Cultural Competency and Anti-Racism

Module IV
Learning Objectives

• To understand the definition of and responsibility for being culturally competent

• To understand and be able to implement the action steps at the micro, mezzo, and macro levels of practice with clients

• To create a personal and organizational multiculturalistic, anti-racism plan

• To implement on-going analyses of agency practices and agency data in order to ensure social and cultural justice
What Constitutes Cultural Competency?

Stop for a moment and define for yourself the definition of culture. Okay, what is cultural competence? If you are culturally competent, how would that be defined? Well, for several decades scholars in social work and psychology have researched these questions and come up with several terms/definitions that we should know and be adept at using in our cross-cultural and in-cultural interactions with clients. We are obligated to study and use such knowledge and skills in order to be fair and consistent and competent service providers to our clients.
The Substance Abuse and Mental Health Services Administration’s [SAMHSA] (1997) definition of cultural competence is perhaps one of the most comprehensive: “A set of congruent practice skills, behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. It is the ability to demonstrate skills and knowledge which enable a person to work effectively across cultures: the ability to provide mental health treatment within the cultural framework of the consumer: the ability to provide effective services to people of a specific cultural background, including one different from the provider” (p. 27).
The National Association of Social Workers (2009) speaks to cultural competence in their Code of Ethics. The following is from the “Social Workers’ Ethical Responsibilities to Clients” section, subsection 1.05 on “Cultural Competence and Social Diversity.”

“(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients’ cultures and be able to demonstrate competence in the provision of services that are sensitive to clients’ cultures and to differences among people and cultural groups.
(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.”

• An online version of the NASW Code of Ethics may be found at: http://www.naswdc.org/pubs/code/code.asp
The NASW (2001) Standards for Cultural Competence in Social Work Practice has as its goals:

• to maintain and improve the quality of culturally competent services provided by social workers, and programs delivered by social service agencies

• to establish professional expectations so social workers can monitor and evaluate their culturally competent practice

• to provide a framework for social workers to assess culturally competent practice
The NASW (2001) Standards for Cultural Competence in Social Work Practice has as its goals (cont’d):

- to inform consumers, governmental regulatory bodies, and others, such as insurance carriers, about the profession's standards for culturally competent practice
- to establish specific ethical guidelines for culturally competent social work practice in agency or private practice settings
- to provide documentation of professional expectations for agencies, peer review committees, state regulatory bodies, insurance carriers, and others.
Standard 1: Ethics and Values
Social workers shall function in accordance with the values, ethics, and standards of the profession, recognizing how personal and professional values may conflict with or accommodate the needs of diverse clients.

Standard 2: Self-Awareness
Social workers shall seek to develop an understanding of their own personal cultural values and beliefs as one way of appreciating the importance of multicultural identities in the lives of people.
Standard 3: Cross-Cultural Knowledge
Social workers shall have and continue to develop specialized knowledge and understanding about the history, traditions, values, family systems, and artistic expressions of major client groups that they serve.

Standard 4: Cross-Cultural Skills
Social workers shall use appropriate methodological approaches, skills, and techniques that reflect the workers’ understanding of the role of culture in the helping process.
NASW STANDARDS FOR CULTURAL COMPETENCY IN SOCIAL WORK PRACTICE

Standard 5: Service Delivery
Social workers shall be knowledgeable about and skillful in the use of services available in the community and broader society and be able to make appropriate referrals for their diverse clients.

Standard 6: Empowerment and Advocacy
Social workers shall be aware of the effect of social policies and programs on diverse client populations, advocating for and with clients whenever appropriate.
Standard 7: Diverse Workforce
Social workers shall support and advocate for recruitment, admissions and hiring, and retention efforts in social work programs and agencies that ensure diversity within the profession.

Standard 8: Professional Education
Social workers shall advocate for and participate in educational and training programs that help advance cultural competence within the profession.
Standard 9. Language Diversity
Social workers shall seek to provide or advocate for the provision of information, referrals, and services in the language appropriate to the client, which may include use of interpreters.

Standard 10. Cross-Cultural Leadership
Social workers shall be able to communicate information about diverse client groups to other professionals.
NASW STANDARDS FOR CULTURAL COMPETENCY IN SOCIAL WORK PRACTICE

• Take a few minutes now to jot down as many ideas as you can on how you think you can operationalize, that is put into actual practice, each of the 10 above standards.

