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Relational Aggression Among Adolescent African American Females

Latoshia S. Daniels
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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Latoshia Daniels

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Walden University
2018

Abstract

Relational Aggression Among Adolescent African American Females

by

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MSW, University of Arkansas at Little Rock, 2007

BA, University of Arkansas at Little Rock, 2003

Project Submitted in Partial Fulfillment of the Requirements for the Degree of
Doctor of Social Work

Walden University

August 2018

Abstract

Relational aggression includes manipulative behaviors such as gossiping, spreading rumors, or practicing exclusion to intentionally destroy a peer's social reputation.

Aggressive behaviors such as those found in relational aggression contribute to unsafe school environments. Research on relational aggression has increased in recent years, yet there is minimal research on relational aggression among African American adolescent females. The research questions were What is social workers' understanding of relational aggression? and How do social workers' cultural awareness and general understanding of African American females' relationships and interpersonal connections impact their ability to connect with their clients in the therapeutic relationship? The purpose of this qualitative study was to explore social workers' perceptions of relational aggression and African American females' social relationships and assess the impact of social workers' perceptions on their ability to connect with clients and provide effective therapeutic services. Relational cultural theory constituted the study's theoretical framework. Data were collected using a qualitative online synchronous focus group with six social workers who provide therapeutic services to female African American teenagers in the school setting. Purposeful sampling was used to determine the number of participants.

Thematic analysis was used to identify common themes from interview data. Findings from this study revealed a mischaracterization of relational aggression in relation to bullying. The findings also revealed that social worker's cultural awareness and general understanding of African American females assisted them in being able to connect with the subpopulation in the therapeutic relationship.

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Dedication

God is the source and the strength of my life. I have to give God the honor and glory for, because of His strength, I was able to endure and complete this goal. I am nothing and can do nothing without God. This journey tested my faith, but, because I continued to trust in the promises of God, I was able to endure the travails that entered my life as I worked to complete my goal. I dedicate this research to my superhero, my father Bobby Ray Daniels, Sr. (June 8, 1960- February 25, 2017). During this process, I had several important people in my life who were my cheerleaders and would not allow me to quit. My father, who teased me about being a lifetime student, always supported me and would not allow me to give up. There are many times I would talk with him about the level of stress I was feeling, but he would say three words: "You got it." You left me before you were able to witness me walk across the stage one final time. I am blessed because you were there for the other graduations, and I am thankful. Just know that your oldest child will walk across the stage one last time holding you in her heart. I love you, Papa, and I know you are in heaven smiling down on me. Rest in Love.

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Section 1: Foundation of the Study and Literature Review

Relational aggression among adolescent girls has emerged as a major social issue in recent decades (Moretti, Holland, & McKay, 2001). Movies such as *Mean Girls* and books such as *Odd Girl Out* and *Queen Bees and Wannabees* have increased the attention given to relational aggression. Many studies have been conducted to gain an understanding of relational aggression and its impact on social relationships and environments (Blakely-McClure & Ostror, 2015; Dailey et al., 2015; Young et al., 2006). However, these studies are predominantly from the Caucasian female perspective. The unique experience of African American females within the same time frame has remained understudied (Belgrave et al., 2011).

This gap in the research has led to a gap in effective social work practice, as social workers have attempted to apply current methods, which are based on the experiences of Caucasian female adolescents, when working with African American females. As a result of the lack of training and understanding of African American females, many social workers find themselves unprepared and culturally incompetent to practice with this subpopulation (Moffitt, 1993). Although African American females display aggressive behaviors like that of other female teens (Belgrave et al., 2011), their life experiences compounded with race, class, gender, and other factors make their disposition more notable. Research suggests that, because of their heightened risk for discrimination and oppression, African American females' aggressive behaviors may be a coping mechanism to negotiate their environment (Belgrave et al., 2011; James et al.,

2011; Waasdorp et al., 2013). Therefore, it is imperative that clinical social workers receive the appropriate education to assist them with working with this subpopulation.

Although both Caucasian and African American females engage in aggressive behaviors, research suggests that the two groups are not treated equally and that group members receive different consequences for the same behaviors (Monahan et al., 2014; Taylor-Thompson, 2006). Research conducted with predominately Caucasian adolescents illustrates that relational aggression is common among White, middle-class females (Wassdrop et al., 2013). The use of high levels of relational aggression, although common, is viewed differently by society among Caucasian and African American teen females. Many individuals perceive that when adolescent Caucasian females display relational aggression, they have positive leadership qualities and that their displays of aggression assist them with the attainment of higher social status (Wassdorp et al., 2013). Unlike their counterparts, when African American females engage in aggressive behaviors, they are viewed as not being feminine or as being delinquent (Gregory & Thompson, 2010; Taylor-Thompson, 2006). More research on aggression among this subpopulation is necessary to assist clinical social workers with understanding root issues related to acts relational aggression.

Participants for this qualitative study included social workers who work in the school setting in the U.S. state of Arkansas. I obtained a list of licensed social workers from the Arkansas Social Work Licensing Board. Participants were from across the state of Arkansas. Data were collected through a real-time, online focus group. I used thematic analysis to identify key themes in interview data. There are two implications for

social change. First, social workers may be better able to build positive relationships with the subpopulation of African American female teenagers by providing culturally specific services, enhancing their self-esteem and ability to construct healthy relationships. Second, school social workers who appropriately address relational aggression may contribute to policy changes resulting in a safer school culture in the United States.

Problem Statement

Difference Between Relational Aggression and Bullying

News articles and public policy have focused on the severity of bullying. Many have not heard the term relational aggression. The behaviors reported although similar to bullying is different, but many do not know the difference. Relationships cultivated among girls are commonly characterized as open, warm, and intimate (Radliff & Joseph, 2011). However, for some females, the reality of peer relationships is one of being dismissed from a peer group or shunned, talked about, or being teased. Relational aggression is a common behavior that is frequently displayed by females in schools across the United States (Redden, 2013). Relational aggression is defined as any form of behavior that is intended to impart harm by destroying or manipulating relationships with others (Crick & Grotpeter, 1995; Leff, Wassdrop, & Crick, 2010; Young, Boye, & Nelson, 2006). This behavior is displayed by close friends which contributes to a more personal connection with the one being harmed.

Although relational aggression is often referred to as bullying, and does share some similarities, it is not the same as bullying. Relational aggression can encompass the direct, hidden manipulation of relationships whereas bullying is an overt action that does

not include relational manipulation (Crick & Grotpeter, 1995; Leff et al., 2010; Radliff & Joseph, 2011; Redden, 2013; Young et al., 2006). Relational aggression is personal and is directed towards those who are close to the aggressor (Putallaz et al., 2007) while bullying involves a perceived imbalance of power and aggressive behaviors that are repeated (Smith et al., 2002). Relational aggression can be either proactive or reactive (Crapanzano et al., 2010). Proactive relational aggression refers to behaviors that are displayed for the purpose of achieving a specific goal; in contrast, reactive relational aggression is in response to provoking behaviors with the determination to retaliate (Crapanzano et al., 2010; Murray-Close et al., 2010; Wagner & Abaied, 2015). Clinicians must gain a clear understanding of relational aggression to address the behaviors in an appropriately in the therapeutic relationship.

Relational Aggression and African American Females

African American girls in late adolescence who engage in conflict with peers and display behaviors identified as relationally aggressive are often viewed by teachers as disruptive and deemed a danger to the school environment (Crenshaw, Ocen, & Nanda, 2015). In the 2011-2012 academic school year, African American girls in the United States were suspended six times as often as their Caucasian counterparts (Child Trends, 2016). In 2013, African American females had one of the highest rates of placement in residential custody at 113 per 100,000, according to Child Trends (2016).

Wassdorp et al. (2013) reported that few studies indicated a strong association between the use of overt aggression and relational aggression among African American youth. The researchers Wassdorp et al. analyzed did not identify a clear impact of

aggression on popularity within the population. They also posited that African American youth who are aggressive and popular are also more likely to have negative academic and behavioral outcomes such as increased school absences and low achievement (Wassdorp et al., 2013). This is a strong association for African American girls (Wassdorp et al., 2013, p. 5).

Relational aggression is a complicated issue involving many factors that makes it difficult for school personnel to identify the behaviors. Understanding aggression in African American girls is further complicated because many of the theoretical models of disruptive behavior were developed based on work with Caucasian samples (Moffitt, 1993). Studies of girls and aggression did not appear in social research literature until the 1990s (Moretti et al., 2001). Although there has been an increased research focus on aggression and prosocial behaviors among adolescent females, few empirical studies have been focused solely on African American females (Belgrave et al., 2011). Social workers must have access to evidence-based research to enhance their clinical skills when addressing underlying factors that contribute to aggression in African American female teens.

The social work practice problem concerned school social workers' ability to connect with African American females in the therapeutic relationship and provide effective treatment interventions when addressing aggression. The understanding of social relationships and conflict among African American females remains unexplored in the social work community. Research suggests that African American females are grossly understudied when compared to other female adolescent groups (Belgrave et al.,

2011; Rivera-Maestre, 2015). As a result of the lack of research and understanding of African American females, social workers may lack the overall competence and cultural understanding to work effectively with this sub-population.

There is a scarcity of studies focused on how relational images impact the behaviors and attitudes of African American female adolescents in social relationships. Previous researchers studying female adolescents have focused on Caucasian adolescents (Brown & Gourdine, 1998; Young et al., 2006). The overwhelming majority of clinical techniques and treatment methodologies developed in the past have been normed and designed to treat Caucasian adolescent females (Moffitt, 1993; Moretti et al., 2001). As a result of this gap in the social research literature, many social workers lack the overall competence and cultural understanding to work with this population (Brown & Gourdine, 1998). A social worker must understand how the experiences of a client affect the choices he or she makes or how the client reacts to certain situations (Block et al., 2016; Mirsky, 2013; National Association of Social Workers [NASW], 2015). Research suggests that traditional clinical practice techniques have been ineffective when applied to African American female adolescents (Molano, Torrente & Jones, 2015; Sanchez et al. 2013).

The identified social work practice problem is important because it raises unique issues that are pertinent to the Social Work Code of Ethics and clinical practice. As evident in the Social Work Code of Ethics, it is the ethical duty of a social worker to address social problems and seek to strengthen relationships among people to promote, restore, maintain, and enhance the well-being of individuals and social groups (NASW, 2008). Social workers are also ethically obligated to have knowledge of their clients'

cultures and demonstrate their knowledge by providing services that are sensitive to each client's culture (NASW, 2008, sec 1.05b).

Research suggests that continued failure to address aggressive behaviors in adolescent African American females has the potential to lead to future mental health problems (Owens, Slee, & Shute, 2000; Young et al., 2006). As a result of the shortage of literature regarding African American female adolescents, social workers lack sufficient evidence-based resources related to relational aggression they can use when providing therapeutic services to African American females. To be more effective, social workers, thus, need access to a variety of perspectives rather than only those of Caucasian adolescent females.

It is important to note that in Arkansas, school districts do not employ social workers. Rather than employing a team of social workers, community agencies provide school-based services to students in need of mental- and behavioral- health treatment. Social workers who work for an agency are typically assigned a certain area within the city. They provide services to the schools within the designated area within the city. A social worker can have one client in the school or many. Social workers who work for an agency have daily quotas to meet. Therefore, they are limited in the amount of time they can spend with a client or working through issues with school staff. A professional's personal beliefs and biases about African American female students may lead to unequal treatment, misdiagnosis, and overmedication (Campinha-Bacote, 2009) when addressing behaviors related to relational aggression.

Purpose Statement and Research Question

The purpose of this qualitative study was to explore social workers' perceptions of relational aggression and African American females' social relationships and examine what impact, if any, the social workers' understanding of relational images has on the worker's ability to connect with clients and provide effective therapeutic services. Henderson (2014) asserted that 12% of African American girls nationally receive at least one in-school suspension; whereas the rate for Caucasian girls is 2%. Henderson also reported that across all 50 states, African American girls outpace their Caucasian counterparts in suspensions. Gaining an understanding of how African American adolescents' function when conflict arises in social relationships is vital for social workers in the identification of appropriate therapeutic interventions.

Previous researchers such as Estell et al. (2002) and Hubbard (2001) have focused on anger in addition to physical and relational aggression in African Americans during early childhood and early adolescent development; however, based on my review of the literature little research has been conducted on the late adolescent stage. The identification of relational aggression has resulted in new research efforts aimed at identifying, treating, and preventing acts of violence (Young et al., 2006), and developments in relational aggression among girls continue to emerge. However, the preponderance of the research remains focused on relational aggression as it relates to Caucasian females. Based on the review of the literature there is scant research on acts of relational aggression displayed by

African American females, the type of setting in which the acts are displayed, and the impact of the behavior on their relationships, academic progress, and self-worth.

Research Question

There are many factors that contribute to aggressive behaviors in adolescent females. Relationship status, power and control, popularity, and other social constructs influence teens' decisions to be aggressive towards peers (Leff et al., 2010; Young et al., 2006). The research questions that I sought to answer in this study were the following:

RQ1. What is social workers' understanding of relational aggression?

RQ2. How do social workers' cultural awareness and general understanding of African American females' relationships and interpersonal connections impact their ability to connect with the client in the therapeutic relationship?

Understanding the relationships and connections among African American females is important to understanding the core of their development and personal identities.

Definitions of Key Terms

Aggression: The use of force to achieve a goal; it often involves emotional control (Benjamin, 2015; Graumann, 1998).

Bullying: An overt action that does not include relational manipulation (Smith et al., 2002).

Proactive relational aggression: Behaviors that are displayed for the purpose of achieving a specific goal (Crapanzano et al., 2010).

Reactive relational aggression: Actions in response to provoking behaviors with the determination to retaliate (Crapanzano et al., 2010).

Relational aggression: Any form of behavior that is intended to impart harm by destroying or manipulating relationships with others (Crick & Grotpeter, 1995).

