program), critical interpersonal and self presentation skills required to be a competent and successful health care providers in the role of an LPN. The program consisted of two three hour training sessions being conducted per week for three weeks for a total of six sessions. The training sessions consist of providing information and rationale for the required skill(s); providing a cultural explanation (cultural map); demonstrating and modelling the specific competency skill in a simulated role play; having students rehearse the skills in small and large group exercises/role plays; providing feedback; contracting behavioural role play based homework and follow-up. The program design can be easily adapted to various contexts.

There were two facilitators for the group: Amritpal Singh Shergill, the primary researcher, and Barb Parker, an instructor in the Licence Practical Nursing Program. Having two facilitators enhanced the credibility of the program delivery as follows: the primary researcher demonstrated credibility based on his expertise of group skills, SCCS program, and research methodology while the co-facilitator demonstrated expertise of health care, hospital culture, and nursing. The primary researcher being from a minority group served as a success model in the performance and teaching of the social cultural competency skills.

Both facilitators met with the faculty members in the Practical Nursing program at the Vancouver Community College in order to introduce the SCCS program and to identify target skills to be taught to the group. In consultation with them, the following target skill were identified: 1) Interjection/Interruption Skills (Social Assertion); 2) Social Conversation Skills (small talk); 3) Clarification Skills (Information & Feedback seeking); 4) Conflict Management Skills (Confrontation Skills). In their opinion, the above social cultural were considered to be critical for health care providers in a Canadian context. They also felt that new students were deficient in these skills.
Typical Session Structure

1. **Target Social Competency Skill**
   Facilitators introduced and defined the specific social cultural competency skill to be taught at the beginning of the session.

2. **Cultural Map & Rationale**
   Facilitators discussed and provided information regarding the importance and relevance of the skills to the health care culture in the Canadian context. Facilitators also listed and discussed the advantages and disadvantages of not having the specific behavioural repertoire due to a lack of skill in the academic, work, and social context.

3. **Demonstration & Modelling**
   Facilitators discussed effective and ineffective behavioural performance of each skill. They also demonstrated and modelled the use of the skills through role play in a relevant simulated role play. Coaching and feedback were also provided. Following the demonstration, students were given an opportunity to ask questions or comment on the demonstration. Then one or two students were solicited as volunteers to be coached in the performance of the skills in front of the class.

4. **Small Group Exercises**
   Students were divided into small groups in order for them to practice these skills. These small groups took the following format: dyads; triad; or small groups of 4 or 5. Facilitators went to each of the small groups to watch, coach, and provide feedback to the students. The students were also be given a chance to practice and demonstrate these skills in the large group, when appropriate.

5. **Homework Assignments**
   Student were instructed to practice these skills outside of sessions.

*NOTE: It is important to try to adhere to the above structure as this is a focal group. However, modification of some components can be done to meet the needs of the group.*
SESSION 1

Administration of Sociometric instruments

In the first session, facilitators met with all of the participants and introduced the SCCS program. The format for the first session differed from the other sessions as it included all participants, included the administration of the consent form, demographic questionnaire, and sociometric instruments. Following this, students were randomly assigned to an experimental and a control group. The experimental group was asked to remain with the facilitators while the control group was directed to their regularly scheduled classes.

Introduction

Group Inclusion

For group inclusion, students were asked to introduce themselves by telling the group their name, where they are from, and the significance of their name. (About 2-3 minutes per student).

Structure

Participants were told that it is important to attend all six sessions. Since this training focuses on skill-building, it is important to note that each new skill relies, to some extent, on what has been previously learned. It is also important that all students start the program at the beginning. Students were instructed to contact either of the group facilitators if they had any concerns, questions, or problems.

Group Process

Each class/session, except the first, began with a review of homework. Facilitators introduced new concepts and skills with a brief lecture and explanation, and demonstration of the skill. This was followed by a chance for participants to ask questions and to practice these new skills in small and large group exercises. Participants were coached and given constructive feedback during these trials/practices.