• Now, click on either of the following links to the NASW’s 10 Standards for Cultural Competence in Social Work Practice to read a fuller discussion of the standards and how they operationalize each:

(Right-click on the link, then click on “Open Hyperlink)

• PDF version which you can save to your computer

• Link to internet site
FOUR GROUPS OF CULTURAL COMPETENCIES

The following four competencies were assembled by psychologist Derald W. Sue (2006), which were informed by NASW, the American Counseling Association, and the American Psychological Association. After reading each, please take a few moments to reflect on how you would answer Dr. Sue’s questions and comments.

Competency One: Becoming aware of one’s own assumptions, values, and biases about human behavior

Sue (2006, p. 25) asks you to consider the following important questions:
FOUR GROUPS OF CULTURAL COMPETENCIES

“What stereotypes, perceptions, and beliefs do you personally and professionally hold about culturally diverse groups that may hinder your ability to form a helpful and effective relationship?”

“What are the worldviews you bring to the interpersonal encounter, and how do you define problem solving?”

“What value systems are inherent in your professional theory of helping, community work, educating, administering, and what values underlie the strategies and techniques used in these situations?”
FOUR GROUPS OF CULTURAL COMPETENCIES

“Without an awareness and understanding of your worldview, you may inadvertently assume that all groups share it. When this happens, you may become guilty of cultural oppression, inadvertently imposing your definitions of reality, right and wrong, good and bad, or normal and abnormal on your culturally diverse clients” (p. 25).
FOUR GROUPS OF CULTURAL COMPETENCIES

Competency Two: Understanding the worldview of culturally diverse clients

“How do race, gender, and sexual orientation influence worldviews?”

“Do women see the world differently than men?”

“Do gays/lesbians see the world differently than straights?”

“Is there such a thing as an African American, Asian American, Latino (Latina)/Hispanic American, or American Indian worldview?”
FOUR GROUPS OF CULTURAL COMPETENCIES

• “While there are many commonalities shared by all groups, research strongly supports the contention that worldviews are strongly shaped by group membership…. Worldviews are highly correlated with a person’s cultural upbringing and life experiences…[and worldviews may be defined as] the way you frame the world and what it means to you…or how you think the world works” (p. 26).
FOUR GROUPS OF CULTURAL COMPETENCIES

Competency Three: Developing appropriate intervention strategies and techniques

Sue gives social workers the charge of developing “appropriate and effective helping, teaching, communication, and intervention strategies in working with culturally diverse groups and individuals” and includes “prevention as well as remediation approaches, and systems intervention as well as traditional one-to-one relationships” (p. 27).

“Additionally, it is important that the social worker have the ability to make use of indigenous helping/healing approaches and structures that may already exists in the minority community….The concept here is to build on the strengths of a community and to empower them in their ability to help themselves” (p. 27).
FOUR GROUPS OF CULTURAL COMPETENCIES

Competency Four: Understanding organizational and institutional forces that enhance or negate cultural competence

“It does little good for social workers to be culturally competent when the very organization that employs them is filled with monocultural policies and practices. In many cases, organizational customs do not value or allow the use of cultural knowledge or skills. Some social service organizations may even actively discourage, negate, or punish multicultural expressions. Or client problems may be the result of institutions that oppress them. Thus, it is imperative to ask “What constitutes a culturally competent system of care” (p. 28)?
FOUR GROUPS OF CULTURAL COMPETENCIES

Competency Four (cont’d): So what constitutes a culturally competent system of care’?

• This is a very important question which will be answered by the following material from the National Center for Cultural Competence, which can also be found in full by right-clicking on this link **HERE** and selecting “Open Hyperlink,” or by copying and pasting this web address into your browser:

http://www11.georgetown.edu/research/gucchd/nccc/information/organizations.html
Measuring Cultural Competence in Systems and Organizations

The National Center for Cultural Competence (NCCC) (2004) defines cultural competence in systems and organization as “a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum” (p. 1). To read further, right click HERE and select “Open hyperlink” or copy and paste this web address into your browser: http://nccc.georgetown.edu/foundations/frameworks.html

Their framework provides a continuum and sets forth six stages that include:

1. cultural destructiveness
2. cultural incapacity
3. cultural blindness
4. cultural precompetence
5. cultural competency
6. cultural proficiency
Cultural destructiveness is characterized by attitudes, policies, structures, and practices within a system or organization that are destructive to a cultural group.

