

**A Training Curriculum for Cultural Competence  
- 1995 Revised Edition -**

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## TABLE OF CONTENTS

Page No.

• Preface: About the Curriculum .....	1
• Unit I: A Model for Culturally Competent Child Welfare Practice .....	8
Part A Introduction to Training .....	8
Part B Valuing Cultural Diversity .....	14
Part C A Model for Culturally Competent Child Welfare Practice .....	29
• Unit II: Culture-Specific Knowledge Foundation .....	41
• Unit III: Innovation in Cultural Competence .....	65
• References .....	79
• Appendices .....	85
• Resource #1, Training Agenda .....	10
• Resource #2, Content of Training Units .....	11
• Resource #3, Guiding Values for the Training .....	12
• Resource #4, Culture and Human Service, Definition and Significance .....	16
• Resource #5, Skills to Develop Empathy in a Helping Relationship .....	18
• Resource #6, Alternatives for Intercultural Relations .....	19
• Resource #7, Assessment of Factor Affecting Personal Cultural Identity .....	25
• Resource #8, Harmful Discrimination Assessment .....	27
• Resource #9, Aspects of a Transcultural Perspective for Social Work .....	31
• Resource #10, Considerations in Beginning Culturally Competent Practice .....	32
• Resource #11, Recommendations for Use of Interpreters/Translators .....	35
• Resource #12, Communication .....	36
• Resource #13, Common Errors in Communicating .....	37
• Resource #14, Communicating Across Cultures .....	38
• Resource #15, Recognizing Cultural Differences .....	46
• Resource #16, The Americans with Disabilities Act (ADA) .....	60
• Resource #17, Discussion Questions for Caseworkers in Preventive and Protective Services .....	61
• Resource #18, SRS Staff Recommendations for Innovations in Culturally Competent Practice .....	67

**TABLE OF CONTENTS (continued)**

Page No.

- Exercise #1, Commitment to Respect and Confidentiality . . . . . 13
- Exercise #2, Cultural Factors Assessment. . . . . 24
- Exercise #3, Harmful Discrimination Assessment . . . . . 26
- Exercise #4, At My House We Did It This Way. . . . . 39
- Exercise #5, Self-Reflection on Response to Panel. . . . . 44
- Exercise #6, Self-Assessment Based on Case Discussion. . . . .74
- Exercise #7, Developing Recommendations for Enhancing  
Cultural Competence. . . . .77
- Exercise #8, Closure: Commitment to Change. . . . .78

## **PREFACE: ABOUT THE CURRICULUM**

### **PURPOSE**

This curriculum is designed as a training guide to provide SRS workers with an opportunity to reflect on the relevance of cultural diversity to child welfare practice. This curriculum is also intended to assist SRS workers to improve their skills to implement culturally-competent work with children and their families.

This curriculum is written primarily for use with SRS child welfare workers. However, workers from other child-serving agencies and departments would benefit from the manual as well.

### **RATIONALE FOR DESIGN**

This curriculum was designed to provide a foundation for culturally competent child welfare practice, including knowledge, values, skills, and decision-making for personal and organizational change. The authors developed this training curriculum from a variety of methods and sources. For the 1993 edition, Ms. Carrizosa organized, authored, and refined the curriculum materials with the assistance of Dr. Canda. The 1994 edition was revised by Dr. Canda based on insights from the first implementation in Kansas City and recommendations from SRS staff. The 1995 edition was revised significantly by Dr. Canda based on the previous two years of experience, recommendations from SRS staff, and insights from Dr. Yellow Bird.

A wide review of professional literature was done to identify models of training pertaining to cultural diversity issues. Information on training content and processes found in the literature is included in this curriculum.

In addition to the literature review, the authors held a series of meetings with SRS representatives who were members of Kansas City, Topeka, and Wichita SRS planning committees established for the purpose of providing direction, information and feedback in the preparation and revision of this curriculum. These committees reviewed the outline for this training and gave valuable feedback that the authors have used to improve the training units. Throughout this process, Ms. Dorothy Tenney of the SRS Program Analysis Unit provided extensive advice and assistance.

Additionally, Ms. Carrizosa attended a two-day training on cultural diversity issues sponsored by "Harmony In a World of Difference" of Kansas City. Several of the resource papers and group activities in this curriculum make reference to information and techniques gathered through "Harmony In a World of Difference." This curriculum also uses information and activities developed by Dr. Canda.

This 1995 edition is designed for the training of SRS staff to prepare them to conduct further training and promote ongoing innovation in culturally competent practice throughout the SRS system statewide.

## **CONCEPTUAL FRAMEWORK**

### **Cultural Competence for the Worker**

For child welfare workers, cultural competence means recognizing and valuing cultural diversity in society in general and among client families in particular. It means advocating for the right to self-determination and preservation of cultural identity and life style of people as individuals, families, and communities. It means having knowledge of culture-specific characteristics, needs, strengths, and resources of clients. It means understanding how to work cooperatively in teams of people within the agency and in the community that connect people from diverse cultural backgrounds. It means being able to apply these values and knowledge in a practical manner toward effective human service. Therefore, in order to be culturally competent, child welfare workers need to acquire the requisite values, knowledge, and skills. This kind of learning is a life-long process of self-reflection about one's own cultural limitations, biases, and strengths. Learning for cultural competence is also a life-long process of acting on a commitment to overcome one's limitations and expand one's strengths. This training program is one step in this life-long process. It provides a good beginning, but the key to success is what the participants decide to do after the training finishes. Cultural competence is not a matter of good intentions only. It is a matter of consistency between intentions and actions in both personal and professional activities.

### **Cultural Competence for the Organization**

Child welfare workers cannot achieve culturally competent practice on their own. They work within an organizational environment that prescribes and guides practice. If the organizational environment is not supportive of cultural competence, then even the most skilled worker will be frustrated. Therefore, the social service agency context must also demonstrate cultural competence in its organizational policies, procedures, and styles of interpersonal relations. This training program helps child welfare workers to reflect on the fit between themselves, their agency, and the principles of culturally competent practice. Direct line workers and administrators are encouraged to work together to overcome the organizational limitations and to build on the organizational strengths, so that there is a congruent, cooperative process that integrates the development of **both individual and organizational** cultural competence. This is why a central component of the training involves brainstorming among participants to develop specific plans for personal and organizational change and to develop a planning team within the agency to carry out the plans.

## **Commitment to Respect and Dialogue**

The topic of cultural competence can evoke strong feelings, ranging from enjoyment and celebration of cultural identity and cultural differences to pain and anger about the impact of racism and discrimination or shame and guilt about participating in racism and discrimination. Occasionally people may become defensive, antagonistic, or they may unrealistically deny that there are any problems. Sometimes these feelings directly pertain to experiences of workers with their clients and with fellow workers. This is all expectable and natural. We must be realistic and honest about both the pleasant and painful aspects of intercultural relations. In order for this training to work, all participants must make a clear commitment to mutual respect, to be willing to listen to each others' stories of joy and pain in a nonjudgmental supportive manner, and to work on ourselves and to help each other toward self-understanding and growth.

## **The Societal Context**

If tensions arise within the training, they will be reflections of tensions in the larger society. Unfortunately, it is a fact of history that this country developed with strong intercultural conflicts, including enslavement of people from Africa, genocidal assault on indigenous peoples and cultures, discrimination against gay and lesbian people, and many other forms of ethnocentrism, racism, and oppression. But this country has also presented the possibility of multicultural cooperation. Rev. Martin Luther King, Jr. described this ideal as a "beloved community" in which all people would live together with dignity and respect. In this training, we have a powerful and direct opportunity to work through differences and disagreements toward mutual understanding and cooperation. We also have the opportunity to share our pride in cultural heritages and our enjoyment and celebration of differences as well as common ground. This is the true test of cultural competence. If we can do this in the training, we can extend that ability to enhance cultural competence within the total agency. Then the agency can extend innovative action to enhance cultural competence throughout the surrounding community. This is the way to create a "beloved community" within our own hearts, within the agency work place, and within the society as a whole.