At the end of the participants were instructed to practice these skills outside of class/session. At the beginning of next class, homework assignments were reviewed in the large group.
Goals

• To learn social cultural communication competency skills for success as a healthcare provider.
• To be able to differentiate between effective and ineffective behaviour.
• To ask questions about the skills.
• To practice above skills in class.
• To receive coaching and constructive feedback from the instructors and colleagues.
• To practice these skills outside of class.
• The purpose of the group is to learn these skills in a structured setting and not to discuss personal problems.

Establish Ground Rules/Group Norms

• Begin on time.
• Attend all six classes/sessions.
• Actively participate in all group activities.
• Encourage others to participate.
• Practice new skills in class and outside of class.
• Provide constructive criticism.
• Take turns speaking.
• Maintain confidentiality. This also means not discussing anything being done in this group with the control group.
SESSION 2

1. Target Social Competency Skill: Interjection/ Interruption Skills  
   (Social Assertion/Participation)

   Effective utilization of these skills is important to be able to interject or interrupt in a group or a team conversation in order to participate effectively by sharing your information, opinion, etc. with the group or the team. Examples include the following: speaking up in class, giving opinion, sharing information in team conferences or groups at work.

2. Cultural Map & Rationale

   These skills are considered especially important in Canada in a group setting for effective and efficient functioning of groups and teams.

   Hospital Context: Team conferences, working in groups.

   Importance: Advocate for the patient.
   - Sharing patient information with the team.

   Advantages:
   - demonstrates more knowledge and professional competence
   - raises student profile
   - positive evaluation and outlook
   - improved patient care
   - reduces anxiety
   - builds professional network
   - important in work, academic & employment setting
   - valued by employers i.e. promotion, job keeping, etc.
   - higher self esteem

   Disadvantages:
   - information not made accessible due to lack of participation
   - lower quality of health care
   - student/PN not seen as competent/professional
   - PN not able to convey information they possess
   - lower performance ratings at work/school
   - may affect promotion, job keeping
   - increases anxiety
• lower self esteem due to lack of group participation
• isolation due to lack of professional network

3. Demonstration & Modelling

Scenario: Participation or Speaking up in team conferences

1. Discuss effective & ineffective ways of participating.
2. Barb to role play ineffective ways of participation and Amritpal to coach regarding effective ways of participating.
   Ineffective scenarios:
   a) no eye contact, passive, low voice tone.
   b) aggressive, staring, shouting, raising voice or raising hands/standing up.
   c) assertive, but no eye contact.
   Effective method:
   Interrupting using the formula “Excuse me, (name of person being addressed), <short pause> I have something to add, etc.” while maintaining good eye contact, and an assertive tone of voice.

3. Ask for student participation.

4. Small Group Exercises (Coaching & feedback by instructors)
   Divide students into 4 groups of 5 students. Assign them specific roles in the small groups which they will rotate as they practice. Role in the team conference scenario may include: doctor, head nurse, dietitian, physiotherapist, PN, etc. Student in the PN role play is to practice the interrupting/interjection skills.

   Facilitators' role is to go to each group, observe, provide feedback, and coach if necessary.

5. Homework Assignment
   Self report of behavioural practice outside of class.
SESSION 3

1. Target Social Competency Skill: Social Conversation (Small Talk)

To engage in social conversation, it is important to be able to build a bridge with another person by means of small talk or chit-chat. This includes talking about topics which are considered to be safe and neutral. Small talk is especially important for health care professionals in order to build relationships with patients, colleagues, and others.

2. Cultural Map & Rationale

Cultures differ in what they define to be safe and unsafe topics for small talk or chit-chat. Safe topics may include family, children, work, sports, hobbies, weather, news, current affairs. Unsafe topics may include person's age, how much money they make or have in their bank account, sex, etc.

Advantages:
- builds relationship and rapport with patients and colleagues
- helps patients and self become comfortable and at ease
- fills empty time
- helps obtain personal information which may be important, i.e. interest, discomfort, family info, etc.
- above information can be shared in team conferences
- reduces patient anxiety
- helps reduce social anxiety
- helps develop and maintain professional network

Disadvantages:
- poor relationship and rapport with patients and colleagues
- patients anxious and uncomfortable
- social anxiety and discomfort
- awkwardness in performing professional duties
- loss of important and relevant information, etc.
- lack of effective professional network
3. Demonstration & Modeling
1. Discuss effective & ineffective ways of social conversation. Discuss safe topic and sensitive topics. Safe topics may include family, children, work, hobbies, news, weather, current affairs, etc. Unsafe topics may include money, age, divorce, etc.