Cultural incapacity is the lack of capacity of systems and organizations to respond effectively to the needs, interests, and preferences of culturally and linguistically diverse groups. Characteristic include, but are not limited to: institutional or systemic bias; practices that may result in discrimination in hiring and promotion; disproportionate allocation of resources that may benefit one cultural group over another; subtle messages that some cultural groups are neither valued nor welcomed; and lower expectations for some cultural, ethnic, or racial groups. (Continued on next slide)
Cultural blindness is an expressed philosophy of viewing and treating all people as the same. Characteristics of such systems and organizations may include: policies that and personnel who encourage assimilation, approaches in the delivery of services and supports that ignore cultural strengths, institutional attitudes that blame consumers - individuals or families - for their circumstances, little value placed on training and resource development that facilitate cultural and linguistic competence, workforce and contract personnel that lack diversity (race, ethnicity, language, gender, age, etc.), and few structures and resources dedicated to acquiring cultural knowledge. (Continued on next slide)
Cultural precompetence is a level of awareness within systems or organizations of their strengths and areas for growth to respond effectively to culturally and linguistically diverse populations. Characteristics include but are not limited to: the system or organization expressly values the delivery of high quality services and supports to culturally and linguistically diverse populations; commitment to human and civil rights; hiring practices that support a diverse workforce; the capacity to conduct asset and needs assessments within diverse communities; concerted efforts to improve service delivery usually for a specific racial, ethnic, or cultural group; tendency for token representation on governing boards; and no clear plan for achieving organizational cultural competence. (Continued on next slide)
Cultural Competence: Systems and organizations that exemplify cultural competence demonstrate an acceptance and respect for cultural differences and they:

• Create a mission statement for your organization that articulates principles, rationale, and values for cultural and linguistic competence in all aspects of the organization.

• Implement specific policies and procedures that integrate cultural and linguistic competence into each core function of the organization.

• Identify, use, and/or adapt evidence-based and promising practices that are culturally and linguistically competent.
Cultural Competence (cont’d):

• Develop structures and strategies to ensure consumer and community participation in the planning, delivery, and evaluation of the organization’s core function.

• Implement policies and procedures to recruit, hire, and maintain a diverse and culturally and linguistically competent workforce.

• Provide fiscal support, professional development, and incentives for the improvement of cultural and linguistic competence at the board, program, and faculty and/or staff levels.

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Measuring Cultural Competence in Systems and Organizations

Cultural Competence (cont’d):

• Dedicate resources for both individual and organizational self-assessment of cultural and linguistic competence.

• Develop the capacity to collect and analyze data using variables that have meaningful impact on culturally and linguistically diverse groups.

• Practice principles of community engagement that result in the reciprocal transfer of knowledge and skills between all collaborators, partners, and key stakeholders.
Cultural Proficiency: Systems and organizations hold culture in high esteem, use this [as] a foundation to guide all of their endeavors, and they:

• Continue to add to the knowledge base within the field of cultural and linguistic competence by conducting research and developing new treatments, interventions, and approaches for health and mental health care in policy, education, and the delivery of care.

• Develop organizational philosophy and practices that integrate health and mental health care.

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Measuring Cultural Competence in Systems and Organizations

Employ faculty and/or staff, consultants, and consumers with expertise in cultural and linguistic competence in health and mental health care practice, education, and research.

• Publish and disseminate promising and evidence-based health and mental health care practices, interventions, training, and education models.

• Support and mentor other organizations as they progress along the cultural competence continuum.

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Measuring Cultural Competence in Systems and Organizations

• Develop and disseminate health and mental health promotion materials that are adapted to the cultural and linguistic contexts of populations served.

• Actively pursue resource development to continually enhance and expand the organization’s capacities in cultural and linguistic competence.

• Advocate with, and on behalf of, populations who are traditionally unserved and underserved.

• Establish and maintain partnerships with diverse constituency groups, which span the boundaries of the traditional health and mental health care arenas, to eliminate racial and ethnic disparities in health and mental health
So, are there any barriers to moving towards cultural competence? Sue (2006) identifies four groups of such barriers.

**Culture-bound values**

“In simple terms, culture consists of all those things that people have learned in their history to do, believe, value, and enjoy. It is the totality of ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born” (p. 138).
For members of some diverse groups, their values may conflict with some mainstream American or western values. For example, “[m]ost forms of counseling and psychotherapy tend to be individual centered…based on our culture’s concept of individualism, autonomy, and the ability to become your own person may be our goals” (p. 139). However, members of diverse groups may instead more greatly value a group or family consciousness rather than an individual one.

• Verbal, emotional, and behavioral expressiveness may also differ by cultural group membership. For example, are members of some diverse groups more reticent about expressing their deep feelings to a non-family member? (Continued on next slide)
• Do members of some groups somaticize their emotional or psychological distress as physical or bodily complaints?

