Seven years ago, I wrote a similar personal statement when I sought a career as an educational psychologist in Israel, my country of origin. I found myself driven to pursue a career in this field as I thought about my life as a child. I was fascinated at what an impact my childhood experiences had on my adult life. I grew up in a small town in Israel and am the youngest of three children. As a child, I was shy and insecure. As an undergraduate student, I approached my psychology courses very seriously, and it was during the writing of a research paper that centered around my father’s family that I began to consider a career as a psychologist.

At that point I discovered that I had internalized my father’s (and his family’s) pattern of suppressing feelings and emotional expressions as a defense mechanism to protect myself against negative and difficult life events.

As I came to understand my family’s relationship dynamics, for example, from observing my father, a man who has had a complicated relationship with his Holocaust survivor parents, I became interested in gaining a deeper understanding of the childhood years. I was curious as to how parental attachment patterns are transferred intergenerationally and how these attachment patterns impact a child’s personality and his relationships with others. Together with realizations of my family’s dynamics, my own personal processes involving introspection, emotional development and self-acceptance and maturity have led me to develop a deep sense of meaning and curiosity to pursue a career centered around mental health in which I could provide relief for people who are experiencing pain and crises.

Because of this passion and curiosity to work with children, I chose to pursue a master’s degree in Educational Psychology. I was drawn to educational psychology in particular because of the unique setting in which the work takes place. By working in the schools, educational psychologists have the unique opportunity to witness the bidirectional influences of the school environment on the child and vice versa. Additionally, another dimension of the work of an educational psychologist is having an impact on system-wide contexts, which allows for advancing the educational climate and, consequently, the emotional well-being of the children on a larger-scale level.

My passion to work with children was highlighted by one particular case in which I treated a 7-year-old boy during my practicum year. The boy suffered from eye tics due to emotional problems. After observing the child in school and ruling out any medical issues, we began to engage in play therapy. I worked to create trust and connect with the child, despite that he spent many meetings with his back to me and refused to engage in play with me and that only the father attended the parent training. Throughout the therapy, I tried to understand the child’s emotional world and to bring his underlying problems to the surface so that we would be able to address his issues.

The theory alongside play therapy is what drives me to work with children. The challenge of doing both of them together correctly never ends and it is what excites me about this type of work. Knowing that anything can happen each time I walk into a room full of kids energizes me.

My thesis topic developed as a result of my practicum work. I focused on the differences and similarities between children with Autism Spectrum Disorder (ASD) and children with Attention Deficit Hyperactivity Disorder (ADHD). Given the similarity of symptoms in the two disorders, the study’s aim was to examine the differences between them, with the overall goal of gaining an increased understanding of the socio-emotional factors that distinguish between them. As I conducted this work and thought about how the results of the research could contribute to the process of both diagnoses and treatment, I found that I was particularly interested in applying theoretical perspectives and research findings to practical work. I have learned to utilize research not only as a means to understand the actions and feelings of the participants but, more importantly, also as a vehicle for helping to improve their functioning and mental health, which I believe is valuable thing.

As I write this essay and choose, for a second time, to pursue a career in psychology, I think about the numerous layers that have been added to my life in recent years -- my marriage to the love of my life for the past five years, my relocation to San Francisco three years ago, and becoming a mother for the first time with the birth of my daughter five months ago, who is currently asleep in my arms. These relationships and experiences continue to contribute to shaping both my personal and professional identities.

Our move to San Francisco was one of the most positive and exciting events of our lives. At the same time, however, it also came with tremendous challenges and, in a way, disrupted the equilibrium of our lives –our family life, our social life, our physical surroundings (from where we live, our home, and up to the state/country), our cognition (for example, our command of the language), and the mental aspects (such as cultural differences). Relocation involves much more variability than stability and continuity. Such a significant life event led to an interruption of our daily lives as we knew it and, as such, the potential for having a crisis was increased. I consider relocation as an event that undermines the existing social order, elicits a storm of emotions and threatens the individual in order to create a change for the better. I view my own personal experience of moving to San Francisco in parallel with the treatment process. For example, in the clinic we aim to expand the range and variety of possible experiences that the client can have in the world, to challenge their existing patterns which cause them dissatisfaction and frustration, and to build healthier and more productive patterns.