Since 1995, researchers have increased their focus on relational aggression (Leff & Crick, 2010). Because of its disparaging nature and potential to impute emotional damage, relational aggression continues to be a concern of helping professionals (Leff et al., 2010; Young et al., 2006). Relational aggression occurs when groups or individuals attempt to gain power and control of an individual through manipulation of a social relationship (Crick & Grotpeter, 1995; Leff et al., 2015; Young et al., 2006;). Relational aggression can take many forms and may be directed at friends, acquaintances, enemies, and even complete strangers (Moffitt, 1993). According to Dellasega and Adamschick (2005) and Leff and Crick (2010), it is estimated that 20% of females display an intentional act of destroying an individual's self-esteem or social standing through spreading rumors, rejection, teasing, or excluding peers. This study was necessary because of its potential to improve professional social work practice by enhancing clinical social workers' knowledge regarding African American teen females and understanding of how to address relational aggression among this population. The study may help foster healthy therapeutic relationships between clinicians and African American adolescent girls.

Definition of Relational Aggression

The intent of physical aggression to harm another person with physical force or power is apparent (Leff et al., 2010). Relational aggression was once viewed as being normal youth behavior (Young et al., 2011). However, relational aggression is a more

difficult form to recognize (Crick & Grotpeter, 1995; Leff et al., 2010). Behavioral gestures that are not as easily detected include dirty looks to intimidate others, talking behind another's back, spreading rumors and more. They are nonphysical forms and are intended to destroy from the inside out. Crick and Grotpeter (1995) define relational aggression as the use of the influence of interactions in a purposeful way to hurt others and destroy peer associations. Researchers have realized that the behaviors are harmful and have a punitive impact on the aggressor, victims, and bystanders (James et al., 2013; Waasdorp et al., 2013).

Impact of Relational Aggression

Relational aggression is used by both males and females; however, according to research, it is displayed mostly by females (Crick & Grotpeter, 1995; Leff & Crick, 2010; Radliff & Joseph, 2011). Relational aggression can have a negative impact on schools, families, and individuals. Relational aggression can lead to social problems, emotional deficits, and even physical aggression if it is not addressed in an effective manner (Leff et al., 2010). Several studies found that students who face relational aggression perceive their school environment to be less safe, and many had difficulty focusing on school assignments due to peer relationship issues (Dellasega & Adamschick, 2005; Goldestein, Young, & Boyd, 2008). Youth who display relational aggression may experience peer rejection, self-destructive behaviors, poor self-regulation skills, and poor emotional stability over time (Redden, 2013). Victims of relational aggression experience peer rejection, low self-esteem, depression, isolation, and poor academic success due to refusal to attend school (Radliff & Joseph, 2011; Redden, 2013).

Impact of Cultural Competence

Cultural competence is a persistent theme in social work theory, research, and practice (Block et al., 2016). The development of cultural competence equates to a social worker's ability to understand, communicate with and effectively interact with people across cultures. Cultural competence is defined as the belief that people should not only appreciate and recognize other cultural groups but also be able to effectively work with them (Sue, 1998). The current NASW Code of Ethics (2008) specifically addresses the need for social workers to incorporate cultural competence into ethical practice. Cultural competence is also referenced as *cultural sensitivity* or *multicultural* (Abrams & Moio, 2009). The cultural competence model focuses on self-awareness and skills development, according to Abrams and Moio. The framework understands that all people - including people of color - possess values, attitudes, and assumptions that they bring into the helping relationship.

Mirsky (2013) lists three components of cultural competence as cultural awareness, cultural-specific knowledge and culture-attuned skills (p. 627). Affirming that a social worker must not only understand how the experiences of a client impact the choices he or she makes; or how the client reacts to certain situations but must also be aware of his or her personal biases as well as (Block et al., 2016; Mirsky, 2013; NASW, 2015). To increase awareness of personal assumptions, values, and biases the social worker must examine his or her cultural background and identities (Mirsky, 2013). A social worker must be able to acknowledge his or her personal experiences, and beliefs about African American females, and not allow it to impact the quality of service he or

she provides to a client. Having literature that addresses issues related specifically to African-American females in late adolescents is vital to support continued cultural awareness in social work practice.

Nature of the Doctoral Project

In action research, the researcher is responsible for many things to move the process forward. The first task of the action researcher is to understand that he or she is not the expert during the process (Stringer, 2007). The researcher in action research is a facilitator or consultant. His or her responsibility is to assist participants with engaging in the process. The researcher provides an environment that will allow stakeholders to identify social issues that affect them daily.

One goal of action research is to promote change (Stringer, 2007). Change in action research can be the development of a new program or adjusting current policies. Action research is focused on promoting social changes within the lives of those who do not have a voice or who do not know how to speak up for themselves. The role of an action researcher is to assist with educating individuals about action research and then to facilitate a process for them to address needs. Once the process has been conducted, the identification of solutions can contribute to policy changes, community involvement, individual changes, professional development, and more.

The use of action research with a qualitative method to address relational aggression among African American teens provided an opportunity for clinicians, teachers, parents, and teens to understand the behavior and address it adequately. The ability to gain more insight into contributing factors, and how the behaviors influence

youth to be aggressive or to stand up against the behavior will be helpful when working with students. Asking clinicians about their experiences assisted in gaining insight and understanding of how clinicians view and treat African American female teens who often disrupt the educational and social setting with acts of violence. Online synchronous focus group interview was conducted, and the primary researcher translated the group interview for analysis. The data was examined using the thematic analysis.

Significance of the Study

There was a need to address relational aggression among African American females in late adolescence to promote healthier female-student relationships and safer school environments. There are few empirical studies that exclusively focus on African American females engaged in relational aggression and the factors that contribute to conformity. This study was intended to expand on existing social work practice by examining variables that influence social workers' perception and cultural understanding of African American females how they address conflict in their social relationships. The results may better explain how African American females experience relational aggression to assist in the development of cultural and gender-specific supports within homes, schools, and communities instead of criminalizing the behaviors.

This study contributes to the social work profession by adding to the practice by the enhancement of social work clinicians' knowledge on how to recognize and adequately address socially aggressive behaviors among African American teen females in a culturally appropriate manner. Participants had the opportunity to explore factors such as personal biases, relationships, and knowledge regarding the actions of violence

among the target population. A social worker must be able to acknowledge his or her personal experiences, and beliefs about African American females, and not allow it to impact the quality of service he or she provides to a client. Having literature that addresses issues related specifically to African American females in late adolescents is vital to support continued cultural awareness in social work practice. The reduction of relational aggression will enhance African American adolescent girls' interpersonal relationships and increase their self-esteem (Cannon et al., 2012; Rivera-Maestre, 2015). There are two implications for social change: 1) social workers can build positive relationships with the sub-population by providing culturally specific services, enhancing their self-esteem and ability to construct healthy relationships, 2) properly addressing relational aggression will contribute to policy changes, and the school culture will change and be safer.

Theoretical Framework

Relational cultural theory developed from the work of Miller, Stiver, Surrey, and Jordan (Duffey & Trepal, 2016). The theory examines the complexity of human relationships using concepts of connection and disconnection (Jordan, 2010). Relational cultural theory places emphasis on positive interpersonal factors such as growth-foster relationships, mutual empathy; and cultural factors that facilitate validation and empowerment (Cannon et al., 2012; Jordan, 2010;). Duffey and Trepal (2016) explain how relational cultural theory focuses on growth which occurs in relationships and identifies connection as the center point for growth (p. 379). The relational cultural theory posits that relationships and interpersonal connection are important to females and

form the core for the development of their personal identity (Lenz, 2016; Cannon et al., 2012). The theory further suggests that females need mutually positive relationships with others- peers included - to develop a positive sense of self (Cannon et al., 2012).

Research with girls has proven a constant link between relational aggression and higher levels of social maladjustment and perceptions of hostile intentions (Mayeux, 2014; Radliff & Joseph, 2011). According to Miller and Stiver (1995), the relational cultural theory postulates that a person's early experiences with others form *relational images*, which become important references for future interactions. If these images are positive, then an individual will be able to develop healthy relationships and maintain an authentic sense of self. If the relational images are negative, failures or unmet expectations contribute to an individual potentially developing chronic disconnection or the use of disconnection as a protective maneuver (Duffey & Trepal, 2016; Jordan, 2010; Miller & Stiver, 1995). Consequently, conflict and working through it or relational disconnections are the catalyst and provide the greatest opportunities for, growth. (Duffey & Trepal, 2016, p. 380).

Empathy is the core of this theory and connection is what contributes to change which is guided by a cultural context (Comstock et al., 2008). Authenticity is necessary for real engagement and full participation in a growth-fostering relationship in the therapeutic relationship (Jordan, 2010). Cultural context considers the individual's environment and how their culture can affect behaviors and their opportunities. The social worker engaged in a therapeutic relationship with a client must be aware of contributing variables that may impact a client's behavioral reactions and responses in

various environments. Therefore, cultural awareness is vital to the therapeutic relationship. Duffey and Trepal (2016) discussed five good things that relational cultural theory posits when individuals build healthy relationships: a sense of zest, empowerment, clarity, self-worth, and connection. Therapeutic relationships succeeding in these qualities inspire the individuals to continue to engage in healthy relationships with others.

The theoretical concepts aligned with the problem statement, research questions, and purpose of the study. The relational cultural theory is important in the field of interpersonal influence. The relational cultural theorist Lenz (2016), posits that positive relationships are developed by mutuality, engagement, authenticity, and empowerment. The relational cultural theory provides an appropriate framework for social workers to explore cultural factors that influence behaviors and expectation in relationships (Comstock et al., 2008; Haskins & Appling, 2017). The multicultural movement is also complementary, by providing an alternative theoretical framework for social workers to boost their cultural competence through mutually empathic encounters (Comstock et al., 2008). The authors explain how empathic encounters allow social workers new and different ways to learn about their own and their clients' worldviews and beliefs (p. 281).

Review of the Professional and Academic Literature

A review of relevant articles published between 2011 and 2016 identified five categories of contributing factors that may influence the display of aggression among African American females. The primary researcher selected search terms to effectively identify materials that were relevant to the research topic. All possible relevant terms and their synonyms were listed for use in the research databases. Relevant terms included:

relational aggression, African American, black, teen(s) and adolescent(s), female(s), and girl(s). The SocIndex and the Psycho Info databases were chosen because they are databases dedicated to articles related to the helping professions. This literature review focused on environmental factors contributing to the understanding of relational aggression among African American female adolescents. The adolescent's milieu is shaped intensely by the presences or absence of many factors; including, but not limited to family resources, community services, and educational and employment opportunities.

Factors to Consider During Treatment: Uncovering the Root Causes of Female Aggression

Adolescent development. Adolescence is a period of social development characterized by increased frequent interactions with an expanded variety of people, across varying settings that do not involve parents (Harding, Hughes, & Way, 2016). Today's youth live in a society that offers tremendous influential choices and challenges during the years of adolescence. Brittan (2012) posits that the African American child makes a unique journey both to master normal developmental tasks and to meet the environmental challenges of racism, discrimination, oppression, and poverty. Adolescence is also a time when African American youth begin to consider their identity, as it relates to race and ethnicity. African American children must define themselves in relation to the social status and meaning of their racial and ethnic group.

In the 1960's, psychologist Erik Erikson defined adolescences as a stage of psychosocial development in which youth 13-19 years old search to identify *who they are* (Jenkins et. al, 2005). Identity is an essential virtue that an individual must acquire to

successfully move to the next phase in psychosocial development in a healthy manner. The youth seeks to identify him or herself within the world; in contrast, he or she may develop role confusion (Brittan, 2012; Schiriver, 2001; Wastell, 1996). During adolescence, peer relationships are a major influence in psychological functioning (Albert et al., 2013; McHale et al., 2012). The youth becomes preoccupied with their appearance and how others view their style. This can be a major factor when adolescent girls are faced with physical growth, as some mature faster than others (Schiriver, 2001). The formation of many aspects of identity may be an important coping and resilience process for African American teenage females (Grills et al., 2016).

Self-identity. Identity development, the growth of a strong and stable sense of self across a range of identity dimensions, is central to adolescent development (Schiriver, 2001). Adolescents are not only molded and shaped by the environment in which they reside (family, peers, neighborhoods, and historical contexts), they also are an integral part of their identity development process (McHale et al., 2012). On the development of identity, Erickson stated that it is a way of integrating many aspects of the self. Erickson suggested that when an adolescent achieved identity, he or she would know how to successfully navigate the demands of different social contexts (Jenkins et al., 2005). If the development of self-identity is not achieved, an adolescent female may try to assert herself within social settings to establish a social identity. Behaviors used may allow the individual to obtain friendships or popularity, yet may contribute to acts of relational aggression.

Social identity (race and ethnic identity). African American youth must define themselves in relation to social status and meaning of their racial and ethnic group. African American youth receive information from parents and others about cultural practices to assist them with *racial socialization* (Grills et al., 2016). High ethnic identity has been associated with high attainment and self-esteem among African American youth, improved prosocial behaviors and efficacy beliefs, and reduced use of violence (Bachman et al., 2011; Brittian, 2012; Swenson & Prelow, 2005).

Friendship development. Friends are important to teen development according to the Office of Adolescent Health (2016). Friendships help youth develop social skills, engage in new activities, and provide a sense of belonging, support, and encouragement. Friendships can contribute to the emotional support and social knowledge attainment, and they provide reciprocated respect, care, and mutuality (McDonald et al., 2014). Friendships have been linked to longer and healthier lives and moral development (Greif & Sharpe, 2010; McDonald et al., 2014; Taylor-Thompson, 2006). During adolescence, the development of friendships is vital to a young person's development of behavioral and social norms (McDonald et al., 2014; Tropp et al., 2014). For girls, social relationships are key (Taylor-Thompson, 2006).

African American adolescent females may have a different perception of healthy friendship compared to Caucasian counterparts due to life experiences, environmental factors, and socioeconomic status (OAD, 2016). McDonald et al. (2014), posits that when the relationships are disrupted due to conflict, it can contribute to the youth beginning to think about fundamental social concepts in new ways (p. 233). James et al.