• Do members of some diverse groups conceptualize their problems in ways that are inconsistent with our western conceptions? For example, do some people attribute poor health to bad karma or payback for a family member’s past deeds?

• Do some people view some problems as shameful, stigmatizing, or causing a loss of face, thus discouraging them to seek formal help and services?
BARRIERS TO CULTURAL COMPETENCY

• How might you work supportively with an individual who believes “just leave it to God” as the solution to her life’s problems?

• These are just some questions to ponder prior to working with some diverse populations.
BARRIERS TO CULTURAL COMPETENCY

Class-bound values

• Does your own socioeconomic class/status ever get in the way of being able to empathize with those of a different class or status? For example, have you ever made a recommendation to an indigent client who because of his/her economic situation cannot realistically follow through with the recommendation in a timely manner?

• Do you make any assumptions about an indigent person’s means of transportation? How about his or her intelligence, morals, work ethic, level of motivation, resourcefulness, values, beliefs, worldview, family history of poverty, level of education, fitness for parenthood, or anything else?

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Language barriers

• Do you ever prejudge a member of a diverse group because of his/her lack of English language proficiency?

• Do you view people who are not proficient with English as less intelligent, knowledgeable, capable, etc. than one who is English proficient?

• How do you interact with members of some diverse groups that demonstrate differing norms regarding speech volume levels, degree of personal space, eye contact, verbal directness, etc.?

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Generalizations and Stereotypes

Although knowing general characteristics of diverse groups is very important and useful, caution must be exercised to not generalize and stereotype individual members of each group. For example, members of some diverse groups may vary significantly by level of assimilation and acculturation—a recently arrived immigrant’s ethnic identification may differ significantly from a like-ethnic individual whose family immigrated to the United States over 20 years ago, and is one generation removed from his/her immigrant generation family member.

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BARRIERS TO CULTURAL COMPETENCY

Generalizations and Stereotypes (cont’d)

There may be Cubans, Mexicans, Jamaicans, and other culturally diverse individuals whose outward appearance (phenotype) may suggest that they are African American, yet their cultural influences and experiences in the United States may be significantly different from that of African Americans. Some immigrant individuals may share some of the same ethnic cultural values, beliefs, norms, and attitudes of their indigenous families, however they may have also internalized some American cultural values, beliefs, norms, and attitudes to varying degrees. Thus, try to never assume the cultural identifications, beliefs, and values of a client. Always discuss these with clients in order to provide the most appropriate services and referrals.
After completing the above reading, you may have discovered that you make some assumptions about other people based on culture, class, language, generalizations, stereotypes, or other factors discussed earlier herein. According to Professor Jack Dovidio of the University of Connecticut, everybody engages in some level of stereotyping or categorizing people if only in simple “like me” versus “not like me” camps (Fisher, 2005). “Dovidio says those who are subtly biased do not discriminate directly in ways that can be attributed to racism. They will discriminate, often unintentionally, when their behavior can be justified on the basis of some factor other than race, he says.
SUBTLE RACISM

For example, his research has shown that when a job applicant is clearly the best candidate for a position, discrimination against Black applicants does not occur. However, when both candidates have the same credentials, with similar strengths and weaknesses, White candidates are given the benefit of the doubt while Black candidates are not” (Fisher, 2005). He adds, “People need to be made aware of their unconscious biases in a non-threatening way,” Dovidio says. “We also need to recognize that groups of people with different histories and perspectives may experience the same events differently. They need to accept the validity of their different perspectives.”

Please click on HERE to read more about subtle racism and Professor Jack Dovidio.
CULTURAL COMPETENCE VIDEOS

The following YouTube videos, which you may enjoy watching, summarize and reinforce some of the aforementioned key points and some interesting new ones about cultural competence. To view, right click one of the highlighted links. Then press “Open hyperlink” on the drop-down menu.

Video 1 of 3

Video 2 of 3

Video 3 of 3
Self Assessment: Meeting the Learning Objectives

Knowing what you now know about cultural competency on the micro and macro levels, take some time to reflect on the following questions. Review this module’s material if necessary, and provide responses to the following.

• Do you understand the definition of and responsibility for being a culturally competent professional? On what criteria would you base this?

• Assess where you and your agency are on the cultural competency continuum.
Self Assessment: Meeting the Learning Objectives

• Create a personal and organizational antiracism plan that would move you and your organization further along the cultural competency continuum.

• Develop a plan for on-going analyses of agency practices and agency data (cultural justice).