Key to small talk and social conversation includes the following: Open ended question so that the patient does most of the talking/work & provides information. Open ended questions include what, how, who, where, etc and tend to avoid why’s. It’s is o.k. to share personal information, when and if appropriate.

2. Demonstrate through role play with patient how one would conduct social conversation. Demonstrate both effective & ineffective methods using safe and unsafe topics. Coaching and feedback also provided.

3. Ask for student participation.

4. Small group exercises (Coaching & feedback by instructors)
   Divide student into triads which will include the following roles: patient, PN, Observer. The observer’s role is to write down what the PN did which was good and effective, and then to provide this constructive feedback to the student.

   Students may also participate conducting small talk/social conversation in two large groups if time permits.

5. Homework Assignment
   Self report of behavioural practice outside of class.
SESSION 4

1. Target Social Competency Skill: Clarification (Seeking Information)

The purpose clarification is to seek further information from the sender of a message in order to make the sender's message explicit and to confirm the accuracy of your perception and understanding of the sender's message.

2. Cultural Map & Rationale:

In the hospital setting, one interacts with patients, colleagues, doctors, supervisors, visitors, etc. During this interaction, lot of information, ideas, concerns & feelings are exchanged. However, this exchange is usually vague, ambiguous, and the message being conveyed may be fragmented, confused and mixed.

It is critical that such information be clarified especially as it relates to patient well being. Clarification also contributes to the establishment of constructive and harmonious relationships at the work site.

Cultures differ in dictating how one should respond to such mixed message, i.e. whether clarification should be sought or not. For example: In Canada, it is culturally appropriate to seek clarification and is not perceived as questioning authority or being disrespectful. However, effective ways of seeking clarification are usually not taught or made explicit. In Asian cultures, questioning an authority figure for clarification may be perceived as being disrespectful.

Advantages:
- better communication
- prevents misunderstandings
- active listening
- active participation
- shows interest in other's conversation
- improved patient care
- demonstrates professional, ethical and legal responsibility
- higher self esteem and self confidence
- reduces anxiety and nervousness
Disadvantages:

- poor communication
- misunderstandings in relationships and in performing one’s duties
- disrespectful of others
- lower quality of patient care
- lower self esteem and self confidence
- cognitive dissonance
- increased anxiety and nervousness
- increased chance of making mistakes and being negligent at work

3. Demonstration & Modeling

1. Three key elements in seeking clarification:
   
   i) Questioning: Use open ended questions because they allow the person to expand on their comments whereas closed question tend to elicit yes or no responses. Open ended questions include what, how, who, etc. and avoid why’s.
   
   ii) Summarizing: paraphrasing and reflecting what the sender has said. The purpose is to highlight the core message as understood by the receiver. It also helps to focus the message.
   
   iii) Concreteness: important to ensure accuracy and specificity of the contents of the message.

2. Discuss effective & ineffective ways of seeking clarification.
   
   Ineffective methods may include not asking for clarification; giving in to patients/supervisor; using closed question; not being non-verbally attentive.
   
   Effective methods include the above three components, (open questions, summarizing, concreteness), and appropriate non-verbal responses.

3. Demonstrate clarification through role plays involving patient and supervisor.
   Provide coaching & feedback. Scenarios may include:
   
   a) unclear instructions/directions for patient care/assignment from supervisor/instructor.
   
   b) patient being vague about their feeling and concerns regarding upcoming surgery, etc.
4. Ask for student participation.

4. **Small group exercises** (Coaching & feedback by instructors)
   Divide students into triads in specific roles: PN, Supervisor/patient, & Observer. The role of the observer is to write down what the PN did which was effective and to provide constructive feedback to the PN.
   
   Students may also participate in large group exercise if time permits.