(2011), stated that girls might engage in relational aggression in response to real or imagined slights and the disloyalty of friends or through the fear of becoming targets themselves. African American women value intimacy and genuineness in their friendships (Grief & Sharpe, 2010). Intimacy allows for openness, trust, and emotional support and self-disclosure which draws on the quality of a person which is an important factor in African American friendships (p.801). Lack of relational intimacy, one aspect of positive friendship quality, is associated with high levels of aggression in adolescent girls (Banny et al., 2011). Taylor-Thompson (2006) found that girls who display delinquent conduct experience conflict with family and social relationships.

Mayeux (2014) conducted a study, using social dominance theory to guide an investigation to explain the positive association between aggression and high peer status. The cross-sectional study consisted of 185 ninth grade participants (93 boys, 92 girls) who attended a public school in a small Midwestern city. The method of collecting data was qualitative. The findings indicated that relational aggression negatively correlates with social preference. Relational aggression is positively associated with popularity for both genders. The investigation establishes that relational aggression is associated with a belief in the importance of social hierarchy.

Rivera-Maestre (2015) conducted a qualitative study with 19 females in late adolescence, predominantly African American (84%) and Latina (16%) from low-income inner-city backgrounds. The study explored the young women's experiences of relational aggression and violence in female peer relationships. Individual interviews were conducted with the young women. Results showed that 63% of them reported

involvement in relational aggression with female peers, 37% reported that they witnessed relational aggression, 84% reported physical violence and 69% reported relational aggression as a precursor to physical violence. The results of the study indicate that aggression is necessary for survival and an inevitable response by urban adolescent girls in underprivileged communities.

Exposure to violence. Research suggests that life events such as poverty, crime and violence may influence whether youth who have experienced adverse life events display internalizing and externalizing behaviors (Sanchez et al., 2013). African American youth residing in low-income urban neighborhoods are at increased risk of experiencing negative life events in multiple domains. This increases their risk for internalizing and externalizing behaviors (Sanchez et al., 2013; Wilson et al., 2012). Exposure to violence can come in various forms including sexual and physical child abuse, domestic violence and dating violence among African American teenage girls.

African American females in late adolescence are exposed to violence in various settings such as the community, home, and school environments. Community violence exposure (CVE) is a public health problem affecting urban youth (Copeland-Linder et al., 2011; McDonald et al., 2011). CVE includes direct victimization, as well as witnessing, and hearing about violent acts in the community, which can be extreme stressors affecting the physical and mental health of youth.

Copeland-Linder et al. (2011) posit that exposure to community violence as a victim or witness has been linked with several internalizing problems, including depression, social withdrawal, anxiety, and post-traumatic stress symptoms and disorder.

Girls report psychological distress related to *witnessing* violence, alone (Voisin et al., 2011, p. 2484). The writers' additional studies have linked adolescent exposure to community violence with increased health risk behaviors, including aggressive and violent behavior, substance use, sexual risk taking, and suicidal ideations and suicide attempts (p. 160).

Youth's differential responses to adverse life events also may result from the coping strategies he or she employs (Rivera-Maestre, 2015). Violence can occur in homes, schools, and neighborhoods and can involve family, peers, or other members of the community (Wilson et al., 2012). Exposure to violence likely affects girls and boys in different ways. However, less attention has been focused on the effects on female aggression and friendships of girls growing up in low-income, urban communities, despite converging rates of violent victimization among boys and girls (p. 195). Much attention has been focused on the impact of violence exposure and sexual behaviors among African American females (Voisin, Hotton & Neilands, 2014; Wilson, Donenberg & Emerson, 2014).

Exposure to violence has a compounding influence on affected adolescent girls. Different forms of violence have similar developmental consequences, such as sexual-risk behavior, academic performance, and mental-health issues (Busby et al., 2013; Wilson et al., 2012; Wilson, Donenberg & Emerson, 2014). Sanchez et al. (2013) posit that African American youth living in disadvantaged neighborhoods are at risk for experiencing adverse life events and displaying internalizing and externalizing behaviors.

The behaviors are methods youth have developed to cope with negative factors surrounding them.

Internalizing behaviors. Milam et al. (2012) define depression, anxiety, hopelessness, and withdrawal as internalizing problems. Some research suggests there is a difference in the way African American and Caucasian youth respond to adverse life events (Sanchez et al., 2013). In one study conducted by Franko et al. (2004) African American females reported more negative life events than Caucasian girls, yet they were no more likely to experience future depressive symptoms than their Caucasian counterparts. Milam et al. (2012) reported that rates of internalizing problems increase more rapidly among females during early adolescence. Some studies have linked depression to violence and other negative activities (p. 41). Milam et al. conducted a study with 425 African American students in the 3rd – 5th grades. The results suggested that girls who felt unsafe in their neighborhoods were about two times more likely to have internalizing problems. Girls who lived on streets with alcohol and drug issues were 17% more likely to experience internalizing problems than those girls who did not have alcohol and drug indicators present.

Externalizing behaviors. Youth living in stressful and violent environments may use different coping skills than youth living in other areas. African American youth who are exposed to hostile and violent interactions daily may express distress in ways that do not show signs of weakness. This form of coping carries over in peer relationships. The goal is to appear strong because appearing weak may contribute to victimization. Many youths also fail to develop key cognitive abilities to adequately

identify, organize, and represent social cues (Molano et al., 2015). Sanchez et al. (2013) examined the various types of stressful life events and the correlated African American adolescent coping responses. The researchers found that youth exposed to violence may model that behavior, especially if they see perpetrators of violence being rewarded for their aggressive behavior and the victim being punished (p. 44). The results of the study suggest that African American females use avoidance as a coping method with exposure to violence. Molano et al. (2015) conducted a study with 5th through 9th-grade students and identified that continued exposure to violence with the combination of poorly developed social-cognition methods contributed to the use of aggressive responses and attitudes that support justification for aggression. Sanchez et al. (2013) reported that being a victim of crime, violence, or assault resulted in a 12% increase in conduct disorder and an 8% increase in oppositional defiant disorder (p. 39).

Negative perceptions and a lack of knowledge. African Americans in the United States are a stigmatized group (Bachman et al., 2011). Stigma is a mark of disgrace associated with a particular quality or person (Crocker, 1999; Goffman, 2009). Stereotyping is preconceived notion about a group of people. Historically, African American women were often viewed, by White society, as innately promiscuous, animal-like, and sexually unrestrained (Brice, 2011). African American females have been stereotyped since slavery. Labels such as Jezebel have been used to place the perception that African American women are hypersexual (West,2008). Currently, African American women are viewed as being loud and ghetto, welfare queens, closed-minded, angry with bad attitudes, bossy, uncouth, and uneducated. Stereotypical images of

African American females are the Mammy, Aunt Jemimah and Sapphire (Green, 1998; King, 2015; West, 2008). African American females are also judged by the color of their skin, how they speak, and the way they dress. The stereotypes and stigmas can impact the way African American females view themselves, as well as how others view and interact with them.

Many individuals in the United States have a traditional view of feminine behavior (Taylor-Thompson, 2006). There is a strong respect for maintaining chastity, being subordinate and ignoring self-interest, catering to the needs of others, being passive and unassertive. Consequently, when adolescent females do not conform to these normative behaviors, they are labeled *at-risk* or *delinquent*. This also poses true according to Hall and Brown-Triston (2011), when the phrase *ladylike* or *womanly* are used. The terms refer to the Eurocentric standards of female behavior. When African American females do not adhere to the behavioral norms of Caucasian counterparts within the school setting, they are viewed as *loud*, *unintelligent*, *feisty*, *delinquent* or *hostile* by educators (Monahan et al., 2014; Skiba, 2014). Disciplinary methods are then implemented to force the young ladies into the Eurocentric view of femininity. The attempts to force African American female adolescents into a rigid gender box often cause the young girls to resist (Hall & Brown-Triston, 2011; Radliff & Joseph, 2011).

Many journal articles and research studies discuss the plight of the juvenile African American male. In-depth reasons for their dismissal from school are often researched, analyzed and discussed. However, African American females in late adolescence do not receive the same amount of attention or exhaustive research.

Currently, African American adolescent girls in high school are being suspended at alarmingly high rates. There is also an increase in referrals to juvenile detention among this population (Taylor-Thompson, 2006). Little is known about the exact behaviors the young ladies displayed to receive such consequences. The devaluing impressions of educators imputed upon African American teenage females potentially influence how they teach students, as well as how school counselors and social workers care and connect with them (Hall & Brown-Triston, 2011). There has not been extensive research on the underlying cause of the increase in both suspensions and detention referrals and use of aggression and the future effects regarding late-adolescent African American females.

Due to the dearth of studies and research literature that focus directly on relational aggression among African American adolescent females, the literature review focuses on contributing factors of relational images that impact the way the young ladies connect with others in social relationships. Previous researchers have studied ways to reduce relational aggression in the school setting through the implementation of various schoolwide interventions (Leff & Crick, 2010; Nixon & Werner, 2010). Some researchers have examined the impact of relational aggression on the victim and perpetrator (Aceves, et al., 2010; Radliff & Joseph, 2011), and other studies have examined the associations between aggression, peer relationships, and social skills and environmental factors (Maueux, 2014; Wassdorp, et al., 2013). Goldstein and Tisak (2010) and Malove (2012) researched treatment of adolescent girls who are victimized by

social aggression by using specific theories. Predominately Caucasian females, mixed gender participants or younger children are the focus of most of the studies used.

Schoolwide interventions have been used previously to address relational aggression. Some programs used the certain curriculum to target certain populations and to educate students. Some programs used surveys; while some programs used both methods. The strength of the schoolwide interventions is that it engages everyone in the school. The Ophelia Project is a leader in providing information and program development for addressing relational aggression (Ophelia Project, 2016).

Justification for the Current Study

The review of the literature revealed a dearth of research related to relational aggression among African American females in late adolescence. This gap in research indicated the need for inclusion and consideration to improve the social work practice by providing information that will enhance cultural competency when working with this sub-population. Studies have observed relational aggression in preschool, elementary, and middle-school settings and developed interventions for addressing the behaviors among the populations (Crick & Grotpeter, 1995). Most studies were conducted with Caucasian participants.

The first justification for this research is the scant amount of research dedicated especially to African American females in late adolescence as it relates to relational aggression; secondly, the lack of understanding of African American female teens. African American adolescent females are vocal, often expressing themselves in ways that may be viewed as disrespectful. The suspension rate among this sub-population has

increased with little knowledge of the exact behaviors that contributes to the consequence (Taylor-Thompson, 2006). Thirdly, due to the dearth of studies, more investigation was necessary to educate social workers on the sub-population and their needs and to improve cultural competency in the social work practice.

Gaps in the Research

The gaps in the research lead to a gap in social work practice. The lack of research on African American females in regard to relational aggression may contribute to social workers being less effective in the therapeutic relationship with African American females in late adolescent. A review of the literature revealed that many researchers had identified methods for addressing bullying, violence, and relational aggression among elementary and middle-school youth from various ethnic groups. However, as it relates to African American females in late adolescence, the literature is limited. Clinical social work practitioners are faced with challenges in working with individuals from various cultural backgrounds if adequate training is not provided. One difficulty for the practitioner is trying to determine which need to address first among this sub-population.

While there is recognition that culturally appropriate and gender-specific treatment interventions are necessary for African American females in late adolescence, such programs are not always widespread and differ from state to state (Leff et al., 2015). In the state of Arkansas, many African American females in late adolescence who participate in mental-and behavioral-health treatment do so through school-based programs. In the state of Arkansas, the clinicians that provide the services to students in

the school setting have various backgrounds and training. Because there is no uniform training for school social workers, many school-based clinicians are unfamiliar with important cultural factors that must be taken into consideration when working with this sub-population. An individual's culture is communicated in various ways through language, style of dress, social distance, and subtle non-verbal cues (Brown & Brown, 1997, p. 102). Research suggests that clinicians who do not have a clear understanding of cultural factors associated with a client may not be able to connect with the client in the therapeutic relationship (Kodjo, 2009).

Impact of the Social Worker's Race

The race of a clinician has been identified as a potential factor to African Americans participating in therapeutic interventions (Ward, 2005). Race is an important topic to study and discuss because it is particularly noticeable for ethnic and racial minorities (Helms, 2007). According to Meyer and Zane (2013), multicultural competence is critical for effectively working with clients of color. According to Brown and Brown (1997), clinical social workers have always relied on communication and relationship building to affect change with clients. Therefore, the worker-client relationship is an important tool and basic means of social work intervention (p. 100). Brown and Brown posits that the worker-client relationship provides both the context and the means for effective treatment.

However, factors such as individual, institutional and cultural racism may complicate the relationship. Shin et al. (2005) stated that ethnic minority clients might view ethnically similar clinicians as more credible sources of help than White counselors

because they assume shared commonalities in culture or values, elements that may be important to minority mental health clients (p. 48). Atkinson and Thompson (1992) stated that a clinician's and client's cultural worldviews have a much stronger impact on the therapeutic process than race (p.356). Cultural factors may hinder the delivery of mental health services to African American adolescent females unless they are addressed upfront. According to Brown and Brown (1997), one key factor which perpetuates the ethno-cultural stereotypes is a lack of firsthand knowledge about another ethnic group-including the specific values, norms, and social behaviors of that group (p. 102). Some studies have shown that pairing clients to a clinician of the same ethnic background has slightly shown that some individuals are likely to comply with the initial appointment (Atkinson & Thompson, 1992; Shin, 2005; Ward, 2005). In the state of Arkansas, many students participate in mental and behavioral health services through school-based programming. The students engage in psychotherapy during the school day with an assigned clinician from a community agency. Due to the variations in clinical training it is vital that the clinicians have a clear cultural understanding when working with the target population. The establishment of a strong and trustworthy worker-client relationship is vital to establishing rapport and building a collaborative therapeutic relationship.

Summary

The study of relational aggression among females has increased in the past 10 years (Moretti et al., 2001). Many of the studies have focused on Caucasian females. Some research suggests there is a difference in the way African American and Caucasian

youth respond to adverse life events (Sanchez et al., 2013), therefore, data regarding the impact of relational aggression on social relationships among African American adolescent females is needed. Relational aggression is a specific set of behaviors that are displayed to destroy social relationships (Crick & Grotpeter, 1995; Radliff & Joseph, 2011). African American females may use relational images to make certain behavioral choices in social relationships. The display of any form of aggression in the educational setting can contribute to an unsafe environment. School social workers play a vital part in building relationships with students to assist them with difficult situations. Social workers must have the skills to understand relational images and how to use that information to connect with the sub-population during the therapeutic process.