The adjustment to such a significant move is experienced on many levels; for example, being physically distant from what is familiar, dealing with the pain that results from being far away from family and friends, attempting to build a new life outside of one’s comfort zone and adapting to a new place. The coping and adjustment process forced me to leave my comfort zone, become more open to new experiences, and to persist and show resilience in order to overcome the difficulties. Among the many benefits that I gained throughout this process was the courage I found within myself to accomplish new things and expand my horizons, as well as the ability to build new relationships within a multicultural environment openly, sensitively and without judgement. As a person who was born and raised in Israel, multiculturalism is ingrained in who I am. The history of the Holocaust and the diaspora migration, even prior to the establishment of the state of Israel, are key factors in shaping Israeli society and culture. Moreover, Israel represents the gathering of Jewish exiles from all over the world living together in a fragile coexistence with Israeli Arabs.

When my husband and I moved to San Francisco, we were pleasantly surprised to learn how diverse the city’s population was and how many different ethnicities were represented. As members of the majority culture in Israel, we have benefited from a lifetime of relative privilege, both visible and invisible. In moving to San Francisco, our position changed from being part of the majority to being part of the minority. The transition to being part of the minority can be felt, for example, in our speaking a different language and during the Jewish holidays, which are no longer accompanied by a special holiday feeling in the air.

On the other hand, having the experience of being part of the minority within such a multicultural environment has led me to have an increased sensitivity to human diversity. In a place in which individuals appear to have salient differences across categories such as gender, sexual identity, ethnicity, and socioeconomic status, I was also able to see the similarities that were shared.

I recently came across the phrase, “migration is the evolution of identity.” Accordingly, I view my move to San Francisco, and the challenges that accompanied it, as a milestone in my personal development and identity. Coinciding with the move was my experience of becoming a mother and the dramatic change that it brought to my identity.

It is difficult to describe in words the full intensity of the experience of giving birth to my daughter, the range and intensity of emotions, and the magnitude of the change that is taking place in our lives. The transition to motherhood is complex. Becoming a mother is not a one-time event of becoming pregnant or going through labor; rather, it is a continuous process, a process which is both obvious and vague at the same time. And more than any other experience that I’ve had in life, it is a never-ending juxtaposition between the conscious and the unconscious on one hand, and social and cultural norms on the other hand. Accepting my new role as a mother was accompanied by a temporary loss of my personal identity, my identity as a partner, my physical identity, my social identity, and my professional identity, as well as a sense of feeling that my only purpose was as an object that functions for another being, my daughter. It was precisely this confrontation with the miracle of nature which led to a sense of powerlessness and a feeling of a temporary crisis, a recognition of the gap between fantasy and reality, and a search for an answer to the question, “What kind of mother am I?”

In my limited time as a mother, the memories of my painful and emotional childhood returned, and led me to have a profound view of my imperfections, forcing me to put my ego aside so that I could be present, love unconditionally, learn from my mistakes and accept myself and others. I often felt that I was “not enough,” but it was exactly in those moments that I was able to linger in a state of frustration or imperfection in which I altered my path and accepted myself and my flaws. It was in those moments that I was also able to understand and accept my husband who experienced both similar and varied challenges in his transition to fatherhood. With the development of a new and authentic sense of self -- a paradoxical and dynamic existence that can consist of contradictions, ambiguities, and complexities -- I return, for a second time, to my passion for a career in psychology.