5. **Homework Assignment**
   Self report of behavioural practice outside of class.
SESSION 5

1. Target Social Competency Skill: Conflict Management
   (Saying No/Self Assertiveness)

Self assertiveness, or the ability to assert your right to say no in a situation, is important in establishing clear personal and social boundaries. Not being able to assert yourself may lead to feelings of resentment, social withdrawal, anxiety, which may contribute to interpersonal conflict in relationships with people, including the work site.

2. Cultural Map & Rationale

People usually find themselves engaged in situations in where they feel that their personal boundaries are not being respected. This may involve being taken advantage off by co-workers, supervisors, patients, etc. Most people find that it is difficult to say no to someone for fear of offending someone or for fear of creating conflict. They find themselves being engaged in tasks and situations in which they feel uncomfortable. As a result, they may experience feelings of anxiety, resentment, stress, and low self esteem.

Different cultures also dictate different behavioural responses in these situations. i.e. deference to authority figures, maintaining harmonious relationships etc. However, in the professional health care culture, it is important to assert your rights in order to become an effective and professional member of a health care team. This is also critical for professional and ethical conduct.

Advantages:
- establishment of firm & clear personal & professional boundaries
- self respect & respect from others
- self responsibility
- higher self esteem
- higher self confidence
- lower anxiety & nervousness
- increased time efficiency & energy
- lower stress
Disadvantages:

- Unclear and diffuse personal & professional boundaries
- Lack of respect for self & respect from others
- lower self esteem
- lower self confidence
- higher anxiety & nervousness
- increased situational and social withdrawal as well as avoidance behaviour
- increased chance of professional misconduct

3. Demonstration & Modelling

1. Discuss effective & ineffective ways of saying no/conflict management. Ineffective may include being passive; being argumentative; just saying no; avoiding the situation; social withdrawal, etc.

Effective method includes the following components:

1. Acknowledge the request by the other person
2. Explain your reason for declining
3. Say No respectfully
4. Suggest an alternative course of action or proposal if appropriate

2. Barb and Amritpal to demonstrate through role play both ineffective & effective methods of saying no & conflict management. Coaching & feedback provided as appropriate.

Scenarios may include:

1. Difficult patient: a) ordering PN to leave him/her alone.
   b) refusing treatment, etc.
2. Co-worker or supervisor asking PN to administer medication to patient which the PN has not poured him/herself, and is therefore not allowed to administer according to code of ethics for health care providers.

3. Ask for student participation.

4. Small group exercises (Coaching and feedback provided by instructors)
   Have students practice the above skills in small & large group using role play exercises.

5. Homework Assignment
   Self report of behavioural practice outside of class.
SESSION 6

Facilitators to review the skills taught in the previous session and clarify any questions and concerns the students may have. Following this, have students practice all of the skills in today’s session. This can be done either by practising the skills in isolation or in conjunction with other skills. The purpose of today’s session is to provide more opportunities for students to refine their behavioural performance, to expand and enhance their behavioural repertoire, to receive more coaching and feedback, as well as to observe alternative ways of performing the same skills.

At the end of the session, ask students for feedback regarding their experience of being in this training program.
Appendix I: Exploratory Analyses

I. Descriptive Statistics for Canadian born and Immigrant participants

II. Univariate Repeated Measures ANOVA for SSE, GSE, SAT, & ISC for Canadian born and Immigrant participants

III. Independent Samples t-test for BSC for Canadian born and Immigrant participants
I. Descriptive Statistics for Canadian born and Immigrant participants

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* denotes statistically significant ANOVA results; CDN = Canadian born participants; IMMIG = Immigrant participants
II. Univariate Repeated Measures ANOVA for SSE, GSE, SAT, & ISC for Canadian born and Immigrant participants

A. Social Self Efficacy (SSE)

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B. General Self Efficacy (GSE)

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(ii) Immigrant Participants

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### C. Situational Avoidance Tendency Scale (SAT)

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#### (ii) Immigrant Participants

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D. Interaction Skills Checklist (ISC)

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(ii) Immigrant Participants

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III. Independent Samples t-test for BSC for Canadian born and Immigrant participants

A. Behavioural Skills Checklist (BSC)

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(ii) Immigrant participants

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