Many researchers have explored varying interventions to address relational aggression in the school setting. The studies often used Caucasian female participants. There is a lack of studies that focus specifically on African American females in adolescents and how relational aggression is displayed, the impact it has on friendships, and how the sub-population deal with conflict within their close friendships. It is vital that social workers who provide therapeutic services to African American females in the school setting to address acts of relational aggression build healthy working relationships with the individuals. Relational Cultural Theory states that the connection in the therapeutic relationship promotes healthy relationships and impact self-esteem (Cannon et al., 2012).

In reviewing and analyzing studies related to the research questions for this study, it is evident that females in late adolescence within the African American community are

an exclusive sub-population. Social workers must look at specific factors when addressing aggression among African American adolescent females to find ways to connect with them in the therapeutic relationship. The consideration of specific factors will aid the clinicians in the identification of appropriate cultural treatment modalities and interventions to increase clinical social work practice. (Sanchez et al., 2013).

Section 2: Research Design and Data Collection

Social relationships and conflict among African American females have been understudied. Due to the dearth of research, social workers may lack the appropriate training necessary for working with this subpopulation. The purpose of this action research was to improve culturally appropriate clinical social work practice with African American female adolescents who display relational aggression in the school setting. The research recommendations may contribute to more effective and culturally competent therapeutic services, particularly those provided by professional social workers in the state of Arkansas. During the research process, practitioners who participated in the study offered suggestions for areas of clinical needs or improvements so that they may best meet the needs of African American females who display acts of relational aggression in the school setting. This section begins with a description of the qualitative research design, including the research questions and the central concepts of the study. The methodology section includes a description of the sample population, instrumentation, and data analysis. In the concluding section, I summarize key points and provide a transition to Section 3.

Research Design

The purpose of this action research study was to enhance professional social work practice by exploring social workers' definitions and perceptions of relational aggression, their perceptions of African American females, and their knowledge of relational images when providing services to the subpopulation to connect with them to address relational aggression. The social work practice problem concerned school social workers' ability to

connect with African American females in the therapeutic relationship and provide effective treatment interventions when addressing aggression. The understanding of social relationships and conflict among African American females remains unexplored in the social work community. Studies of nonphysical forms of aggression in social relationships among African American adolescent females remains under researched when compared to other female teen groups (Belgrave et al., 2011; Rivera-Maestre, 2015). The research questions were

RQ1. What is the social workers' understanding of relational aggression?

RQ2. How do the social workers' cultural awareness and general understanding of African American females' relationships and interpersonal connections impact their ability to connect with the client in the therapeutic relationship?

In this section, I present the background and framework for the current study, as well as the comprehensive action research methodology I used to address the study's research question. As part of my qualitative research design, I used purposeful sampling for participant selection, a qualitative online synchronous focus group interview to collect data, and thematic analysis to analyze the qualitative data. Ethical considerations related to this study are also presented.

Methodology

Prospective Data

An online synchronous focus group was the method for collecting data with six social workers who are licensed master social workers (LMSW) or licensed certified/clinical social workers (LCSW) with at least three years of clinical

experience working with African American adolescent females. Qualitative research design was used in the research process. The sample size for qualitative studies is usually small (Ritchie & Lewis, 2003).

I conducted one online synchronous focus group session. Participants interacted through high definition (HD) video conferencing. Responses to the questions was documented using a digital-recording from the video conferencing device. I prearranged 2 hours for the group interview. One benefit of conducting the focus group online is that it allowed me as the primary researcher to access social workers in various locations throughout the state of Arkansas. Secondly, participants were able to participate from the comfort of their homes.

There are limitations to conducting an online focus group, however. First, I was not able to observe body language because the participants were not physically present (Oringderff, 2004; Reid & Reid, 2005). A second limitation is the type of topics that may be discussed. According to Morgan (1996), focus group participants may not feel comfortable discussing certain sensitive topics in a group setting.

Oringderff (2004) noted that there is limited literature on conducting an online focus group for the purpose of academic research. Therefore, the advantages and disadvantages of using this type of method have not been thoroughly examined. However, literature regarding focus groups is plentiful (Oringderff, 2004). Many of the advantages and disadvantages regarding focus groups, in general, may apply to online focus groups.

I used open-ended questions with probes to guide the group. The group's responses were documented with a digital recording device connected to the high definition (HD) video conferencing device. The digital recording was transcribed and reviewed by me. The questions in the interview were structured to explore social worker participants' perceptions of relational aggression, their perception of African American females' social relationships, and the impact the social workers' understanding of relational images has on the worker's ability to connect with their client and provide effective therapeutic services. The second set of questions obtained demographic information from all participants such as age, gender, race/ethnicity, years of clinical experience, and employer (see Appendix B).

Participants

The study participants were clinical social workers from the state of Arkansas with at least three years of experience who provide mental and behavioral health services to students in the school setting. The exact number of social workers who provide mental- and behavioral-health services to students in Arkansas are difficult to determine. The study participants were purposefully selected based on their availability to participate in the study and their working knowledge of mental- and behavioral-health treatment services provided to African American females in the school settings. All participation in the study was voluntary.

Recruitment

Recruitment involved sending e-mails to clinical social work practitioners working with African American adolescent females in the school setting in

Arkansas. The sample frame was created from a list of my personal and professional contacts and a from list obtained from the Arkansas Social Work Licensing Board. I sent invitations for participation via e-mail. The email consisted of a brief description of the study, its purpose and procedures, and my contact information (see Appendix D). Those who expressed interest responded by e-mail. Each interested person was sent an information letter via e-mail, and individuals were asked to contact me by phone and participate in a brief screening to ensure that participant criteria were met. If the participant met the criteria for participation, an electronic copy of the informed consent was e-mailed to the participant; he or she returned the signed document before the group began. In the information letter (see Appendix E), the participants were asked to choose and commit to one of the specified days and times for participation in the online synchronous focus group. Once there was a consensus for the time, I sent an e-mail to inform the participants of the chosen date and time and the log-in details. The participants were given seven days to respond regarding their availability to participate in the online synchronous qualitative research focus group.

The focus group was conducted online in real time, lasting one hour. To protect confidentiality, I assigned each participant a number to use instead of their name. All participants were encouraged to maintain the privacy of other participants and the content of the group's discussion. All recordings, notes, and transcriptions, presentations, and publications display the assigned number to identify the participant.

Sampling Strategy

Purposeful Sampling also referred to as criterion-based selection was appropriate for this qualitative research design (Creswell, 1998). Purposeful sampling suggests that all participants in the study have opinions and perceptions about female aggression (Morgan, 1996). The sample size with the use of focus group interview in the qualitative design is determined based on the number of issues the group is addressing according to Ritchie et al. (2013). Qualitative focus groups according to the authors are comprised of six to eight participants. Morgan (1996) posits that it is appropriate for focus groups to be smaller if the group is addressing an emotionally charged topic. Smaller groups also allow all participants the opportunity to express their views and experiences. Morgan as stated that smaller groups are easier for the researcher to manage, and it is in the researcher's control as to who is invited to participate in the group. One group was conducted with a two-hour time frame. The justification for this range was that data saturation could be achieved (Morgan, 1996; Palinkas et al., 2015; Steward & Williams, 2005).

Instrumentation

The instrument used for data collection consisted of an online synchronous focus group interview, containing nine open-ended questions with follow-up inquiries (see Appendix A). I developed the interview schedule with the assistance of the faculty chair. The questions were created with the intent of gathering information relevant to the research questions. Member checking was used to determine credibility. I contacted members who participated in the focus group via

email for them to review the transcription for accuracy. Online synchronous focus group qualitative interviewing was selected for this qualitative research because of flexibility and interactive nature; its ability to allow the researcher to obtain in-depth information by using follow-up questions, as necessary; and its ability to keep the participants engaged and to promote the collaborative effort. There were an additional eight questions to gather demographic information that was used during the screening process (Appendix B).

Data Analysis

Thematic analysis was used for this study. Qualitative data was coded and analyzed for common themes, patterns, and content, to answer the research questions (McNiff & Whitehead, 2010). I transcribed the responses from the interview and created categories within which to classify and interpret qualitative information. Codes and themes were identified once the primary researcher began to review the information.

The data was recorded using digital audio, and it was transcribed and reviewed for accuracy. The identification of common themes assisted the primary researcher with gaining an understanding of the data collected while highlighting important findings. Due to the small number of participants that were recruited for this study, there was not equal representation of race/cultural backgrounds. The responses from the participants are not representative of the sample in Arkansas, critical, overall evaluation and interpretation of the impact of racial/cultural

representation was conducted and documented in the limitations section with suggestions for future research.

To ensure that the current study met the standards of a rigorous qualitative study, I applied credibility standards throughout the focus group. According to Stringer (2007), credibility can be established through the focus group interaction. The focus group provided all participants with an extended opportunity to explore and express their experiences and issues related to the identified problem that was investigated (p. 58). Also, member checking was used in this qualitative inquiry to ensure rigor. Member checking is a quality control process that seeks to improve the accuracy, credibility, and trustworthiness of what is recorded during the research interview (Harper & Cole, 2012; Stringer, 2007). During the interview, I restated or summarized the participant's responses to determine accuracy. The participant will agree or disagree that the summary reflects his or her view, feelings, and experiences (Harper & Cole, 2012). The authors stated that if the information is confirmed as accurate, then the study is said to have credibility. Finally, an inquiry audit will provide a detailed description of the procedures, context, activities, and events (Seale & Silverman, 1997). It was reported as part of the outcome of the study to address transferability and dependability.

Ethical Procedures

Participants received an informed consent (see Appendix C) before their interview to explain the intentions, goals, procedures, risks, and benefits of the research study. All study participation was voluntary, and participants could

withdraw from the study at any time without a penalty. The information collected by the participants was confidential and did not impact their current employment status. Data collected by the participants was not shared with anyone. All data collected was kept confidential in a lock box. The research data will be shredded after five years of the researcher completing the doctoral program. This was a minimal risk study, and there were no conflicts of interest between the primary researcher and the study participants.

The data collected was not be shared with anybody outside of the research team, and nothing was attributed to the participants by name. All interviews have a special number and the code will remain in the lock box with all data. There were no benefits for participants, and there are indirect benefits for African-American adolescent females. Clinical social workers gained insight into how their perceptions impact clinical work with African American female teens, and African American girls will receive effective treatment interventions. The participants did not receive an incentive for participation. Approval for the protection of human subjects was obtained from the Institutional Review Board at Walden University. The knowledge received from the research was shared with Walden University before it is made widely available to the public. Each participant received a summary of the results.

There are several ethical issues that must be taken into consideration. The first is that of confidentiality. My aim was to comply with the Social Work Code of Ethics and protect the confidentiality of all participants. However, according to Morgan (1996) and Smith (1995), I cannot control what other participants say after

the group discussion. My goal was to ensure that participants understood this potential concern. The second concern regarding confidentiality is the environment of the participants during the online group discussion. Participants logged into the discussion from various locations. Depending on their locations, other individuals may have been in the room and overheard the discussion or kept up a lot of background noise. A third ethical concern was over disclosure. Participants may become comfortable with a certain topic and provide details personal experiences (Smith, 1995). Smith suggested that the researcher provides a debriefing segment either during or after the group discussion to provide participants with an opportunity to express their feelings and move forward. For this research debriefing was offered after the group's discussion has ended.

Summary

Included in this chapter was details for the qualitative research design to address the central concept of increasing culturally competent practice knowledge of African American females who display relational aggression in the school setting.

The research questions for the study included the following:

1. What is the social workers' understanding of relational aggression?
2. How do social workers' cultural awareness and general understanding of African American females' relationships and interpersonal connections impact their ability to connect with the client in the therapeutic relationship?

The main objective of the action research study was to identify clinical needs and to improve culturally competent treatment methods in the social work profession when addressing relational aggression among African American females in adolescence.

This study was an exploratory qualitative study using online synchronous focus group interviewing clinical social workers who provide school-based services in the state of Arkansas. The qualitative data from the group's discussion was recorded during the group's interaction with a digital recorder provided by the conference call carrier; transcription and data analysis was completed by the primary researcher. All participants were protected and had the right to stop participation at any time during the process. After I received approval from Walden University's Institutional Review Board (No. 09-20-17-0530934), information about the research was sent to potential participants.

Section 3: Presentation of the Findings

The purpose of this research was to enhance professional social work practice by exploring social workers' definition and perceptions of relational aggression and their perception of African American females. An exploration of the clinical participants' perceptions of the identified subpopulation, their knowledge of relational images, and how they connect with African American adolescent females when providing services to them when addressing relational aggression. The research questions for this study were

RQ1. What is social workers understanding of relational aggression?

RQ2. How do social workers' cultural awareness and general understanding of African American females' relationships and interpersonal connections impact their ability to connect with clients in the therapeutic relationship?

The research questions provided the opportunity to actively pursue information related to social workers perceptions and how they connect with African-American female adolescents in the therapeutic relationship in Arkansas.

I explored the individual perspectives of the participants through an online synchronous focus group. I chose to use an online focus group for several reasons. The first was due to the convenience of the method. Participants were able engage in the online focus group in a comfortable location of their choosing, whether at home, in the office, or elsewhere (Reid & Reid, 2005). Second, the online focus group allowed me to have access to social workers in various locations throughout the state of Arkansas (Morgan 1996, Reid & Reid, 2005). The use of online focus group provided convenience for all involved in the research study.

The online focus group was convenient for participants. The focus group also saved money for all involved because of the reduction in the need to travel to a particular location. The focus group allowed me to reach multiple participants at once and in various places. I used a real time online focus group with six participants to obtain information relevant to the study's research questions. Focus groups are an interview format which is common in qualitative studies (Patton, 2002). Data was collected on the personal opinions and experiences of clinical social workers when addressing a specific behavior among African American adolescent females to answer the research questions.