The social work profession and the field of child welfare are committed to protect and empower vulnerable or oppressed people. Of course, the need for child and family empowerment can arise for people in any social class or cultural group. Further, the principles of culturally competent practice should be applied to people of all cultural backgrounds. In this training, it is also critical for people of all cultural backgrounds to raise cultural self-awareness, appreciating the strengths and positive values as well as identifying factors that may limit ability to be sensitive to other cultures. However, groups that historically have experienced the greatest discrimination, oppression, and lack of culturally appropriate child welfare service are the focus of examples in this training. Examples pertaining to Euro-Americans also should be given throughout the training, especially in relation to

religious or cultural minorities such as the Mennonites and Amish or recent European refugees and immigrants as well as groups that include Euro-American and other ethnic membership, such as Jehovah's Witnesses, gay/bisexual/lesbian people, and people with disabilities. Yet overall, given the societal context of ethnocentrism, racism, and oppression, the most attention is given to culturally competent practice regarding people of color.

### **Importance for Child Welfare**

The development of cultural competence is a matter of great importance for the field of child welfare. A good example is the history of the Indian Child Welfare Act. For many decades First Nations (indigenous) children were being taken from their homes, forced into adoption by white parents or into boarding schools designed to cut children off from their cultures and languages. These practices have been widespread and very damaging, not only to the children themselves, but also to the communities from which the children were removed. This problem became so severe that the Congress intervened to stop the inappropriate out-placement of children. So in 1978 the Indian Child Welfare Act was passed to support the sovereignty and preservation of the First Nations and to require the involvement of First Nations' courts and experts in making the determinations about child welfare placements. Unfortunately, the continuing overrepresentation of children of color in out-of-home placements is one indicator that the child welfare system has more work to do.

### **Building on the SRS Commitment**

The decision of the Department of Social and Rehabilitation Services of Kansas to sponsor this training over the past three years demonstrates a significant commitment to address these issues. In addition, SRS is engaged in innovations on a large scale that can enhance principles in the overall organizational culture that are very consistent with the model of practice presented in this curriculum, such as Family Preservation, Family Agenda and Kansas Quality Management. So there are already many strengths and resources within the SRS system that support culturally competent practice. This training builds on the commitment and resources within SRS in support of its ongoing efforts to refine and expand culturally competent child welfare practice. It is designed to train direct service staff and administrators. It is also designed to prepare SRS staff to serve as ongoing trainers and advocates for cultural competence within the SRS system statewide.

### **FORMAT**

The curriculum is presented in units, each of which follows the same format. Each unit begins with a description of the purpose and objectives of the unit. This is followed by a list of activities to be implemented, time required for each activity,



and materials and equipment needed. Following the introduction to each unit, instruction sheets for each activity, and Resource Papers for the lecture and discussion sections will be found in the order in which they are listed in the introduction. References are provided at the end of the manual.

## **PRESENTATION FORMAT AND SCHEDULE**

### **General Staff Training**

Direct service workers and administrators involved in child welfare practice may participate in this training. The total size of the group should not exceed 50. The content is divided into three units. Each training unit will be four hours, including didactic presentations and small group discussions. These units may be presented over a period of two to three days. The training agenda for each series of training is as follows:

- Unit I:           A Model for Culturally Competent Child Welfare Practice (4 hours)**
- A. Introduction to Format and Purpose
  - B. Valuing Cultural Diversity: The Transcultural Relations Wheel
  - C. A Model for Culturally Competent Child Welfare Practice
  - D. Small Group Discussion
- Unit II:           Culture-Specific Knowledge Foundation (4 hours)**
- A. Panel of Consultants
  - B. Small Group Discussion
- Unit III          Innovations in Cultural Competence (4 hours)**
- A. Assessing Self and Organization, including small group discussion
  - B. Brainstorming for Innovation, including small group discussion
  - C. Conclusion

## **Training of Staff as Discussion Facilitators and Trainers**

Discussion groups will form during each unit to conduct small group exercises and dialogue. Each small group should have about 5-10 members. If there are more small groups than the trainers can moderate, it would be useful to utilize the commitment and expertise of selected staff participants to serve as discussion group facilitators. These facilitators would not be responsible to deliver any training content. They only need to help the discussion proceed in an orderly and respectful manner. Subsequent to the training, these facilitators might assist with implementation of innovations for enhancing culturally competent practice in the organization. Ideally, these staff persons should represent the range of diversity within the agency and client population. They also need to have excellent skills in facilitating comfortable, trusting, and open discussion in small groups. It is not necessary that they be technical experts on cultural diversity, but they should have a strong commitment to the values of the training curriculum.

These discussion facilitators should be given an orientation in addition to the general staff training in order to prepare them for their roles. Suggestions for orienting facilitators are given in the Appendix.

This curriculum may also be used in conjunction with Training of Trainers. Volunteers from Staff Development and area offices can be recruited to use this curriculum as a basis for their continued participation in advocating for ongoing organizational innovation and for conducting their own training on culturally competent child welfare practice. This would support the long range goal of the curriculum to expand the infrastructure of staff expertise and agency resources for statewide organizational empowerment.

Ideally, participants in Training of Trainers should demonstrate the following qualifications: (1) significant personal understanding and commitment to support culturally-sensitive practice with diverse people; (2) professional experience in cross-cultural human service; (3) effective communication skills for conflict resolution; (4) SRS-based training in the process of delivering staff development training.

Training of Trainers participants should experience the curriculum as a trainee and should also have supervised experience in delivering the curriculum prior to conducting it independently. Even if participants do not use this curriculum for formal training, they may play an important role as members of Diversity Advisory Committees and Multicultural Service teams (see Resource #18).

### **Audience: Area Office or Statewide Participation**

One way of selecting an audience is to focus on a particular area office. In this case, all participants come from one area office and discussion can go more deeply into issues that may be unique to that area office. For example, an office in

a small, rural, predominantly Euro-American community will have different interests than one in a large, urban, ethnically diverse area.

An alternative is to select an audience from various area offices. An advantage of this approach is that participants can learn from each other's different experiences and address issues that are not only area office focused but also statewide.

The trainers should work with representatives of administration and direct service staff from the intended office in order to tailor the details of the curriculum to the particular interests of the audience.

**UNIT I**

**A MODEL FOR CULTURALLY COMPETENT  
CHILD WELFARE PRACTICE**

## UNIT I, PART A

### INTRODUCTION TO TRAINING

Time: 30 minutes

**Purpose:** To provide participants with a general overview of the purpose and content of the training.

#### **Unit Objectives:**

At the end of this part, participants will:

1. Have learned about the qualifications and expectations of the trainers.
2. Have learned about the content, process and objectives of the training.
3. Have committed to respect different opinions and positions among participants and have committed to protect confidentiality.

#### **Activities**

1. Welcoming, housekeeping issues. Trainer should introduce him/herself, including professional background and personal experiences with cultural diversity. Trainer should welcome participants to the training and go over housekeeping issues such as hours of training, breaks, etc. Trainer should also encourage participants to ask questions or contribute to the discussions throughout the training. Trainer should review the three-day training agenda from Resource #1 and discuss contents of each unit as indicated in Resource #2. Trainer could display the overhead transparency of the handout, display the agenda on a flip chart, or refer participant to this manual.
2. It is important to establish an expectation that all discussions will be conducted in a professional manner that demonstrates appreciation for diversity and respect for differing opinions and viewpoints. Resource #3.
3. Exercise 1. Participants will indicate commitment to respect differences and confidentiality during the training by raising hands (5 minutes).  
Exercise #1.