As I continue the pursuit of my passions and ambitions, I consider a clinical psychology doctoral degree as an essential next step in my professional development and growth. My goal is to build on the foundation of my existing education and experience thus far. I am eager to augment my training with an understanding of clinical theoretical orientations and to strengthen my identity as psychologist. As a mental health professional for the past X years, I have developed a variety of skills, interests, and a strong professional identity through numerous personal experiences, mentoring relationships, and educational and training experiences. With these relationships and experiences, I have become a more culturally competent individual who is sensitive to a range of diversity issues. They have been the impetus for my desire to pursue a meaningful professional career. Living in a global world and a multicultural city, I am interested in expanding upon my skills in assessment and intervention using a range of theoretical orientations, while being exposed to diverse client populations. I am particularly interested in CSPP’s X program because of its unique combination of practitioner program as well as an exciting focus on diversity.

B. Embracing a multicultural perspective is an integral component of every case conceptualization. This has been a salient part of my work, particularly in my practicum at the Educational Psychology Service in Jaffa. Jaffa is located in the southern and oldest part of Tel Aviv Yafo city, which consists of a heterogeneous population of Jews, Christians, and Muslims. I have learned that viewing clients through a cultural lens allows for greater awareness of the risks, protective factors and ethical considerations in the process of assessment and treatment.

My experiences of growing up in multicultural country, moving to a new country, and receiving professional training focused on diverse populations all contribute to my strong commitment to issues of diversity. As such, I view diversity-related education and training as an integral component of my work. In a world of increased globalization and my own personal experience of living in multicultural area, it is important for me to continue developing as a culturally sensitive psychologist. I aim to establish the necessary and sufficient conditions that will lead to a productive relationship with clients who come from cultural backgrounds different than my own. Hence, I chose to apply for the doctoral program at CSPP because of its strong commitment to serving diverse populations and communities. I am drawn toward the curriculum, particularly the cultural considerations that appear to be explicitly addressed in the courses. I am additionally eager to attend school with a diverse faculty and student population, as it will provide opportunities to learn from each other’s points of view and backgrounds and to challenge the problem-solving thinking. The availability of a variety of training sites for clinical experiences, which would allow me to work with diverse populations in diverse settings, is yet another advantage that attracts me to CSPP.

Several life experiences have helped shape and give depth to my clinical work with diverse populations. Continued exposure to diverse client populations, along with multicultural training and education, are my primary objectives in my path towards developing into a culturally competent psychologist. In my opinion, the path towards cultural sensitivity is a lifelong process which involves careful listening and making a conscious effort to develop a greater awareness, both of one’s clients’ backgrounds and of one’s own cultural schemas and biases. I am eager to increase my intercultural awareness and it is my hope to have this opportunity at your program.

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While I worked at cbem, I provided acute crisis response interventions, followed by short-term behavioral health services, for developmentally disabled individuals and their caregivers to prevent the use of restrictive services. These individuals were referred to us by the San Francisco Bay Area regional centers to facilitate their care and that of their support networks in the communities in which they live. The patients came from a variety of cultural and ethnic backgrounds, representative of the multicultural society which characterizes the San Francisco region. In my work with families of children diagnosed with autism, I noticed that many parents are referred to welfare services, but they do not take part and, therefore, have difficulties implementing their children’s treatment plan which, although not done on purpose, weakens the success of the treatment.

This unique experience triggered a whole set of questions in my mind that remain at the center of my clinical and research interests: Do people from various cultures perceive autism differently? Do these perceptions affect the belief in the need for treatment and its implementation? How can we intervene within the family context so that parents and other family members understand the need for treatment?

I am intrigued and motivated to learn how cultural contexts impact parental perceptions of ASD and how these perceptions, in turn, impact treatment options in a multicultural context. I am also interested in learning what factors clinicians should consider in order to maximize treatment success when working with individuals who are diagnosed with autism and their families who come from different backgrounds than their own.