A semi-structured qualitative data collection method was used. Qualitative research designs are not dependent on sample sizes (Morgan, 1996; Patton, 2002). A researcher can obtain meaningful results from a small sample size. Qualitative focus groups do not require a large sample population. The small group allowed all participants to express their views and experiences. This study used six participants because they completed all steps required to participate. The interview questions were open-ended with time allotted for follow-up questions. Responses were recorded with a digital audio-recording device through Conference Call.com. I collected and analyzed the data from the participants to identify common themes in participant responses. I manually coded data with support from my faculty research chair.

The next section explains the data analysis and validation and legitimation processes used throughout this study. Following these sections, the qualitative findings will be presented. The information is organized according to common themes. Last,

essential knowledge gained from the study, specific findings that may affect social work practice, and unexpected results from the study will be presented.

Data Analysis Techniques

I used thematic analysis. The use of thematic analysis reveals patterns in the dataset (Braun & Clarke, 2006; Floersch et al., 2010). I reviewed each line and sentence as well as paragraph segments of the transcribed focus group interview to decide which codes fit the concepts suggested by the data. Initial coding was performed using the open coding technique. Use of open codes reduces the data to a small set of themes (Floersch et al., 2010). I reviewed each participant's response to each question and recorded common or repetitive words and phrases. I developed a spreadsheet, and each question had a column. The answers to each question were reviewed, and repeated words and phrases were placed on the spreadsheet under the question where the response originated. The information was then organized and synthesized into cohesive categories on a spreadsheet for later description, following Patton's (2015) approach.

The second step was to narrow down the list by pairing common or repetitive words and phrases into similar groups. Constant comparisons assisted with breaking down initial patterns into themes. Constant comparison is the data-analytic process whereby each interpretation and finding is compared with existing findings as it emerges from the data analysis (Boeije, 2002). I read and reread the transcript to inspect the participants' comments for commonalities or repetitiveness. Key phrases and words were placed on the chart in columns. General categories became less general and more

specific as I found words and phrases that represented the same thing. Similar words and phrases were grouped and regrouped after reading through the transcript numerous times. Each common word or phrase was compared to previous common words and phrases. The third step consisted of grouping the similarities once all commonalities were recorded. I began to form themes based off ideas that clustered together.

Validation of Legitimation Process

I used reflective journaling after the online focus group to record personal thoughts and feelings. According to Ortlipp (2008), reflective journaling offers researchers a means of collecting data and effectively obtaining information about a person's feelings. During the focus group, I took notes regarding the group process as it was occurring. Reflective journaling made me aware of the things that could have occurred differently during the focus group. Because I conducted only one focus group interview, I was not able to apply the insight gained through reflective journaling. I realized that I should have probed a little deeper to get the group to engage more in a dialogue instead of answering the questions systematically. If the group would have engaged in more conversation with one another, it may have encouraged all participants to share more. However, during member checking, the participants reported that they had said all they wanted to say on the subject matter.

Rigor is the accuracy and trustworthiness of instruments, data, and research findings (Melrose, 2001). Rigor is also referred to as validity. According to Stringer (2007), rigor in action research is "based on checks to ensure that the outcomes of the study are trustworthy" (p. 90). The author stated that

trustworthiness could be established through procedures that assess attributes of credibility, transferability, dependability, and confirmability (Stringer, 2007, p. 91). Throughout the focus group, I carefully asked questions to ensure clarity regarding participants' responses. Asking these questions helped me better understand the meaning of participants' responses and accurately record them. To ensure rigor was established, I conducted member checking and peer debriefing to establish credibility and trustworthiness.

Credibility was established through the member checking to ensure that the words that were being spoken by each participant were transcribed accurately. Each study participant was given the opportunity to review the transcribed focus group interview in detail to ensure the accuracy. The respondent validation process allowed study participants the opportunity to clarify and extend information related to their clinical social work experiences (Stringer, 2007). Each participant responded via email and stated their responses were recorded correctly, and the researcher did not have any follow-up questions. Trustworthiness was also established in the study with the method peer debriefing. The researcher asked a colleague to review the data to determine if the results seem to align with the data.

Throughout the focus group participants were able to speak freely. There was not any reason to believe the participants were untruthful in their responses. Member checking and peer debriefing helped with establishing the study's credibility. The majority of the participants in the study worked in the school setting and provided information according to their professional experiences. The

authenticity of the study was confirmed by the group interview recording and transcript. Participants had the opportunity to review the transcript and to verify if their responses were recorded accurately. A limitation of the current study includes a small sample size which affects the ability to generalize the results. Also, participants in the study consisted of the same racial and gender group.

Findings

The findings of the study provided insight into the research questions about clinical social workers' knowledge of relational aggression and their unique perceptions of African American females' social relationships and display of aggression. Common themes expressed by the clinicians include bullying, understanding friendship expectations, understanding external influences, and factors influencing rapport. The qualitative group interview identified specific findings clinical social workers working with African American females should know of to have an understanding of their social relationships.

Demographics

The initial invitation was sent out to approximately 62 potential participants in the state of Arkansas who were licensed master social workers or licensed certified social workers. Those who were interested in participating in the research study and who met the criteria were asked to respond within seven days of receiving the invitation email. The seven-day time request was implemented to provide enough time for data collection and not allow the research process to linger for an extended period waiting for potential participants to respond. Nine individuals

expressed a desire to participate in the study by replying to the initial invitation. Two participants backed out of the study once they were able to obtain more information about the study. The first individual was a Caucasian female, and she did not continue with the process because she informed the researcher that she did not have African American adolescent female clients. The second individual was a Caucasian male, and he did not continue with communication after receiving the additional information.

Seven participants received the informed consent and participated in the individual phone interview. Each respondent received an identification code P001 through P007. Ages of each participant ranged from 36 to 56, with a total of six females and one male study participants. The male participant who self-identified as African American did not log-in for the focus group, and he did not send communication explaining his non-participation. Six study participants continued with the process and participated in the online focus group. All six study participants self-identified as African American. The researcher is unsure of the demographics of licensed clinical social workers employed as mental and behavioral health therapist in the state of Arkansas. Therefore, the study participants may not be indicative of the population of social workers in the state of Arkansas. The years of service in working with adolescent clients in the area of mental and behavioral health ranged from three to fourteen years of service. Each of the study participants were professional social workers licensed at the master's level or higher (see Table 1).

Table 1

Study Participant Demographics

Participant	Age (yrs.)	Gender	Ethnicity	Experience	License
P001	36	F	AA	6	LMSW
P003	38	F	AA	11	LCSW
P004	56	F	AA	16	LCSW
P005	44	F	AA	3	LMSW
P006	39	F	AA	4	LMSW
P007	48	F	AA	3	LMSW

Note. AA = African American.

P001 is a 36-year-old female that identifies as an African American. P001 works in an urban community for an agency in the state of Arkansas who provides mental and behavioral health services to adolescents in the school setting. P001 is a Licensed Master Social Worker that has six years of experience working with adolescents. She conducts individual therapy in the school setting and family therapy in the office or home settings.

P003 is a 38-year-old African American female. P003 is in private practice in a rural area in the southwestern part of the state and works as a sole practitioner.

She provides therapeutic services to adolescents in the school setting as a contracted provider. P003 is a Licensed Certified Social Worker. She advocates for her clients and educates staff in the school setting about ways to manage challenging behavior in the classroom.

P004 is a 56-year-old who identifies as African American female. The participant is employed by a private agency in the rural southern part of Arkansas. P004 provides individual and group therapy in the school setting. She also conducts family therapy sessions. P004 advocates for the adolescents in the school setting. She attends hearings when they students are being suspended from school.

P005 is a 44-year-old self-identified African American female. She is employed with a hospital located in central Arkansas that has an outpatient mental and behavioral health program that provides services in the school setting. P005 provides individual, group and family therapeutic services.

P006 is a 39-year-old African American female. She is currently a Licensed Master Social Worker and has been working with adolescents in the school setting for four years. She works for a community agency in central Arkansas, who has a Day Treatment school. In this program provides individual, group and family therapy to adolescents.

P007 is a 48-year-old who self-identifies as an African American female. She is currently a Licensed Master Social Worker and has been working with adolescents in the school setting for three years. P007 works for a community agency in central Arkansas, which provides outpatient services and mental and

behavioral health services in the school setting. P007 provides individual, group and family therapy. She also advocates for her clients with school administrators and teachers. She also educates school staff on ways to address difficult behaviors in the school setting.

Common Themes

A synchronous online focus group was conducted with six participants regarding their understanding of relational aggression and their perspective on addressing relational aggression in the therapeutic setting with African American adolescent females (Appendix A). Conference Call.com was used to organize and conduct the online focus group. The group lasted for approximately 60 minutes. The participants answer the open-ended questions freely. The comments from the focus group revealed several developing themes across study participants' responses, including bullying, understanding friendship expectations, understanding external influences, and factors influencing establishing rapport. Participants' responses from the focus group interview also revealed various factors that are necessary to consider when assessing social behaviors of African American females and trying to develop a therapeutic relationship with them. The focal areas include learned behaviors, past experiences, parental involvement, mistrust, stigma, and acceptance. The social workers having clarity should then inform clinical social work practice with the subpopulation. The findings also identify focus areas that social workers should be aware of to assist with establishing healthy relationships with African American females.

Question 1: What is social workers understanding of relational aggression?**Common theme: Bullying**

The participants' responses from the focus group interview were reviewed, and the emerging theme was bullying. The participants' defined relational aggression as a form of bullying or bullying like behavior. However, the participants did not provide a definition for bullying.

P005 defined relational aggression in the following manner:

Spreading rumors, ignoring another peer, excluding them out of the in crowd.
Name calling and teasing. Just any form of rejection to make them feel like an outsider.

P001 concurred with P005 that relational aggression is a form of bullying that is exhibited via social media.

To add to what everyone said, I've been noticing a lot with social media, Snapchat, Facebook and a lot of other sites that teenage girls are using that again, this is a form of bullying.

P007 defined relational aggression as:

Vindictive behavior. Which is outlined by the other participants, as well.
This sort of behavior I see with the young ladies within the school

According to Crick and Grotpeter (1995), relational aggression is the display of behavioral gestures that are not quickly noticed such as spreading rumors, dirty looks, etc. for the intent of destroying a person's social status. Relational aggression is often viewed the same as bullying because the behaviors are similar. Both

bullying and relational aggression can be linked to psychological damage (James et al., 2013; Waasdorp et al., 2013). However, bullying is repetitive verbal or physical aggression that does not include intentional social standing manipulation (Smith et al., 2002). The victim may not have any personal ties to the perpetrator. Relational aggression is displayed through acts that may be performed by a domineering friend, and it intends to destroy the victim's social status and its's conducted by a trusted peer (Crick & Grotpeter, 1995; Leff & Crick, 2010; Radliff & Joseph, 2011). Acts of relational aggression could happen once or multiples times until the desired goal of destroying an individual's social reputation is achieved.

Participants' understanding of relational aggression is that it's a form of bullying that intentionally damages relationships. According to P005, "it's really damaging a person's credibility. It's a form of bullying that don't get noticed very well in the school settings."

Although similar, bullying and relational aggression are different. Relational aggression is often seen in personal relationships. The acts are committed by trusted friends or acquaintances. The disloyalty committed by the close friend can lead to severe psychological consequences because the incident is viewed as a personal attack or betrayal by someone the victim trusted.

The focus group's understanding of relational aggression revealed a mischaracterization of relational aggression in relation to bullying. Although similar, the acts are different. The mislabeling of relational aggression as bullying contributes to the behaviors being addressed inappropriately during the therapeutic

process. Improper treatment can contribute to more long-term issues such as increased mental health issues (Crick & Grotpeter, 1995; James et al., 2013; Leff et al., 2010). It is critical for social workers to understand what relational aggression is and how to adequately address it in the therapeutic relationship when working with the perpetrator or the victim.

Question 2: How do social workers' cultural awareness and general understanding of African American females' relationships and interpersonal connections impact their ability to connect with the client in the therapeutic relationship?

Theme 1: Understanding friendship expectations.

Clinical social workers work with individuals from various cultures. They must be culturally competent according to NASW Code of Ethics. Clinicians must have a broad array of knowledge to work with diverse populations. Many social workers get their knowledge by reading evidence-based literature and attending training. During the group interview, participants identified three specific areas clinicians must consider when working with African American females in the therapeutic relationship. The focus group interview revealed several common themes: understanding friendship expectations, the importance of external factors, and factors influencing rapport building.

The first common theme expressed by participants that provide insight into the sub-population's social interactions is that of understanding friendship expectations. Adolescence is a phase when friendships are at the forefront (McHale

et al., 2012). Healthy peer relationships are not always the norm, and African American adolescent females may have a different perception of healthy friendship compared to their counterparts. Friendships may be different due to life experiences, environmental factors, and socioeconomic status (OAD, 2016). Although friendships are important, when disloyalty is suspected or displayed the friendship is impacted in a major way. Participants discussed various acts that are displayed when disloyalty is perceived in the friendship. P004 provided an example of relational aggression and how she addressed it with the victim:

I have, but this one, in particular, come to mind, the one instance where the young lady wrote this slanderous letter and purposely dropped it on the floor for the others to pick it up and read it out loud in front of the female peers.

And we had to work with her. We focused on her self-esteem and her feeling less of herself because they are determining who she was based on a letter.

P003 discussed acts of relational aggression that were displayed due to past experiences and retaliation:

I've worked with females that had problems building relationships with other females because of maybe the parenting or just from past experiences where they had friends and the friends may have betrayed them in some type of way that they feel. As if it was hard for them to make more friends and so the aggression was always their primary because of the past experiences.

They argue over the boys. The disrespect for one another simply because of what they had experienced in their past. And so now they found it hard for them to build relationships with other females, so that's what I've witnessed.

P007 describes relational aggression as a retaliation tactic as well:

I've witnessed the behavior, it's with the specific behaviors that to get back at another female was that slept with the girl's boyfriend. And that was her form of retaliation getting back at her. Both persons I have had that experience with working with both of young ladies.