## **Materials**

Flip chart and markers

Overhead projector (optional)

Resource #1: "Training Agenda"

Resource #2: "Content of Training Units"

Resource #3: "Guiding Values for the Training"

## TRAINING AGENDA

### PRESENTATION FORMAT AND SCHEDULE

#### General Staff Training

Direct service workers and administrators involved in child welfare practice may participate in this training. The total size of the group should not exceed 50. The content is divided into three units. Each training unit will be four hours, including approximately three hours for didactic presentation and one hour for small group discussion. These units may be presented over a period of two to three days. The training agenda for each series of training is as follows

- Unit I:       A Model for Culturally Competent Child Welfare Practice (4 hours)
- A. Introduction to Format and Purpose
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- Unit II:       Culture-Specific Knowledge Foundation ( 4 hours)
- A. Panel of Consultants
  - B. Small Group Discussion
- Unit III:      Innovations in Cultural Competence (4 hours)
- A. Assessing Self and Organization, including small group discussion
  - B. Brainstorming for Innovation, including small group discussion
  - C. Conclusion

## CONTENT OF TRAINING UNITS

### UNIT I: A MODEL FOR CULTURALLY COMPETENT CHILD WELFARE PRACTICE

This unit is intended to help participants increase their confidence and skill in working with clients from different cultural backgrounds. Participants will be introduced to a practice model addressing professional values, knowledge, and skills necessary for culturally competent direct practice and organizational behavior.

### UNIT II: CULTURE-SPECIFIC KNOWLEDGE FOUNDATION

The purpose of this unit is to increase participants' knowledge about specific characteristics, strengths, and needs of various cultural groups. A panel of community consultants presents recommendations for how to provide effective child welfare services for diverse client groups. Optional reference material is provided.

### UNIT III: INNOVATIONS IN CULTURAL COMPETENCE

Lecture, discussion, and exercises assist participants to apply the model of culturally competent practice to stimulate practitioner and organizational growth. Specific recommendations for innovation will be generated from participants as a basis for post-training organizational development.



## GUIDING VALUES FOR THE TRAINING

### **Commitment to Respect and Dialogue**

In order to engage in respectful dialogue, the following values need to guide this training.

**Confidentiality:** Confidentiality of clients and privacy of participants are protected at all times. (See Exercise #1)

**Trust:** In order to be open and honest, participants must be able to trust each other to keep these values both within the training and after the training is completed. Trust must be earned. So our behavior must be consistent. Let's agree to gently remind each other to maintain these values and if honest mistakes are made, let us support each other in correcting them.

**Sincerity:** All our communication should be honest and sincere. When we sense each other's sincerity, we will know that we have a real commitment to help each other to grow and change.

**Respect:** We must treat each other with respect at all times, in both speech and action.

**Willingness to Learn:** We need to be willing to learn, to increase our awareness of both our strengths and limitations, and to work on self-improvement. Everyone is engaged in learning to grow in cultural competence in different ways and at different levels. This is a life-long process. Let's support each other in our learning.

**Agreement to Disagree:** Real maturity and respect in communication goes beyond being comfortable with like-minded people. We need to acknowledge and respect differences and disagreements. If we agree to disagree, we can search for a common understanding that is deeper than the disagreement but also respects our right to be different.

**Commitment to Work Through Issues:** If disagreements or challenges arise, we need to be persistent in working them through. Otherwise, tension can develop and linger. Working through issues leads to insight and growth.

## EXERCISE 1

### COMMITMENT TO RESPECT AND CONFIDENTIALITY

**Purpose:** The purpose of this activity is to provide participants and trainers the opportunity to discuss the needs for respect of differences and assurance of confidentiality during the training.

**Time:** 5 minutes

**Instructions:**

1. Trainer explains the need for participants to feel comfortable during the training. Trainer explains that personal disclosure of private ideas and feelings will not be demanded during the training but that participants may choose to share with others what they think and feel as the training unfolds. Any communication of a sensitive nature should stay within the training sessions. Such discussion should not continue outside without permission of the relevant participants.
2. Trainer and participants indicate their commitment to respect differences and protect confidentiality by raising their hands.

## UNIT I, PART B

### VALUING CULTURAL DIVERSITY: THE TRANSCULTURAL RELATIONS WHEEL

Time: 60 minutes

**Purpose:** To provide participants with an opportunity to expand awareness of their attitudes and values regarding their own cultures and the cultures of others and to increase their appreciation for cultural diversity in their work situations and communities.

#### **Objectives:**

At the end of this part, participants will:

1. Have increased awareness and appreciation of the existence of cultural diversity in this agency/community
2. Have increased awareness of the harmful impacts of racism, discrimination, and colonialism.
3. Be more aware of the relevance of their own cultural heritage and background to child welfare practice
4. Have a better understanding of how to apply the values of empathy and positive regard across cultural differences.

#### **Activities**

1. Trainer presents didactic on the significance of culture, values that support cultural sensitivity, cultural identity clarification, and empathy (30 minutes). Values and concepts of the Transcultural Relations Wheel are presented. Resource papers #4, #5, and #6.
2. Exercise 2: "Cultural Factors Assessment." The intention is to further explore the issue of participants' cultural identification and background and its impact on professional values and behavior (15 minutes). Resource #7.
3. Exercise 3. "Harmful Discrimination Assessment." The intention is to identify specific instances of various types of harmful discrimination encountered in child welfare practice. Participants discuss examples and identify the need to move further toward social justice in practice (15 minutes). Resource #8.

Note: These services can be discussed in more detail during small group sessions.

## **Materials**

Pen/pencil for each participant

Resource #4: "Culture and Human Service . . ."

Resource #5: "Skills to Develop Empathy"

Resource #6: "Building a Transcultural Relations Wheel"

Resource #7: "Cultural Factors Assessment"

Resource #8: "Harmful Discrimination Assessment"

Flip chart and marker

**CULTURE AND HUMAN SERVICE: DEFINITION AND SIGNIFICANCE**  
**Edward R. Canda, Ph.D.**

**Definitions**

**SOCIETY:** an organized system of individuals who recognize shared membership, history, and culture.

**CULTURE:** the organized system of a society's (or social group's) behaviors, beliefs, and values. It both shapes behavior and is shaped by behavior.

**ETHNIC GROUP:** a group within a multiethnic society that shares a sense of common membership, history, and culture distinct from other ethnic groups.

**SUBCULTURE:** other culturally distinct groups within a multicultural society not defined by ethnicity alone (e.g. deaf culture; gay and lesbian culture).

**Attributes of Human Culture**

Human culture is:

1. Constructed of patterns of complex symbolization.
2. Communicated through verbal and other symbolic media (e.g. art).
3. Organized according to familial and fictive kin relations as well as other social institutions.
4. Perpetuated historically through intergenerational transmission.
5. Inculcated through enculturation in childhood and throughout the life span.
6. Largely tacit (assumed and unaware) for members unless challenged.
7. Persistent despite exceptions and variations.
8. Constantly changing yet resistant to fundamental sudden transformation.

Human culture:

1. Modifies and creates the environment.

2. Generates patterns of individual and collective meaning.
3. Provides a sense of mutual understanding and belongingness for members.
4. Renders it difficult for individuals and social groups to interact comfortably across differences.
5. Produces tools to expand innate human capacity.

### **Significance for Human Service**

1. Culture mediates all person/environment transactions.
2. Systems of healing and helping are culturally constructed.
3. Systems of harming and injustice are culturally constructed.
4. Empowerment practice must be culturally competent and critically reflective.

**SKILLS TO DEVELOP EMPATHY IN A HELPING RELATIONSHIP:  
A CHECKLIST**

**WITHIN YOURSELF**

- awareness of your feelings;
- ability to verbalize your feelings;
- ability to distinguish sources of your feelings;
- non-judgmental;
- open to feedback;
- ability to think-feel-act in crisis;
- ability to observe yourself;
- ability to rely on your own common sense and resourcefulness.