According to some prevalence studies, autism rates are similar across demographic and ethnic groups (Autism Society of America, 2000; Fombonne et al., 2001). The origin of autism spectrum disorders (ASD) is unknown; however, different cultural groups have their own perceptions of the causes of the disorder. Parental beliefs about ASD diagnosis and treatment are influenced by their cultural background (Avid, Griffins, & Brough, 2000). When it comes to cultural perspectives on the etiology of autism, Pitten (2008) suggests that Anglo-Americans generally accept the concept of physicality, and some believe that immunizations or other physical elements cause the disorder. African-Americans generally believe that non-traditional issues like diet, food processing, and contamination cause autism. Asian-Americans tend to hold the perspective that autism and other disabilities are a punishment for violating a religious, ethical or cultural code, or as a result of a disharmony between yin and yang forces (Danesco, 1997; Dyches et al., 2004). Some Latino-American mothers hold a more favorable view of autism, believing it is a blessing or gift from God that provides the mothers with the opportunity to be more useful and to sacrifice a part of their life to serve another (Dyches et al., 2004; Wilder, Dyches, Obiakor, & Algozzine, 2004). Cultural beliefs about the causes of autism or other developmental delays should be cautiously interpreted, as it is important to remember that these beliefs vary among individual members within any given social group (Skinner, Correa, Skinner, & Bailey, 2001).

In general, social understanding and social development are thought to be most affected by cultural factors and that accepted social norms are subject to considerable cultural variation (Dyches et al., 2005). People from different cultural backgrounds have differences in social expectations; for example, Wilder and colleagues (2004) and Liu (2005) found that the extent of eye contact in social situations varies across individuals from Asian-American cultures as compared to White Americans. Perepa (2013) comments that similar patterns are found in some Nigerian families in the UK, for whom direct eye contact is considered rude; conversely, in Western cultures eye contact is a required behavior. In fact, lack of eye contact is considered to be one of the symptoms of ASD and is part of many screening tools such as Q-CHAT (Allison et al., 2008). Cultural differences additionally exist in the use of non-verbal communication (Liu, 2005), language (Kim, Kim, & Rue, 1997), and achievement of developmental milestones (Daley, 2004) and have been reported in various cross-cultural studies. For example, in communities where children are expected to have a passive role, some of the features of autism such as repetitive questioning or echolalia are likely to be viewed as more challenging by the parents (Dyches et al., 2007). These different perceptions could have an impact on whether or not a family considers these behaviors to be problematic and, in turn, whether the family utilizes services, at what point they utilize services, and which particular services they utilize.

There is no cure for ASD, however, with early intervention of evidence-based treatments and education, many people with ASD can learn skills that will increase the quality of their lives. These interventions help those with ASD to function productively and attain some degree of independence. Focusing on the implications of working with individuals on the spectrum, it is vital to identify and understand what the cultural norms are for a given community and which skills are valued by parents from various communities. Unfortunately, there is still paucity of research exploring ethnic majority and minority parents’ perceptions of behaviors which are considered to be features of autism, as well as the implications of these perceptions for diagnosis and treatment.

D. I decided to pursue a career in psychology because I have seen first-hand the positive effects that therapy and psychological interventions can have on the lives of those struggling with behavioral disorders or mental health conditions. I am also fascinated with the inner workings of the mind and wanted to better understand human behavior. I believe the powerful effect therapy and psychological interventions can have on individuals, families and society as a whole. When I studied educational psychology, I focused my studies on early childhood behavioral and emotional development and cognition. I have extensive experience interacting face-to-face with children, adults and their circle of support including parents, teachers, and other circle of support members and community representative in various settings. My work has brought me much satisfaction as I was able to see the difference I made in the children’s lives. I enjoyed the challenge of helping children understand their emotional worlds and make positive changes through the use of cognitive behavioral techniques and play therapy. I decided to specialize in Child Psychology simply because I hated to see kids struggle. Additionally, the advances of psychology show us that childhood determines the predispositions of adult life. My compassion and dedication to help children overcome certain behaviors, as well as emotional or environmental obstacles, are what made me get into this field originally and they still drive my current professional goals. At each step of my path, I have increased my skillset and knowledge. As I continue to progress in my own development as a child psychologist, I am enthusiastic about the possibility of participating in the child and family track at CSPP. I am excited that the program’s curriculum, and in particular the child and family track, integrates both theory and practice.