During the focus group interview, several participants gave examples of professional experiences with African American females who displayed relational aggression. Social relationships are significant for adolescent girls (Taylor-Thompson, 2006). The attainment of friendships is important to a teen's development of behavioral and social norms (McDonald et al., 2014; Tropp et al., 2014). Clinical social workers gaining an understanding of what African American females value within their friendships and the impact of certain expectations on these friendships will assist them in understanding social interactions among this subpopulation. Having clarity of the social interactions can also assist with treatment planning when addressing behaviors such as relational aggression.

Theme 2: The importance of external influences.

The second common theme identified by participants' is the importance of external influences. This theme emerged directly from the participants' responses from the focus group interview as it pertained to working with the subpopulation.

The participants' responses identified three focus areas or factors that should be considered when trying to understand behavioral responses of African American females in negative social situations. The three factors are also considered sub-themes which are learned behaviors, past experiences, and parental involvement. According to Grey and Bernard (2003), sub-themes are reoccurring patterns that emerge from the parent theme. The sub-themes identified under theme three emerged due to repetitive statements from the participants during the focus group.

Learned behaviors. Learned behaviors were identified by participants as an important factor that influences behavioral reactions of African American adolescent females in their social relationships. Learned behaviors are acquired through observation (Chavis, 2011). Participants verbalized the interactions the females see displayed in family interactions, and how those behaviors are carried over into their relationships with peers. P003 discussed the influence of mothers and other women behaviors on the young ladies' behaviors:

I think it always goes back to um, again, what the girls see growing up. Um, just how their parents, uh, mothers and other women in their families. How they uh, react to each other, how they treat each other. Um, I think that in any instance where there is disrespect in the upbringing, then some of them may think that the behavior is okay. Um, because that's what they've grown up seeing their mothers and sisters and aunts and you know so forth, how they reach to each other and how they treat each other. And so, I think that plays a big part in the behaviors of these adolescent females.

P006 also referenced the consideration of how the parents and guardians' behaviors influence the youth's behavioral reactions as well as peer relationships:

Their past relationships with others and learned behaviors from parents or guardians. Peers relationships are also important because you don't know exactly what they are experiencing in those relationships.

Past experiences. The participants also identified past experiences from other relationships as being a contributor to behavioral responses among African American females' particular adolescents regarding this study. Learned behaviors are experienced through viewed or taught lessons. These experiences may include positive and negative interactions with others. Past experiences were discussed during the focus group interview. The participants verbalized that past experiences can contribute to the behavioral responses. Clinical social workers must understand the importance of learned behaviors when working with African American females and trying to gain an understanding of their social reactions and interactions.

I think family is very important and their environment. You have to consider where they are and how they have been brought up and the experiences that they may had. So, family and environment I think are two important factors.

P003 later in the discussion stated:

I use their background information, um, like their family, their school progress, their peer relation to better address the root issues which we spoke about earlier. Uh, we first have to identify what those root issues are,

whether it be the low self-esteem, whether it be family problems or however, but the background information is very important.

P004 discussed the importance of being knowledgeable about past experiences and the impact those experiences have on relationships and behaviors:

One of the other participants had mentioned about the kind of female relationship these adolescents have experienced. What, family you know, history they have on female relationships. So those are the images that, they see, that they know. And then to include their experiences as whatever happened to them in school and in their own personal relationships. And the experiences they have in other female relationships, got them into what kind of relationships they want to build. And having barriers you know, get in their way of building those kinds of relationships can lead to that you know, relational aggression.

Parental involvement. Parental involvement is another critical area that the participants pointed out as being a factor that clinical social workers must consider when trying to understand social reactions among African American adolescent females. A family's beliefs, experiences, attitudes, and behavior contribute to a child's perception of social relationships. This factor must be acknowledged when attempting to gain an understanding of why an African American female reacts aggressively in certain situations.

P006: "I believe also the American, I mean African American culture has changed, and I think it's been based on um, the rearing of the youth by the young parents, and

the rise of grandparents having to take up the slake. The teenage girls or just children, in general, are impacted by the fact that the biological mother and father may not be in the home and they discipline by the grandparents may be lacking.” P007 discussed the involvement of extended family and the absent biological parents:

Oh of course, especially when it comes to family. Are the parents’ active or even in the home? If it’s a grandparent raising child or maybe uncle, aunt, or non-relative, so all those make an impact. Un, even though they have someone to care for them, the one they really want there is not there and that definitely can impact how they look at things in life regardless of how much rapport and therapy you can do for the individual. It still will become a challenge cause the one thing they’re wanting the most is not there, so I think social issues when it comes to that make a difference.

The participants identified learned behaviors, past experiences, and parental involvement as areas of focus when social workers are trying to understand the behavioral responses exhibited by African American teen females in social relationships. According to the participants’ responses, clinical social workers must be aware of these factors and gain an understanding of how it impacts their ability to relate to African American females in the therapeutic setting. The term relational images were presented to the participants, and none of them knew the definition. Relational images are the negative fixed images that keep people disengagement and use the reference for future interactions (Duffely & Trepal, 2016). Although the

participants were ignorant of the term relational images, many verbalized that they understood the impact of past relationship experiences on the young ladies' perception and behavioral responses in social relationships. Parental involvement is another outside influence that the participants pointed out as being a factor that clinical social workers must consider when addressing aggressive behavior among the subpopulation. This factor must be acknowledged when attempting to establish an understanding why an African American female react in a certain manner when they experience disloyalty in close social relationships.

Theme 3: Factors influencing establishing rapport.

The third common theme that emerged from participant responses during the focus group is building rapport. A clinical social worker must establish a working relationship with clients. According to participants' responses, certain elements must be considered when the clinical social worker is trying to gain the trust of an African American female client to begin building a healthy relationship with the individual. The participants also identified key elements, also identified as sub-themes, that are vital to building a healthy therapeutic relationship with African American females. Sub-themes are the repetitive ideas that are identified during data analysis that branch from a major theme (Ryan & Bernard, 2003). The participants referred repeatedly to mistrust, stigma, and acceptance as critical factors that must be considered when establishing relationships with African American females. P004 identified communication as an essential skill necessary for building a positive relationship:

Communicating, getting them to communicate by first building a positive relationship with them.

P003 identified the importance of understanding past experiences related to self-esteem and through patterns and how it is connected to the girls' level of trust when working with clinicians:

I would begin by discussing the root issues. Uh, it might be related to their self-esteem. Um, their relationships with others, and get them to focus on goal setting to change aggressive behaviors by changing their thought patterns. Um, I think that's really effective. I've found its really necessary to just to get the girls to trust you and then get to the root of their problem. Whether it is self-esteem or peer issues the girls have to open up and target the problems they are facing. Un, whether it is having trouble building relationships with family, with friends, with anyone. So, and help them set goals.

P001 agreed with P003 and P004 regarding the importance of building positive relationships. She verbalized how validation, elevating mistrust and being more understanding aids in her ability to provide effective services.

P001: I sought out primarily to validating their feelings trying to build a rapport with them. And I am letting them know that I understand and I see often that adolescents, um, especially with these behaviors are going through these issues, they have, um a lot of distrust. Um, again talking about the types of social support or lack thereof. They have been let down by family,

they have been let down by peers and so building that trust and I found to get to that level of trust, letting them know you understand and showing them, a better way is necessary. Encouraging them to set different goals and standards is important. Showing them how to implement the steps to achieve the goals is important.

P007 suggest not minimizing the clients' feelings and promote being an active listener along with build rapport to establish trust:

Um, I agree. I say do not minimize, be an active listener, because listening is important to the young ladies' well-being. And once they trust you over time they will open up more. Um, they didn't get into the situation overnight though the process. So, um, if you got to be willing to put in the time and effort and um to get the young ladies motivated for changing their thought patterns.

Stigma. African Americans are a stigmatized group in the United States (Bachman et al., 2011). Stigma is a character flaw that is placed on an individual (Crocker, 1999). Society has placed various stigmas and labels on the African American female. Stigma was identified by the participants as a potential barrier to connecting with African American females and should be considered when addressing behavior and other issues in the therapeutic process. P006 discussed social view:

Other social factors include societal view. Many are looking at reality TV and trying to imitate the ladies on those shows. They see other black ladies

on the those shows. They see other black women being negative and vindictive towards one another and make a lot of money, so they replicate the behaviors in their peer relationships.

Clinician P007 discuss the impact of treatment outcomes when dealing with stigma from a political aspect:

A political issue that might affect their outcomes, the lack of awareness of intersectionality and how acknowledging the needs of black women needs for service. I think the current president's agenda to go back on the Affordable Health Care Act will impact the treatment and as I stated previously, the way society view aggression with Black women, the stigma that we have um, is a challenge.

There are other issues that goes on in different communities and not to say anything specific but they, get the attention. They get the funding, they know the awareness, and the only thing without young ladies in this particular group is that they are castoff and not accepted into society.

P003 also discuss stigma from the perspective of affordable services and policy development impact treatment outcomes for African American females:

I think schools and the rules they have on discipline play a large role in the impact on treatment outcomes for the girls. Being in the school environment, I have witnessed how the education system can sometimes affect the attitudes of adolescent females because they are already treated with a disadvantage, there's already a stereotype that our Black girls have attitudes.

And so, they are just treated differently. Like I said, because of the stereotypes that they're already have attitudes and they are on the defensive already in the schools. There's a lot of politics, there is a lot of politics, that's my thought on that. Then when they come to treatment you have to focus on breaking down the wall they have built up and their refusal to want to comply with school rules because they don't think it's worth trying to comply with rules.

P005 agrees with the other clinicians regarding stigma. She also discusses the impact of treatment outcomes by identifying stigma and mistrust as barriers:

I also agree with the other participants about benefits for services and with how the schools perceive the girls. Black women are viewed as being loud and rude. Therefore, when the girls try to express themselves they are seen as being insubordinate or disrespectful and suspended for the behaviors. I don't believe teachers and administrator and others truly understand the difference between normal and angry behaviors of the Black girls. The girls then began to have mistrust for everyone. They refuse to believe any adult are on their side. Like the other participant said, breaking down the walls of mistrust can be difficult to the therapeutic setting and impact treatment outcomes. I think about the prison pipeline and how the black kids are being kicked out of school and don't receive proper education and end up getting into trouble and going to jail or prison.

Mistrust. Mistrust was identified by study participants as a factor influencing clinicians' inability to connect with African American females in the therapeutic relationship and the impact on their relationship with peers and others. Stereotypes and stigmas can contribute to the way African American females view themselves, others and how they interact with them (Bachman et al., 2011; Brittian, 2012; Milam et al., 2012; Swenson & Prelow, 2005). Study participants identify various stigmas and stereotypes that are placed on African American females and the impact those views have on the subpopulation interactions with others. Participant P005 pointed out the impact of mistrust:

Black women are viewed as being loud and rude. Therefore, when the girls try to express themselves they are seen as being insubordinate or disrespectful and suspended for the behaviors. I don't believe teachers and administrator and others truly understand the difference between normal and angry behaviors of the black girls. The girls then began to have mistrust for everyone. They refuse to believe any adult are on their side. Like the other participant said, breaking down the walls of mistrust can be difficult in the therapeutic setting and impact treatment outcomes. I think about the prison to pipeline and how the black kids are being kicked out of school and don't receive proper education and end up getting into trouble and going to jail or prison.

P004 backed P005 and discussed mistrust as having an important impact on treatment outcomes as well:

The school to prison pipeline is real. The girls are being impacted by school rules that target the types of behaviors that they display, and they are then suspended. Many students return to school still combative and refuse to respect a teacher or administrator they feel have wronged them. This then goes into how they interact with that particular individual. It can become a battle. The girls in treatment have a hard time seeing the bigger picture and their need to go back to school with a different attitude. It's like they have to change who they are in order to keep from being a target.

Acceptance. Acceptance was identified as something a clinician should consider when working with the subpopulation to establish healthy rapport. Having an understanding of the client's view of acceptance from peers, family, etc. impacts the level of difficult the clinician will have with connecting with the individual in the therapeutic relationship. P007 verbalized her unfamiliarity with relational images but discussed her view on negative experiences on a young lady's ability to become close to others:

I agree with the previous candidate, the participant as well with that being a new term for me. And um, I think like as stated, it definitely can you know just affect how they see things. If it's a negative experience, that they young lady carried with her regardless of what she's doing. Whenever she gets in any close relationship, she may avoid them because of uh, the fear of someone leaving her. Which make it very difficult and have poor coping

skills in how they may handle it. And they show it in a negative behavior. So, um, but that definitely is a new term for me.

P005 also discussed her perspective on acceptance and its impact on treatment:

I think when it comes down to adolescents they love to be feeling love and being accepted. So, if you've always been isolated and been kind of just put out on the you know outside of the circle, it makes you a little bit more resistant. I mean a little more reserved in trying to get involved with others. Because when you think about membership, when you're feeling accepted that strengthens your confidence and your self-image. But if you don't have that and you don't have that connection, that could you know, cause low self-esteem, aggression, acting out in the home as well as in the school.

The participants' responses identify stigma and judgment as for potential barriers to establishing rapport with African American females in the therapeutic relationship. Many African Americans do not seek mental health treatment due to mistrust, stigma and stereotyping (Thompson et al., 2004). If an African American female does engage in the therapeutic process, social workers must have a clear understanding of components for establishing rapport to develop healthy, growth-fostering relationships. Social workers must develop an understanding of ways to gain the trust of the African American female by ensuring that she feels accepted in the relationship. Knowing the identified factors increases the social worker's ability to understand the African American adolescent female's behavioral reactions and responses and one's ability to connect and build a trustworthy relationship.

In summary, the findings from the participants' responses answer the research questions in the following manner (see Table 2).

Table 2

Themes and Subthemes

Research questions	Themes and subthemes
Question 1	Theme 1: Bullying
Question 2	Theme 1: Friendship Expectations
	Theme 2: External Factors
	Theme 2a: Learned Behaviors
	Theme 2b: Parental Involvement
	Theme 2c: Past Experiences
	Theme 3: Factors Influencing Establishing Rapport
	Theme 3a: Mistrust
	Theme 3b: Stigma
	Theme 3c: Acceptance

Question 1: Social workers' understanding of relational aggression is that it is a form of bullying that intentionally destroys relationships. Workers view the behaviors as bullying and develop treatment plans from the perspective of bullying.