**WITHIN THE CHILD'S FAMILY**

- ability to help family identify or define family problems;
- ability to identify family members' feelings and needs;
- ability to identify family perspective or frame of reference;
- ability to identify family values and priorities;
- ability to determine what family wants from you (spoken & unspoken)
- ability to draw out and listen to family's self-awareness.

**BETWEEN YOU AND THE FAMILY**

- active and reflective listening;
- supportive;
- giving positive and negative feedback;
- giving space for family to reflect and respond;
- sensitive to family's emerging needs;
- keep the conversation focused;
- breaking larger problems into smaller ones;
- looking at alternatives;
- identifying strengths;
- say you don't know or don't understand if you don't
- making referrals.

**COMMON BEHAVIORS TO AVOID**

- anticipating the family's problem;
- doing the thinking for the family;
- giving advice;
- promising more than you can do;
- using your interpretations as facts;
- taking responsibility for the family;
- acting on assumptions.

*Source: Adapted from Early & Litzelfelner. "Crisis intervention with children and adolescents with severe emotional disturbances or mental illness and their families. A training curriculum." The University of Kansas, 1992.*

**ALTERNATIVES FOR INTERCULTURAL RELATIONS:  
BUILDING A TRANSCULTURAL RELATIONS WHEEL**

Edward R. Canda, Ph.D.

**Introduction**

Cultural diversity is a fact of life. We live in a society and world made up of people from many different cultural backgrounds, traditions, languages, and life styles. Such diversity includes large scale cultures, like nationalities, societies, countries, races, and ethnic groups. It also includes smaller scale cultures based on common values and characteristics, like family cultures, organizational cultures, gay and lesbian people, religious groups, and deaf culture. Further, *within each person*, there is cultural diversity, as we will see from the cultural factors assessment exercise. For example, each person has many different culturally-related factors that make up their identity (like a religious group affiliation, family membership, sexual orientation, and professional group). These factors intersect to make the person culturally complex. Each person also changes over time, so no cultural identity or affiliation is static.

No one has a choice about living in a cultural diverse world. Cultural diversity is a basic fact of human existence. We *do* have a choice about how to respond to this diversity, both within ourselves and within the larger society. The Transcultural Relations Wheel is a model for thinking about this diversity and how we choose to relate to it, both in understanding ourselves and in relating with other people.

I have used the wheel design because it reflects the insights of many cultures regarding experiences of harmony and unity among differences. The Swiss depth psychologist, Carl Jung, referred to this kind of symbol as a *mandala*, a word borrowed from the Sanskrit language of India. This kind of ancient symbol is used in Hindu and Buddhist cultures for meditating about harmony and unity within the self and the universe. In many First Nations indigenous cultures, "medicine wheel" symbols are used to signify unity, harmony, and connection between humans and other beings of the universe as well as the cycle of life from birth through death and on. In Christian traditions, the circular rose-pattern stained glass windows represent the principle of unity within the divine. The Transcultural Relations Wheel does not use any particular religious ideas, but it does represent the theme of **unity with diversity**.

A wheel consists of an outer rim with an infinite number of different points on the circumference. This symbolizes the diversity of human beings. A wheel also consists of a center that orients and connects all the outer points to a common central point. There are also spokes that make the connection between the outer diversity and the unity at the center. This symbol of the Transcultural Relations Wheel represents **unity with diversity**, that is, difference and commonality joined together. This is the transcultural relations ideal.

Unfortunately, this ideal is not often achieved. Intercultural relations may be full of tension, confusion, and conflict. So before showing the full wheel, we need to consider different alternatives for intercultural relating.



As you consider each alternative, think about how it relates to your own experiences, feelings, and commitments concerning cultural diversity. Which alternatives have you chosen or been confronted with? How have you grown? How does your present mode of relating affect your practice in child welfare?

### Alternatives for Intercultural Relations

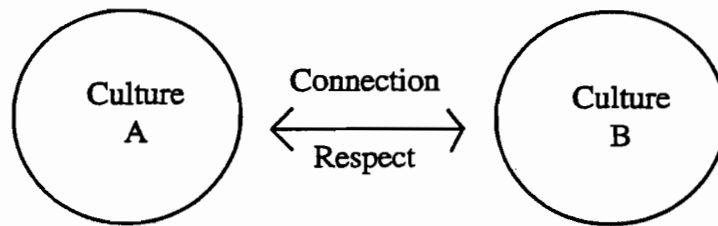
**Monoculturality:** The person lives in a single-culture environment and affiliates with only one culture. This is most likely with traditional people who live in isolated geographical areas. For example, Amish people choose to live in a farming community that is as self-sufficient as possible, in order to avoid compromising or violating their religious principles through outside influence. However, in contemporary society, it is unlikely to be truly monocultural, because there are so many economic, military, and cultural interdependencies between people all over the world. So the Amish are not literally monocultural, but they seek an ideal of preserving traditional culture with as little interference as possible.

The symbol for monoculturality is:



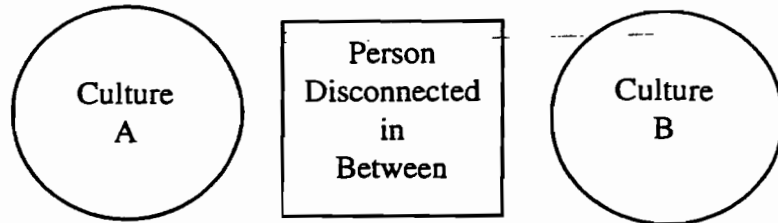
**Biculturalality:** The person lives in or shifts between two cultural contexts and has achieved comfort and competence in both. The biculturally skilled person can then serve as a mediator between the two cultures and can advocate on behalf of one (or both) with the other culture. This is an extremely important skill for human service workers, since they need to cross cultural boundaries in their work.

The symbol for biculturalality is:



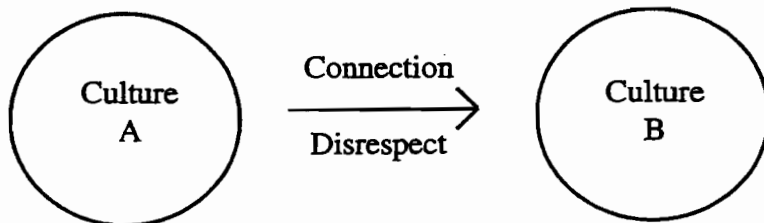
**Marginality:** The person interacts between two cultures, but feels caught in between. Cultural identity and affiliation may be confused. The person may feel that his or her loyalties and commitments are split or contradictory between the two (or more) cultures. This situation leads to a high level of internal distress and often conflict in social relationships. Often, people feel marginalized when ethnocentric people (see below) reject or abuse them or give them messages about themselves that damage self-esteem. *It is very difficult to build a transcultural relations wheel on the basis of marginality, because there is not enough strength to sustain connections between different parts of the wheel.* But that is usually due to the harm done through oppression and the difficulty of dealing with oppression by those who are subjected to it. Marginality is a condition that requires working through of stress, finding empowering responses to oppression, clarifying cultural identity, and affiliating with support systems. So, bicultural or multicultural social workers are in a position to help the marginal person to find the empowering responses and make the supportive connections.