Question 2: Social workers understand they must have a clear understanding of various factors such as friendship expectations and external factors to understand social interactions and behavioral responses among the subpopulation. The participants' knowledge and cultural understanding of disloyalty in friendships and external factors such as learned behaviors, parental involvement and past experiences in relation to social interactions and behavioral responses. The

knowledge is used to assist them with treatment planning when engaging with the subpopulation in the therapeutic process. The participants also identified a third theme, factors influencing establishing rapport. The emerging sub-themes mistrust, stigma, and acceptance were identified as necessary factors to consider avoiding certain pitfalls when establishing rapport with the subpopulation. Overall the social worker's cultural awareness and general understanding of African American females assisted them in being able to connect with the subpopulation in the therapeutic relationship.

Important Knowledge Gained From the Study

From this study, I learned that a clinician's ethnical similarities help both the client and the clinician feel comfortable in the therapeutic relationship. According to Shin et al. (2005) previous studies suggested that clinicians who are racially-ethnically similar to their clients acquire greater credibility during the early stages of treatment on the basis of the clinicians' racial and ethnic characteristics (p. 46). Relational-Cultural Theory focuses on the importance of establishing growth-fostering relationships (Cannon et al., 2012). This means gaining trust at the start of treatment to develop a trusting relationship which is necessary for the therapeutic process.

I also learned the importance of how personal experiences and perceptions can impact a clinician's ability to understand behavioral responses or have accurate knowledge of how to build a trusting relationship with the subpopulation. The participants all ethnically identified with the subpopulation. Their responses from

the group interview revealed that their personal experiences guided them with engaging in the therapeutic relationships with their African American female clients. The clinicians' knowledge of varying factors that impact an African American female's behavioral responses in social relationships was helpful to them with gaining trust at the start of the therapeutic relationship. The new knowledge is consistent with the Relational-cultural theory which focuses on the use of empathy to help social workers connect with clients guided by a cultural context (Comstock et al., 2008). Cultural context considers the individual's environment and how their culture can affect behaviors.

Effect on Clinical Social Work Practice

The specific findings from the study identified common themes that increased knowledge for understanding factors that impact social workers' ability to understand African American females' behavioral responses in the social setting and connect with them in the therapeutic setting in Arkansas when addressing relational aggression. The common themes include understanding friendship expectations, understanding external influences, and factors influencing establishing rapport. The findings also provided an understanding of social workers' knowledge of relational aggression. The group defined relational aggression as a form of bullying. Agency administrators and private practitioners need to be aware of the importance of having culturally specific training to provide effective services to this subpopulation. According to Leff et al. (2015); Meyer and Zane (2013), and Sanchez et al. (2013), more information is necessary to understand the needs of African Americans to

identify culturally sensitive therapeutic interventions and programs that are specific for the group. Administrators should be informed that clinicians feel culturally unprepared to work with this subpopulation due to the lack of culturally specific research and training to assist them with providing effective treatment services to this subpopulation who have difficulty in their social relationships and display relational aggression. According to the participants responses from the focus group, clinical social work practitioners need more training that is specific to working with African American adolescent females. Providing culture-specific services will increase the chances of clinicians providing effective therapeutic services to diverse populations and prevent premature treatment termination (Gelso & Fretz, 2001; Hall, 2001),

Unexpected Findings

The findings that were unexpected for the researcher was the fact that although all the participants were African American female clinicians, they all felt unprepared to administer culturally competent services to this subpopulation. The findings were inconsistent with literature that discuss the impact of ethical matching on the therapeutic process. According to Karlsson (2005), clinicians who are members of ethnic groups view themselves as more culturally competent in working with ethnic groups than their Caucasian counterparts. The participants verbalized they felt unprepared to provide culturally sensitive services due to the lack of culturally specific tools and research to back their clinical skills exclusive to this subpopulation and the particular behaviors related to relational aggression.

Limitations of Study Findings

The external validity of this study is limited. Given the small and very regionalized study sample for this study, the findings should be interpreted with caution. The purposeful sampling technique may also have led to selection bias. Secondly, all six participants self-identified as African American females. The researcher is unsure of the demographic breakdown of licensed clinical social workers employed as mental and behavioral health clinicians in the state of Arkansas. Therefore, the study participants may not be indicative of the population of social workers in the state of Arkansas. It would have been helpful to have a more diverse group of participants by adding an African American male and at least one male and two female Caucasian social workers. According to Allmark (2004), diversity in research is important because it ensures representation occurs to allow proliferation of the research. The suggested diversity in the participant sample population would provide various perspectives of social workers who provide services to African American adolescent females in the state of Arkansas. Lastly, while the responses of the study participants appeared authentic, honest, and candid, some response bias may have been present. All the participants were African American females. Therefore, the comments and experiences discussed in the group interview were from one perspective. It is unclear how much of these results could be applied to other states. However, it is the anticipation that some of this information can be transferred to other social work clinicians working with African

American adolescent females when addressing behaviors related to relational aggression in the state of Arkansas.

Summary

There were two research questions for this study. An online qualitative synchronous focus group was conducted to obtain information to address study questions. Six participants engaged in the focus group. They all identified as African American females. The participants worked as social work clinicians in public and private sectors in both urban and rural areas of Arkansas.

Thematic data analysis was used to analyze the data. The results from the study identified four overall common themes to answer both research questions. The themes identified ways for clinicians to connect with and develop growth-fostering relationships with African American adolescent females in the therapeutic relationship. Question 1: What is social workers understanding of relational aggression? The focus group participants' responses revealed that social workers identify relational aggression as a form of bullying with the intent to destroy relationships.

Question 2: How do social workers' cultural awareness and general understanding of African American females' relationships and interpersonal connections impact their ability to connect with the client in the therapeutic relationship? The participants' responses identified three common themes, understanding friendship expectations, understanding the importance of external factors and factors influencing establishing rapport, informed the answer to the

second research question. The focus group participants' responses revealed that social workers have some cultural awareness and general understanding of African American females' relationships and interpersonal connections and if the knowledge is not applied appropriately it will impair their ability to connect with the subpopulation and establish rapport. According to Karlsson (2005), ethnically matched relationships avoid cross-group stereotypes and improve the therapeutic alliance and treatment effectiveness. The shared ethnicity has been viewed as a surrogate for shared background and experiences and may, consequently, build rapport and trust (p.114).

The researcher learned that a clinician's cultural similarities do not necessitate that the practitioner has the proper knowledge to treat African American adolescent females. Although the participants all self-identified as African American females, they verbalized concern about the lack of culturally appropriate research and tools to assist them with treating the sub-population appropriately. The clinicians were confident in their ability to establish rapport with the young ladies, but they stated with certainty that the current research and therapeutic tools did not afford them with the ability to provide culturally effective treatment to the sub-population confidently. All the clinicians agreed to use some form of Cognitive Behavioral Therapy to address aggression among the sub-population. They were unsure if this was the appropriate method due to lack of evidence-based research on this particular subpopulation regarding the specific behavior of relational aggression.

Clinicians of all racial background should be aware of the common themes identified in this study to assist with providing more culturally appropriate services to African American adolescent females when addressing socially aggressive behaviors and working with them in the therapeutic setting. The results revealed that when workers know particular factors necessary for establishing rapport and understanding social interactions the social worker is successful with engaging the individual.

The participants' responses also identified the need for more culturally specific research, education and training. The results aligned with the previous literature review which identified a dearth of research regarding this particular subpopulation it relates to relational aggression. The study results were consistent with the theory guiding this research. The participants identified the vitality of establishing healthy relationships to assist with the therapeutic process. Relational-Cultural theory focuses on growth and identifies connection as the center point for growth (Duffey and Trepal, 2016). Clinicians must strive to develop healthy relationships with the African American adolescent female in ways that establish a genuine connection to promote growth and contribute to positive treatment outcomes. Clinicians must have the appropriate research and therapeutic skill set to provide effective culturally competent treatment to the subpopulation. The next section will provide information on how to begin applying current knowledge from this study to enhance social workers' effectiveness when working with African American females.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this action research study was to increase clinical social work practice knowledge. The study explored social worker's understanding of relational aggression, their knowledge of African American females' social relationships, and the impact the social worker's understanding of relational images has on their ability to connect with clients in the therapeutic setting. Analysis of participants' responses resulted in the identification of these themes: bullying, understanding friendship expectations, understanding external influences, and understanding building rapport.

At the time of the study, the state of Arkansas had few school-based social workers who were employed by the school districts. Many clinicians in the state of Arkansas provide mental and behavioral health services through community-based programs or as practitioners in private practice. The first question in the focus group related to participants' definitions of relational aggression. Participants defined relational aggression as a form of bullying with the intent to damage relationships. In answering the second research question, the participants discussed the importance of understanding friendship development among African American adolescent females.

Second, the participants identified several factors that a clinician must consider when working with adolescent African American females and addressing aggression. These factors include past experiences, family involvement, and learned behaviors. Last, the clinicians in the study made it clear that building rapport with their adolescent female clients is vital to treatment engagement and outcomes. The

participants' responses in the focus group interview revealed various factors that are necessary to consider when trying to establish rapport in the therapeutic relationship including understanding mistrust and stigma and the necessity for ensuring that young female clients feel accepted.

The findings provide knowledge for future training to ensure that social workers are culturally competent when working with African American females in the therapeutic setting. The results reinforce the necessity of educating clinicians on the difference between relational aggression and bullying and how to treat those behaviors appropriately. Study findings also provide insight about factors that social workers must know to understand African American females' behavioral responses in social relationships and factors that impact a clinicians' ability to establish a trusting relationship with the subpopulation when attempting to engage them in the therapeutic process.

The next section will include information regarding the application of study findings for professional practice, including what was learned through this study and how the findings impact clinical social work practice. I also offer recommendations for clinical social work practice as well as suggestions for implementing recommended solutions. Finally, a discussion of the implications of this study for social change is included.

Application for Professional Ethics in Social Work Practice

School social workers are instrumental in the treatment process of female adolescents. It is imperative that clinical social workers have a clear understanding of effective interventions to use when working with various populations. Riverar-Maestre (2015) and Belgrave et al. (2011) reported, research focused solely on African American adolescent females is very limited compared to other adolescent female groups. Social relationships and conflicts among African American females remains unexplored in the social work profession. In analyzing study data, I learned about the factors that may be barriers when clinicians attempt to connect with African American adolescent females in the therapeutic relationship. One factor is a clinician's ability to provided culturally competent services. The NASW Code of Ethics is a practice guide for social workers to ensure all clinicians practice with the same amount of professionalism, standards, and integrity. The values from the NASW Code of Ethics that are related to the social work practice problem for this research include Dignity and Worth of the Person and Competence.

Value: Dignity and Worth of the Person

The NASW Code of Ethics guide clinical social work practice. The social work value associated with this research is Dignity and Worth of the Person. The ethical principle associated with the value is that social workers respect the inherent dignity and worth of the person (NASW, 2008). Social workers must be mindful of individual differences and cultural and ethnic diversity (NASW, 2008). Study results identified three components that may potentially hinder a clinician from

establishing a trusting and positive rapport with clients. During the group interview, the participants discussed the importance of mistrust, stigma, and acceptance as important factors that should be taken into consideration when interacting with African American females in the therapeutic setting. The findings connect with the core value of dignity and worth of the person because they reinforce the importance of social workers being mindful of their differences and personal opinions and how these may affect their relationship with the subpopulation. Stigma and stereotyping have long influenced how members of U.S. society view and treat African American females (Bachman et al., 2011). To be neutral is unrealistic, and a clinician should be aware of his or her values and biases when entering therapeutic relationships with the subpopulation.

The code guides clinical social work practice to ensure that clinicians are doing self-assessments to make sure they are aware of personal bias regarding the subpopulation. The core values guide social work practice in the manner of ensuring that clinicians interact with clients with care and respect while promoting self-determination (NASW, 2006). The findings will impact social work practice, particularly in relation to the core value dignity and worth by helping to improve positive therapeutic relationships. The knowledge may assist practitioners with showing more empathy at the initial phase of the treatment process to encourage more participation in therapeutic services by showing the clients respect and making them feel comfortable to continue with treatment (Gerdes & Segal, 2011).

Value: Competence

The principle linked with this value requires social workers to consciously seek to increase their professional knowledge and skills and implement them in practice (NASW, 2008). The principle encourages the social worker to have a desire to contribute to the knowledge base of the profession. The focus group participants identified factors that should be considered when addressing aggression among this subpopulation. The results identified the importance of understanding external factors that may contribute to an African American female's aggressive response to various stimuli in social relationships. The factors include past experiences, family relationships, and learned behaviors.

The core value guides clinical social work practice because it ensures that social workers are aware of their responsibility to obtain continuing education that will help them remain competent in their clinical skills (NASW, 2006). The findings will impact social work professional ethics, particularly in relation to competence, if attention is not placed on expanding the knowledge on cultural-specific methods and interventions for working with diverse populations. The continued lack of knowledge will impede upon a clinical social worker's ability to be competent when working with subpopulations such as African American adolescent females when addressing targeted behaviors such as relational aggression. A clinician should be aware of various factors that contribute to variance in behavioral responses among diverse populations.

Recommendations of Social Work Practice

Action Step 1

The findings from the study identified the mischaracterization of relational aggression as bullying. The mislabeling of relational aggression as bullying contributes to the behaviors being addressed inappropriately during the therapeutic process. Improper treatment can contribute to long-term problems such as increased mental health issues (Crick & Grothpeter, 1995; Leff et al., 2010; James et al., 2013). The recommendation for addressing this issue is for the social work profession to increase training on this particular issue and educate clinicians of the difference between the two forms of aggression. Clinicians should be trained on how to recognize the behaviors and address them appropriately in the treatment setting. The findings will impact the researcher's social work practice as an advance practitioner by influencing her to educate colleagues of the differences between relational aggression and bullying and continuing research on ways to appropriately address the behavior among diverse populations.