The symbol for marginality is:



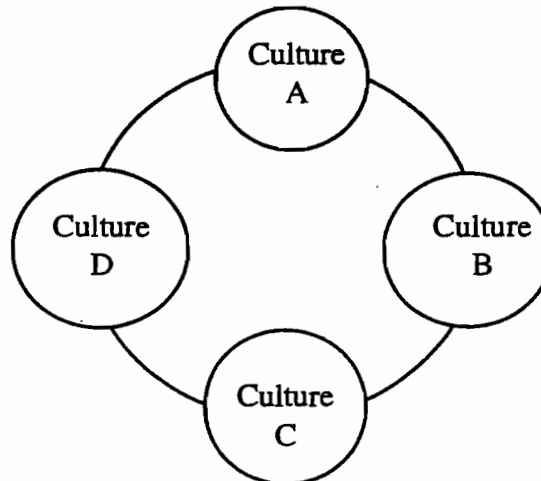
**Ethnocentrism:** The person's view of the world is centered on his or her own cultural values and lifestyles so much that it is difficult to empathize with or appreciate other cultures. The person tends to be judgmental and hold stereotypes about people who are different. The ethnocentric person believes that his or her own culture is supreme and should dominate over others. Ethnocentrism leads to **racism and discrimination**. Ethnocentric people may use their false sense of superiority to rationalize **colonial domination** over other peoples. This may even involve **genocide**, which is the systematic attempt of one group of people to destroy the families, language, culture, or land of another group of people. Ethnocentrism and its virulent forms of racism, discrimination, colonialism, and genocide, is of course completely unacceptable in human service. Unfortunately, it is all too common, as the exercise on assessing racism and discrimination in social service will illustrate. *Ethnocentrism can never build a transcultural wheel.* To try would be as nonsensical as having one spoke of a wheel fighting another, or deflating a tire and expecting the tire to roll smoothly.

The symbol for ethnocentrism is:



**Multiculturalism:** In this case, the person has achieved a sense of comfort and competence in many cultural contexts. This is an extension beyond biculturality. But this is a very difficult challenge. Most people are not fluent in multiple languages and don't know how to function appropriately in many diverse cultural contexts. That is why *multiculturalism is more often a characteristic of a group of people, such as a social service organization, rather than a single person.* When people who have many different kinds of cultural backgrounds and skills come together in a cooperative manner, they can form **multicultural teams**, as described in the section on multicultural teamwork in this manual.

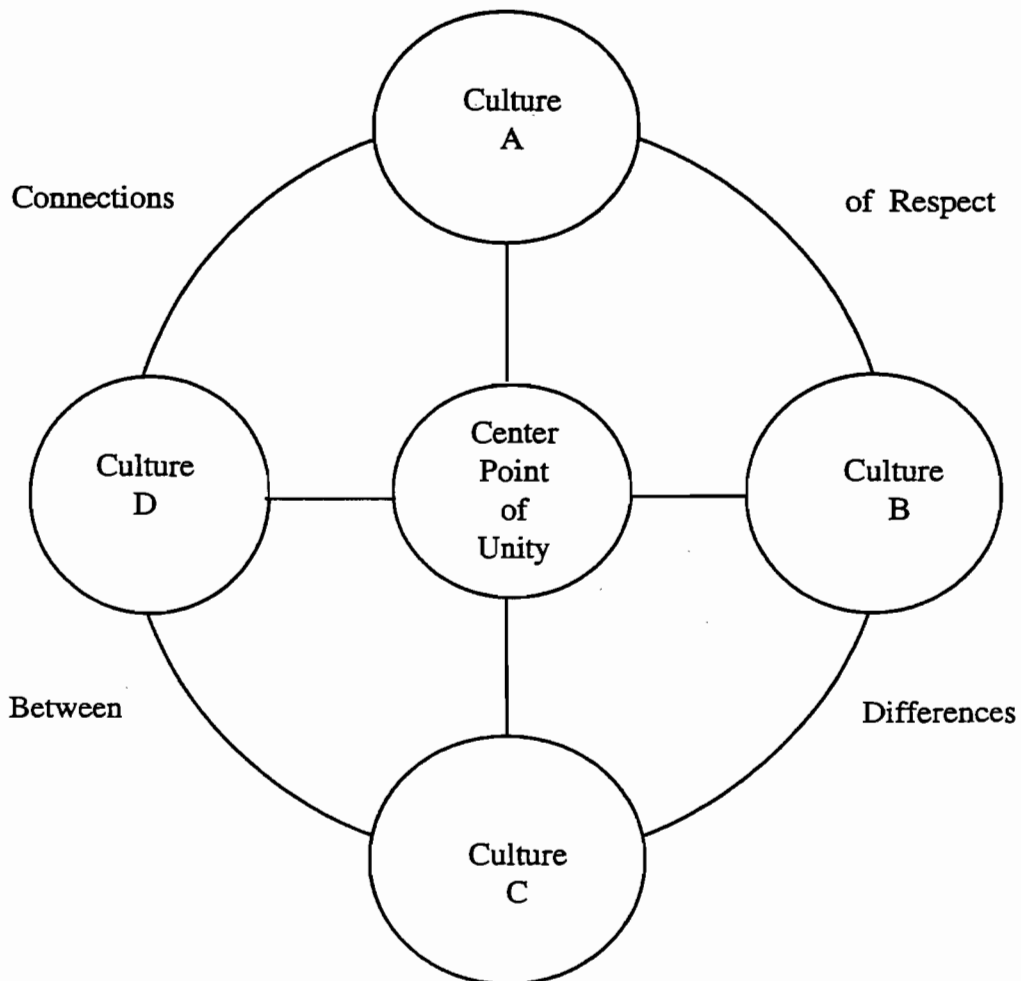
The symbol for multiculturalism is:



**Transculturality:** When a person learns to relate comfortably in many different cultural contexts, one appreciates both the differences and the commonalities between people. It becomes obvious that cultures represent many different world views and life styles that are valuable and should be celebrated. It also becomes clear that people share a common humanity, common needs for security, love, meaning, and supportive community. We all face common challenges, such as suffering, death, and ecological imbalance. As the diagram for multiculturalism shows, it is rather roundabout and difficult to connect across all the possible cultural differences, only on the basis of differences. It is necessary to find a common point of unification that connects all the different cultural positions. Finding **unity with diversity** is what makes transcultural relations possible.

The symbol for transculturality is:

### The Transcultural Relations Wheel



Transculturality must be achieved *within oneself* in order to be achieved *in relations with others*. As the cultural factors assessment exercise will show, most of us have many different cultural facets within us. These need to be connected with a sense of complementarity and harmony between differences. The person must have a clear sense of cultural identity and positive self esteem. The person needs to find a center within that connects all these different aspects. Many people describe this center in spiritual terms. Gene Thin Elk, a trainer in the substance abuse treatment field, refers to this center of the self as the sacred Great Mystery, drawing on his Lakota spiritual tradition. This is the center of the medicine wheel that provides a common point of centeredness and sacredness for everything. It gives the person a sense of integrity and wholeness. Even if a person does not identify this idea of "Center of the Wheel" with any religious beliefs, each of us can identify with this sense of centeredness, connectedness, integrity, and clarity. This is the basis for making a Transcultural Relations Wheel possible.

When this sense of connection and harmony within oneself is extended to others, multicultural solidarity and cooperation are possible. This offers the promise of what Rev. Martin Luther King, Jr. called the "beloved community."

## EXERCISE 2

### CULTURAL FACTORS ASSESSMENT

**Purpose:** The purpose of the activity is for participants to identify themselves as complex and changing cultural beings. The importance of self-awareness of cultural identity and its impact on professional values and behavior is highlighted.

**Time:** 15 minutes, plus small group discussion

**Materials:** Resource #7  
Pen or pencil

**Instructions:**

1. Trainer prepares by completing the form on Resource #7, in private.
2. Trainer may demonstrate the exercise by sharing his/her own cultural factors assessment.
3. Participants are asked to fill out the cultural factors assessment indicating, within each factor, the way they identified during childhood....and now.
4. Discussion on cultural identification and change follows, in full group and/or small groups.

**ASSESSMENT OF FACTORS  
AFFECTING PERSONAL CULTURAL IDENTITY**

Culture is defined as the organized system of beliefs, values, and behaviors constructed by a society or social group. Your own cultural identity is defined by you. Many different personal and social factors combine to make each person culturally complex, multi-dimensional, and changing over time. One's own cultural identity and background shape how we do practice. Feel free to adapt this list of dimensions in any way that fits your own values and comfort. For each relevant factor, describe how you understand your characteristics

<b>FACTORS</b>	<b>CHILDHOOD</b>	<b>NOW</b>
1. GENDER	_____	_____
2. RACE	_____	_____
3. ETHNICITY	_____	_____
4. LANGUAGE	_____	_____
5. SOCIO-ECONOMIC CLASS	_____	_____
6. RELIGION/SPIRITUAL ORIENTATION	_____	_____
7. MIGRATORY EXPERIENCE	_____	_____
8. FAMILY TYPE	_____	_____
9. URBAN/RURAL	_____	_____
10. SEXUAL ORIENTATION	_____	_____
11. SPECIAL ABILITY/DISABILITY	_____	_____
12. EDUCATION	_____	_____

Specify one way in which your cultural background has *helped* you to relate with clients who are culturally different from you. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify one way in which limitations of your cultural background require you *to grow* in order to relate with culturally different clients more effectively. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Source: Material prepared by Edward Canda*

### EXERCISE 3

#### HARMFUL DISCRIMINATION ASSESSMENT

**Purpose:** The purpose of this activity is for participants to understand how discrimination in its various forms is harmful to self, clients and others. This strengthens a commitment to overcome harmful discrimination and promote social justice in child welfare practice.

**Time:** 15 minutes, plus small group discussions

**Materials:** Resource #8  
Pen or pencil

**Instructions:**

1. Trainer prepares by completing the exercise in private, based on his/her own experience.
2. Trainer explains definitions of types of harmful discrimination and how to complete the exercise. Participants should fill in only 2 or 3 boxes in each column, within time permitting.
3. Discussion about examples generated from this exercise follows in full group and/or small groups. Clear, positive commitments to address these issues should be discussed.

**HARMFUL DISCRIMINATION ASSESSMENT** (adapted from Ridley)

Edward R. Canda, Ph.D.

1. **Stereotyping:** overgeneralized, rigid defining of groups (e.g. "All Catholics have many children").
2. **Prejudice:** preconceived badly informed judgment (e.g. "She must be an "A" student because she's Asian; he must be a bad student because he's Appalachian white.").
3. **Ethnocentrism:** considering one's own ethnic or national group to be superior and the standard for evaluating all others (e.g. "The United States is the most advanced country in the world and all other countries should become like us.").
4. **Genocide:** any of the following acts committed with intent to destroy in whole or part a national, ethnic, racial, or religious group, including killing members; causing serious harm; inflicting destructive living conditions; coercive birth prevention; forcibly transferring children from one group to another (e.g. slave trade of Africans by Europeans and Americans; decimation and assimilation of Native Americans).
5. **Racism:** *behavior that systematically denies access, opportunities, or privilege to members of another group* (adapted from Ridley, 1989).
  - a) **individual overt:** clinical social worker believes that ethnic minorities are not capable of "insight," so does not accept them as clients for counseling.
  - b) **institutional overt:** child welfare agency openly considers African American parents unfit, so frequently removes children for adoption by whites.
  - c) **individual, covert intentional:** a social work supervisor assigns a minority client to a student intern because of social discomfort, but claims to be overloaded.
  - d) **institutional, covert intentional:** an adoption agency deliberately creates unfavorable "home studies" of all Charismatic Christians, thus excluding them from adopting.
  - e) **individual, covert, unintentional:** child welfare worker misdiagnoses "coining" folk healing of Southeast Asian parents as child abuse, and removes child from parents.
  - f) **institutional, covert, unintentional:** health service agency routinely uses physical development charts standardized on Euro-Americans, without considering racial-ethnic variations.



**SELF ASSESSMENT OF RACIST BEHAVIOR TOWARD SELF AND OTHERS**

For each incident you identify, jot down a brief description and how you now feel about it.

**Toward Self**

**Toward Others**

ind. overt	
inst. overt	
ind. covert intentional	
inst.. covert intentional	
ind. covert unintentional	
inst. covert unintentional	

## UNIT I, PART C

### A MODEL FOR CULTURALLY COMPETENT CHILD WELFARE PRACTICE

Time: 2 hours

**Purpose:** Participants will learn a transcultural perspective on professional knowledge, values, and skills; specific guidelines for multicultural teamwork; and issues to consider at various phases of the helping process. This model is a practical application of the ideas and values of the Transcultural Relations Wheel. The model will be applied in even more practical detail to the SRS context in Unit III.

#### **Objectives:**

At the end of this part participants will:

1. Be able to understand the components of values, knowledge, and skill necessary for transcultural practice.
2. Be able to identify practical guidelines for multicultural teamwork, including networking and use of interpreters.
3. Have learned to recognize key issues arising in culturally competent practice at various phases of helping: contact, assessment, change activity, and conclusion.

#### **Activities**

1. The trainer introduces the purpose of this part. Exercise #4, "At My House," may be used to illustrate the importance of understanding one's own family cultural background in order to relate sensitively with clients of similar or different family patterns. (20 minutes.) Another option is to omit the exercise and allow a full hour for the discussion group.

BREAK 10 minutes

2. Trainer presents the model of culturally competent practice, including overview of "Aspects of a Transcultural Perspective" (Resource #9); "Culturally Competent Practice" (Resource #10, Part 1 and 2); and "Use of Interpreters/Translators" (Resource #11). Reference is made to the Transcultural Relations Wheel and guidelines for cross-cultural communication (Resource Paper #6, #12, #13 and #14 as necessary. (Total time 60 minutes.)

3. Group divides into small discussion groups of 6-10 people. Discussion facilitators set ground rules for respectful dialogue. Members briefly introduce themselves (5 minutes). Facilitators allot approximately 40 minutes to discussion of learning from the presentations and exercises. Recommendations for effective communication (Resources #12-14) should be followed. Opportunity to discuss other issues raised by training for participants concludes the discussion (10 minutes). Participants evaluate this day of training (5 minutes).

**Materials:**

Flip chart and marker

- Resource #9: "Aspects of a Transcultural Perspective for Social Work"
- Resource #10: "Culturally Competent Practice" Parts I and II
- Resource #11: "Recommendations for Use of Interpreters/Translators"
- Resource #12: "Communicating and Listening"
- Resource #13: "Common Errors in Communicating"
- Resource #14: "Communicating Across Cultures"

## EXERCISE 4

### AT MY HOUSE WE DID IT THIS WAY

**Purpose:** For participants to explore their cultural heritage and background and to increase their sensitivity to cultural diversity regarding child rearing practices. The purpose of this exercise is also to emphasize the need for careful listening during a conversation and to reflect on the implications of one's own family culture experience of child raising in professional attitudes and behaviors regarding child welfare.

**Time:** 20 minutes

**Materials:** Flip chart and marker

**Instructions:**

1. Facilitators write down various questions (see below) on a flip chart or blackboard. Or, facilitators may select several questions and prepare a handout to be given to participants.
2. Participants form small groups. Ideally, groups will be constituted by culturally diverse individuals.
3. Participants are asked to take turns at sharing some of their responses to the statements/questions below. Each person should describe what their experience was with the issue when they were growing up and how this affects their practice now. At least three persons should be able to tell their stories, allowing time for general discussion.
4. Facilitator wraps up by helping to relate what emerged in discussion to ideas presented in training.