Action Step 2

The results also revealed several areas that require some attention when working with African American females in the therapeutic setting to increase culturally appropriate services and increase healthy development of therapeutic relationships with the subpopulation. Clinicians may go into the therapeutic relationship with the subpopulation with their ideas of how a female should behave and fail to address the root issues related to the aggressive behaviors. Their opinions may be influenced by personal, cultural values, societal views, and other unknown criteria (Brice, 2011; Crocker, 1999; Goffman, 2009). Therefore, the clinician may

fail to consider learned behaviors, past experiences and parental involvement as key factors to the young ladies display of socially aggressive behavior. Clinicians and agencies should ensure that when assessing an African American females' information regarding family involvement, peer relations, learned behaviors, and past experiences should be obtained and analyze when developing a treatment plan. The findings have influenced the researcher to advocate for the development of assessment guidelines for social workers that are culturally sensitive and relevant. The researcher will begin to educate colleagues and others on knowledge gained from this study.

The findings from this study may not have the ability to be generalized to all school-based clinicians working with African American adolescent females who display relational aggression due to the small study sample. Generalizability requires data from larger sample population (Webb, 2001). However, the results of the study can be transferable. Transferability is the ability for readers to make connections between elements of the study and their own experiences (Drisko, 1997; Wang et al., 2005). Therefore, social work clinicians should be able to make a connection between previous professional encounters with African American adolescent females and the results from the study.

The data has clear implications for practice and further research. One limitation of the study is the inability to generalize the information. The recommendation for continued research is to increase generalizability by conducting another study with a more diverse sample population of social work clinicians. To

ensure generalizability, a larger sample population is necessary (Webb, 2001). The ability to generalize the information will build on the cultural competence knowledge in the social work profession and research conducted with others minority groups. According to Boyle et al. (2001), Eurocentric values have dominated research which impacts worldviews on dominate and non-dominate cultural behaviors.

Secondly, continued research is necessary to increase knowledge on distinguishing the difference between relational aggression and bullying. NASW Code of Ethics (2008) requires that social workers participate in professional education and training programs that advance cultural competence in the profession and focus on lifelong learning. The clinicians' mischaracterization of relational aggression impacts their ability to develop an appropriate treatment plan. Once clinicians have obtained concise knowledge of the difference between the set of aggressive behaviors then cultural- and gender-specific interventions should be identified for addressing the behaviors. The lack of culture-specific training and measurement techniques impedes the treatment process for diverse populations (Boyle et al., 2001).

The dissemination of research results is an ethical responsibility (NASW, 2006). Dissemination is a planned process that involves consideration of the target audiences and the settings in which research findings are to be received and where it can be shared with those who have influence over policy and service distribution (Wilson et al., 2010). The following dissemination plan is recommended for this

study: presentation at a professional conference and a written executive order or report. The first recommendation for the dissemination of the research findings is through a professional presentation at social work conferences and meetings with various agencies. The researcher can speak directly to those who influence on direct service delivery, agency policies, and professional development. This is a cost-effective way of getting the information out to a large group of social work professionals.

The second recommendation for the dissemination of research findings is through written communication in the form of an executive summary or report can be disseminated through the community agencies, hospitals that provide outpatient services for mental and behavioral health, and private practitioners. The dissemination process will allow all stakeholders to observe emergent themes and discuss how clinical social workers can work efficiently with African American females when addressing socially aggressive behaviors in the school setting. The information in the executive summary will be written in simple terms so that it is easy to understand and easy to assess (Sandelowski & Leeman, 2012).

Implications for Social Change

The potential implication for social change at the individual level (micro) would for social workers to use the person-in-environment (PIE) and meet the sub-population where they are and build positive relationships with them to engage them in the therapeutic process (Weiss-Gal, 2008). The young ladies' involvement in the treatment process will result in possible self-improvement and personal growth.

Additionally, micro-level social change may occur with working directly with individual clinicians, social work interns, and educating them about essential factors that impact treatment planning and relationship development with this sub-population.

Social change can be impacted at the mezzo level if the clinicians and agencies use the information from this study to change or modify treatment strategies that are appropriate for the sub-population. The idea of good social work practice is ultimately in the deliverance of informed, evidence-based research and methods (Webb, 2001). The agencies' policies may also be impacted as a result because there may be annually requirements to participate in culturally specific training. There is a need for more attention to the integration of culturally specific training that addresses ways to effectively apply interventions and treatment methods when working with African American females regarding aggressive behaviors. According to Weaver (1999), knowledge and values must be integrated with social work skills for culturally competent practice, and the skills must be adapted to meet the needs of diverse clients (p. 218). Social work programs should re-assess program requirements to integrate one or two courses that address specific ways to work with diverse populations and subpopulations. This would include increasing literature focused on cultural competence with African Americans female populations.

Also, on a mezzo level, communities could benefit from effective culturally competent services being provided to African American adolescent females. This

would increase healthy youth which would contribute to potentially healthier and safer school environments (school shootings, physical fights, suicide, and increased mental health issues). According to Durlak et al. (2011), a lack of connection to the school environment negatively affects a student's academic performance, behavior, and health. School social workers can assist students in the school environment and foster healthy social and emotional development (p. 406). The results from this study can contribute to school social workers knowledge base to assist them with making positive connections with African American adolescent females in the school setting. Once the clinician has gained the trust of the client, they can begin to address behaviors that impact social and emotional needs and that impact the overall school and community settings. The clinician could advocate for school administrators to review disciplinary policies to ensure that they are not culturally basis, and they do not have a more severe impact on one culture or gender overall.

Lastly, Macro level workers should review the policies regarding bullying to incorporate relational aggression and construct policies that will address both behaviors in an appropriated way. Bullying prevention is an ongoing issue. Policy makers have taken action to prevent bullying by drafting laws and policies that schools use as guidelines for school policies. This study identified the mischaracterization of relational aggression; therefore, law makers have not specified laws that focus on relational aggression. Macro social workers can assist with educating policy and law makers on the necessity for adding this term to current laws and policies to address in a national level.

Macro social workers should address issues related to the dearth of research on African American adolescent females as it relates to relational aggression, and culturally sensitive interventions for addressing aggression in the therapeutic setting. The current studies regarding relational aggression was conducted using Caucasian female participants (Sanchez et al, 2013). It is vital that Macro level social workers assist with increasing the literature regarding this sub-population as it pertains to relational aggression and ways to address the behavior in culturally sensitive manner.

Summary

It is imperative that clinical social workers know the difference between relational aggression and bullying. Knowing the differences can impact the treatment planning progress which has an overall impact on the school environment. Relational aggression is a major issue, and cultural-specific interventions are necessary for addressing the behaviors appropriately among diverse populations. African American adolescent females display relational aggression for various reasons, and a social worker's ability to connect with the client to address the reasons is vital.

Regardless of a social worker's racial identity and gender, the worker must understand the impact his or her perceptions of African American females have on his or her ability to establish rapport with the subpopulation in the clinical setting. The clinicians must also be aware of cultural barriers that may impact a female's unwillingness to participate in treatment and how those same factors impact the way

they interact in social relationships. The clinicians must gain an understanding of how they can improve the effectiveness of cultural-specific therapeutic services when working with African American adolescent females. This task can be accomplished by creating and participating in culturally specific training that provides knowledge on how to apply current interventions, theories, etc. when working with the subpopulation. Secondly, more research is needed, and clinicians can actively engage in research to increase knowledge about the subpopulation and their social relationship.

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Appendix A: Focus Group Interview Questions

Research questions	Focus group interview questions
<p>1. What is the social workers' understanding of relational aggression?</p>	<p>a. How do you define relational aggression?</p> <p>b. What does aggression look like with females?</p> <p>c. Have you worked with clients specifically due to acts of relational aggression? If so, what were the specific behaviors?</p>
<p>2. How do the social workers' cultural awareness and general understanding of African American females' relationships and interpersonal connections impact their ability to connect with the client in the therapeutic relationship?</p>	<p>a. What is your understanding of African American culture, specifically as it relates to adolescent females' social relationships?</p> <p>b. How do you address conflict among this subpopulation in the therapeutic setting?</p> <p>c. What cultural factors do you consider when working with this subpopulation?</p> <p>d. How do you think relational images impact social interactions and conflict resolution among African American adolescent females?</p> <p>e. How comfortable do you feel working with African American females in a therapeutic relationship?</p> <p>f. How do you connect the relational images to current social interactions to address acts of relational aggression?</p>

Appendix B: Demographic Questions

1. What is your name?
2. What is your age?
3. What are your social work credentials?
4. How long have you been a licensed social worker?
5. What is your race/ethnicity?
6. What is your identified gender?
7. Do you work for a mental and behavioral health agency or do you provide mental and behavioral health services in private practice?
8. How long have you been working at your current agency?
9. How long have you worked with adolescents?

Appendix C: Invitation

**LICENSED SOCIAL WORK VOLUNTEERS
NEEDED FOR
RESEARCH FOCUS GROUP ON
RELATIONAL AGGRESSION IN THE
SCHOOL SETTING**

I am currently enrolled in the Doctor of Social Work program at Walden University. I am looking for social workers in the state of Arkansas who are currently licensed at the masters' level, provide mental and behavioral health services in the school setting to adolescents, speak fluent English, and have at least three years of experience, to participate in an online focus group on relational aggression as it relates to African American females in late adolescence. If you agree to participate in the focus group, you would be asked to: recall some memories from your professional experiences and answer questions for this research study. You will be invited to participate in a brief phone interview to collect demographic information. The group interview will take approximately two hours. After the group interview, you will be requested to review the transcript for accuracy. You will also have the opportunity to participate in an individual debriefing.

If you are interested, please inquire here:

[e-mail address redacted]
[telephone number redacted]
Thank you!

**This study has been reviewed and approved by the
Institutional Review Board, Walden University**

Appendix D: Form for Scheduling Group Interview

Dear Social Work Colleague,

My name is Latoshia Daniels, and I am currently enrolled in the Doctor of Social Work program at Walden University. I would like to thank you for agreeing to assist me with my doctoral research study. You have been selected purposefully to participate in this study due to your current credentials as a Licensed Master Social Worker or a Licensed Certified Social Worker in the state of Arkansas with three years of professional experience, who also speaks fluent English, and provide mental and behavioral health services in the school setting to adolescents. You will meet for approximately two hours with six-eight of your social work colleagues in an online synchronous focus group. I am interested in your honest insight and experiences regarding your therapeutic relationship with African-American females when addressing relational aggression in the school setting.

Please indicate the time slot that you are available to participate. You will receive an additional email with the conference call details after a final date is determined. (Please check all that may apply to your availability).

<input type="checkbox"/> 6:00 PM, Thursday, September 28, 2017	<input type="checkbox"/> 7:00 PM, Thursday, September 28, 2017
<input type="checkbox"/> 11:00 AM, Saturday, September 30, 2017	<input type="checkbox"/> 1:00 PM, Saturday, September 30, 2017
<input type="checkbox"/> 6:00PM, Monday, October 1, 2017	<input type="checkbox"/> 7:00PM, Monday, October 1, 2017

Please reply to this e-mail message and check the appropriate boxes below. You may also call me at [redacted] with your response. Thank you for your consideration.

Best,

Latoshia Daniels, MSW, LCSW, QCSW, CAMS II
DSW Student, Walden University

Appendix E: Qualitative Interview Instrument

Relational Aggression among Adolescent African American
Females

Qualitative Interview: Online Synchronous Focus Group

Relational Aggression among Adolescent African American
Females

Time of Interview: Begin: _____ End: _____

Date of Interview: _____

Name of Study Participant: _____

Study Participant Code: _____

(TEAR OFF SHEET)

(TO BE MAINTAINED BY
PRINCIPAL INVESTIGATOR ONLY)

Study Participant Code: _____
 _____/____

Date of Interview: ____/____

Demographics

The purpose of this interview is to explore the perspectives of clinicians working with adolescent African American females in the school setting in the state of Arkansas. This portion of the interview will take 5-15 minutes and your answers will be recorded and be used for research purposes.

The following questions are general information about you.

1. What is your date of birth?

____/____/____
 MM DD Y Y Y Y

2. What is your gender?

a. Male (1)

b. Female (2)

c. Transgender (3)

3. Which race or ethnicity do you identify with?

4. How long have you been working with adolescents in the school setting?

_____ years _____ months

5. What are your social work credentials and your primary occupation or job title?

6. How long have you been a licensed masters' level social worker? _____

7. Do you work for an agency or in private practice? _____ Agency _____ Private

a. How long have you been working in your current position? _____

Qualitative Questions

The following questions are related to your clinical experiences working with African American adolescent females in the school setting in the state of Arkansas. The interview will take two hours and your answers will be audio recorded and be used for research purposes. Your responses will be recorded for transcription later. Please speak clearly. Just to remind you, all information will be kept strictly confidential.

TURN ON DIGITAL RECORDER.

IDENTIFY STUDY PARTICIPANTS BY ID NUMBERS AND BEGIN ASKING QUESTIONS.

1. How do you define relational aggression?
2. What does aggression look like with females?
3. Have you worked with female clients specifically due to acts of relational aggression? If so, what were the specific behaviors?
4. What is your understanding of the African American culture, specifically as it relates to adolescent females' social relationships?
5. How do you address conflict among this subpopulation in the therapeutic setting?
6. What cultural factors do you consider when working with this subpopulation?

PROBE: Are there any social issues that might influence their treatment outcomes?

PROBE: Are there any political issues that might influence their treatment outcomes?

PROBE: Are there any economic issues that might influence their treatment

outcomes?

7. How do you think relational images impact social interactions and conflict resolution among African American adolescent females?
8. How comfortable do you feel working with African American females in the therapeutic relationship?

PROBE: What evidence-based practices (EBPs) are you currently using in working with African American adolescent females specifically regarding aggressive behaviors?

PROBE: In your opinion, what has worked well with using these EBP's? Please explain your response.

PROBE: In your opinion, what has not worked well with using these EBP's? Please explain your response.

PROBE: If you could make any changes to the current treatment provided to African American adolescent females when addressing aggressive behaviors, what might those changes look like?

9. How do you connect the client's relational images to current social interactions to address acts of relational aggression?

That's it. We're finished. Thank you so much for your participation!