*Source: Adapted from Early & Litzelfelner. "Crisis intervention with children and adolescents with severe emotional disturbances or mental illness and their families. A training curriculum." University of Kansas, 1992.*

## AT MY HOUSE WE DID IT THIS WAY

### QUESTIONS:

1. Who took care of you when you were little? Who took care of you when that person had to go out, work, etc.? At what age were you allowed to stay home alone? At what age were children in your family given responsibility for caring for other children in the family?
2. How did your family handle mealtime? Did everyone sit down together at breakfast/dinner/supper? Did someone cook regular meals? Who? What kinds of foods did you eat a lot? How often did your family eat at someone else's house?
3. Did your family have different expectations for different children in the family? (i.e. older and younger, girls and boys)
4. Who made what kind of decisions in your family? Were extended family members such as grandparents involved in making decisions? What was your relationship with aunts, uncles, cousins, and other extended family?
5. Who was responsible for educating/correcting/disciplining the children? What discipline methods were used with you?
6. What kind of games did you play? What kind of games you were NOT allowed to play?
7. What values were important in your family?
8. What were your family's beliefs about:  
  
Talking to outsiders about family matters;  
Formal education;  
Attending religious services;  
Showing respect for elders;  
How money should be handled;  
What success would be.
9. Which of your family's beliefs and values have you held on to and which have you changed?
10. Who did your family turn to for help and support in times of need or crisis?
11. How does your family background influence your ideas about "normal" or "acceptable" types of family structure, child raising, discipline?

## ASPECTS OF A TRANSCULTURAL PERSPECTIVE FOR SOCIAL WORK

Edward R. Canda

### 1. SOCIAL WORK VALUES

- individual and group **self-determination**
- **diversity** as personal and societal resource
- **strengths** of culturally distinct characteristics
- reduction and elimination of discrimination, racism, ethnocentrism
- **holistic** person-environment perspective
- creative **cultural pluralism** and **integration**
- **cultural competence** in all aspects of practice, research, theory
- **international cooperation** in addressing human needs

### 2. SOCIAL WORK KNOWLEDGE

- understanding of **culture** as mediating factor in all human transactions
- **culture-specific knowledge** of diverse client groups
- awareness of **culture-specific helping techniques and resources**
- understanding of the **dynamics of oppression and empowerment**
- understanding of **common human needs** and characteristics
- understanding of **self, one's own strengths and limitations** based on cultural conditioning

### 3. SOCIAL WORK PRACTICE SKILLS

- capacity to **relate empathetically** across diverse cultural and life experience backgrounds
- ability to refer to or **collaborate with culture-specific helpers** and helping systems
- **communication style** that is nondiscriminatory
- service **policies and programs** that are **culturally competent**
- multiple **language skills** and/or ability to **use interpreters and translators** in a competent manner
- **empowerment-oriented** helping strategies
- **family/community connected** helping strategies
- ability to conduct **monocultural practice** with members of one's own cultural group
- ability to conduct **cross-cultural practice** with members of other cultural groups
- ability to establish and operate within **multicultural teams**
- ability to conduct **culturally-relevant assessment**

#### **Achieving a transcultural perspective means:**

- being comfortable and competent relating with people within and between diverse cultural groups;
- being aware of both human distinctiveness and commonality;
- endeavoring to support social justice, international well-being, and ecological balance.

*Thanks to Daniel B. Lee, DSW, Loyola University of Chicago School of Social Work, for insights contributing to this transcultural perspective.*

**CONSIDERATIONS IN BEGINNING  
CULTURALLY COMPETENT PRACTICE**

**Edward R. Canda**

**Forming a Multicultural Team**

1. Identify **culture-specific needs** of various client groups
2. Design agency service to **match needs**
  - a) **assess agency** for personal and institutional racism; actively work to eliminate racism and build culturally-sensitive policies, programs and activities.
  - b) **train staff** in culturally-competent practice
  - c) **hire professional** multilingual/multicultural staff
  - d) **hire para-professional** multicultural consultants
  - e) establish ongoing **cooperative links** with other agencies and informal support systems in the community
  - f) establish formal cooperative cross-site teams across **formal and informal support systems**
3. Include in **cross-site teams**:
  - a) trained multicultural-multilingual **consultants**
  - b) **experts** in law, education, police, medicine, etc.
  - c) **community-recognized leaders** (kin elders, religious leaders, community organizers, advocates, etc.)
  - d) traditional **culture-specific helpers and healers**
4. Use trained multilingual **interpreters/translators**
  - a) bilingual and bicultural
  - b) trained in service-specific terminology and procedures
  - c) maintain long term cooperation
  - d) use pre-session briefing and post-session debriefing
  - e) most cases, use consecutive style oral interpretation

**Contact**

1. **Keep client-centered; negotiate helping**
2. **Listen** to client's life story and account of situation
3. **Ascertain vantage** on cultural identity, life style, issues of inter-cultural relations

4. **Clarify understanding** of significant others and relationship dynamics
5. Attend to worker-client relationship issues of resistance, **communication barriers**
6. Establish understanding of **community context**
7. Learn appropriate standards of **politeness**
8. Use **self-disclosure** in supportive manner
9. Establish **accessibility of services**: timing, setting, cost, relevance
10. Be **willing to learn** from the client
11. Provide **clear guidance** without elitist manner
12. Start with **client-defined** need and target **concrete benefits**

## **PART II**

### **Assessment Issues**

1. **Intercultural Interaction**
  - a) **immigration and refugee processes**
  - b) **discrimination, harassment, exploitation, oppression**
  - c) **cultural identity formation and affiliation: marginality, traditionalism, assimilation, biculturation**
  - d) **bicultural skills development**
2. **Culture-specific Health and Mental Health Needs**
  - a) **population epidemiology**
  - b) **cultural aspects of understanding disease, illness, cure**
  - c) **religiously based healing practices**
3. **Familial Patterns of Conflict and Support**
  - a) **kin support networks**
  - b) **multiculturally composed families' dynamics**
  - c) **intergenerational differences**
  - d) **gender contrasts**
4. **Macro Environmental Barriers and Resources**
  - a) **public policies pertaining to client population**
  - b) **economic issues of support or deprivation**
  - c) **physical environmental issues: shelter, neighborhood conditions, sanitation, climate**
  - d) **workplace conditions**
  - e) **community based helpers and support systems**
  - f) **service agency's barriers and facilitators**



## **Change Activity Guidelines**

1. Practice goals and strategy must be relevant to client
2. Keep focus on present and consequences of alternative actions
3. Address whole person (bio-psycho-socio-spiritual)
4. Clarify target systems for empowering change at micro, meso, macro levels
5. Support client strengths and cultural resources
6. Mobilize client in positive empowering actions
7. As helping proceeds, desirable change in client and environmental systems should be evident to client
8. In termination, review experience, achieve sense of closure, and clarify opportunities for follow-up.

*Source: Edward Canda (adapted from Lum, 1992, pp. 186-7 and 198-200).*

**RECOMMENDATIONS FOR USE OF INTERPRETERS/TRANSLATORS**

1. Establish multicultural team of professionals, paraprofessionals, and volunteers across relevant agencies and informal support systems, including interpreters.
2. Preferably, interpreters should be trained, at least through workshops, with skills specific to the professional language and practice situations of the service (e.g., child welfare, medicine, psychiatry).
3. Avoid using family members (especially children), friends, or partisans, except in cases of emergency.
4. Maintain a language bank of qualified interpreters relating to all target languages within the client population.
5. Keep long term working relationship with interpreters, whether staff persons or consultants.
6. Pay interpreters for their services.
7. Before each interpretation session, have an orientation meeting, establishing agreement for tasks, roles, goals, and style of interpretation.
8. During interpretation session, use consecutive style if possible (e.g., speak briefly and clearly, allow interpretation of entire message, wait for response and interpretation of response, occasionally double check for mutual understanding).
9. After interpretation session, have debriefing meeting so that interpreter and worker can review what happened, clarify any confusions, and plan for next task.
10. If interpreter is bicultural and has expertise relevant to the situation, the interpreter can be consulted for insights about cultural issues (beyond just language).

*(Prepared by Edward R. Canda, Ph.D.)*

## COMMUNICATION

Communication is defined as the capacity to exchange, or attempt to exchange, symbols so as to maximize understanding among people. Interactions that breed hostility, prejudice and indifference can then be labeled miscommunication and are indicative of a failure to understand the communication process. Effective communication occurs when the sender and receiver of a message interpret it in the same way. Cross-cultural communication often become problematic because people from different cultures often interpret the same symbols and words differently.

In "Without Bias" A Guide for Nondiscriminatory Communication the following guidelines are given for examining cultural and ethnic biases in communication:

- Be aware of words, images, and situations that suggest all or most members of a racial or ethnic group are the same.
- Avoid qualifiers that reinforce racial and ethnic stereotypes.
- Identify by race or ethnic origin only when relevant.
- Be aware of language that, to some persons, has questionable racial or ethnic connotations.
- Be aware of the possible negative implications of color-symbolic words.
- Avoid patronizing and tokenism towards any racial or ethnic groups.
- Substitute substantive information for ethnic clichés.
- Review media to see if all groups are fairly represented.

## SOMETHING ABOUT LISTENING

This process starts with knowledge of the language, knowledge of the denotative meaning, followed by an attempt to understand. It is through listening that we also can change perceptions. As I actively listen, I learn more about the speaker's symbol system and increase the amount of area that we hold in common. In turn, the speaker's self-concept is increased through my attention, making her or him more open to sharing more and also listening to my views. Active listening requires using feedback as a response. We frequently fail to understand, in spite of our efforts at active listening, because we fail to suspend judgment as we give feedback and listen.

*Source: Excerpts from "Harmony in A World of Difference: Study Guide". Used with permission.*

**COMMON ERRORS IN COMMUNICATING**

1. Not listening
2. Answering before the sender finishes
3. Interrupting
4. Not replying to what was said
5. Deliberately misunderstanding
6. Replying to a stereotype rather than an individual
7. Dropping one's voice at the end of a sentence
8. Never finishing a sentence
9. Jumping from idea to idea without connecting words or phrases
10. Stringing unconnected thoughts together
11. Projecting one's feelings on another

*Source: Ginott (1972)*

## COMMUNICATING ACROSS CULTURES

**PAY ATTENTION:** Try to clear your mind of its various preoccupations so you can concentrate on what is being said. Try hard to listen.

**SET YOUR ASSUMPTIONS AND VALUES ASIDE:** Try to hear not just what the other person says, but also what he or she means. Ask questions to clarify.

**WITHHOLD JUDGMENT:** Remember that other people do not have to agree with your ideas. You will have more success in communicating with others if you communicate you are trying to understand and not evaluate them.

**BE COMPLETE AND EXPLICIT:** Be ready to explain your point in more than one way, and even to explain why you are trying to make a particular point in the first place. Give the background; provide the context; make clear "where you are coming from." Much of meaning derives from context, and communication is more successful when all involved know what the context is.

**PAY ATTENTION TO THE OTHER PERSON'S RESPONSES:** You can usually tell whether you have blundered or failed to make yourself clear by taking time to notice the other person's verbal and nonverbal reactions. If you do not know what nonverbal sign reflects puzzlement on the other person's part, ask him or her to show you and then be alert for that sign when you are talking.

**PARAPHRASE:** After the other person has spoken, but before you begin to make your own comments, restate what you heard the other person say and what you thought she meant. Only after she has assured you that you have heard her correctly should you add your comment. This can help avoid situations where you and the other person assign different meanings to the same word or phrase.

**ASK FOR VERIFICATION:** After you have spoken, try to get confirmation that you have been understood. Ask the other person to restate what you have said "Would you tell me what you understood me to mean?" Don't just say "Do you understand?" because most people will say "yes" to that question whether they understand or not. Ask for the specifics of what they understand.

**BE ALERT FOR DIFFERENT MEANINGS** that may be assigned to certain words, phrases or actions (such as eye contact, body position). Sometimes you may think you are understanding what the other person is saying, and suddenly you realize you do not. When this happens, stop the conversation and discuss the apparent miscommunication.

*Source: Early & Litzelfelner (1992)*

## **UNIT II**

### **CULTURE-SPECIFIC KNOWLEDGE FOUNDATION**

## UNIT II

### CULTURE-SPECIFIC KNOWLEDGE FOUNDATION

Time: 4 hours

**Purpose:** To increase participants' knowledge about recommendations for providing culturally competent child welfare service to various cultural groups. Optional reference material is provided in the appendices.

#### **Objectives:**

At the end of this unit participants will:

1. Have acquired specific information on child welfare issues and needs with regards to diverse cultural groups; for example:

First Nations (Native-American)

African-American

Hispanic-American

Asian-American

Euro-American

Biracial/bicultural people

Gays/lesbians

People with disabilities

2. Be alerted to the dangers of overgeneralizations and the development of stereotypes.

#### **Activities**

1. Unit opening, general overview (15 minutes). The trainer explains that panelists will present their recommendations as professionals and members of diverse groups for how to provide culturally competent child welfare service. Panelists do not represent an entire group. They represent their own experiences and insights as members of a cultural group. **Trainer cautions against overgeneralization or stereotyping when discussing group characteristics.** Trainer explains Exercise #5, to be completed privately during presentations. Trainer refers to Resources #15 and #16 and bibliography as material for further reading.
2. Panel presentation to help participants gain knowledge of child welfare issues specific to various cultural groups (2 hours 40 minutes plus 10-minute break).

3. Small group discussions (50 minutes). Discussion facilitators assist each group to discuss members' responses to panelist presentations (50 minutes). The discussions should cover the following areas: (1) members' "gut reactions" to presentations, such as agreement, disagreement, surprise, excitement and what it is about themselves that led to this reaction (e.g. cultural background, personal experiences, personal commitments or biases); (2) members' identifying specific implications for professional and organizational growth (e.g. strengths to build on, limitations to improve on). Resource #17 (parts 1-3) may be used to stimulate discussion. Facilitators write down suggestions. Finally, the unit evaluation is completed (5 minutes).

## **Resources**

- Exercise #5: Self-Reflections on response to panel
- Resource #15: "Recognizing Cultural Differences"
- Resource #16: The Americans with Disabilities Act (ADA)
- Resource #17: Discussion questions for caseworkers

Pen or pencil for each participant

Resources/materials requested by panelists.



## FORMAT FOR PANEL

- A. Participants will be reminded to take notes in response to Exercise #5 while listening to the panelists.
- B. Each panelist will have about 15 minutes to present and 5 minutes for questions/answers on the following topics:
- Family life-style
  - Child raising and discipline
  - Identification/definition of child abuse and neglect
  - Desired qualities in child welfare workers for culturally sensitive practice
  - Desirable policies and programs for child welfare agencies for culturally sensitive practice
  - Other

Panelists should be professional, practical, and specific in their presentations. They should convey recommendations for **best practice** of culturally competent child welfare. **NOTE: These topics and guidelines should be included in the letter of invitation sent to panelists in order to help them prepare.**

- C. Participants will take a 15-minute break in the middle of the panel period.
- D. After the break, the remaining panelists will present and discuss questions.

## EXERCISE 5

### SELF-REFLECTION ON RESPONSE TO PANEL

Reflect on your response to each panelist's presentation. While you listen, write down any new information, useful recommendations, or surprising points. Also, for each presentation, identify any strong personal response (e.g. strong agreement, disagreement) and what is *about you* that predisposes you to this reaction. Finally, *identify at least one suggestion* for your own personal and professional growth or organizational change which would encourage culturally competent child welfare practice. Record your ideas on this and the next page.

**EXERCISE 5 (continued)**

## RECOGNIZING CULTURAL DIFFERENCES

*(Adapted and revised from "Foster Care Review Board, Training Manual", Petr, Presley, Zirul. School of Social Welfare of the University of Kansas, July 1987. Used with permission.)*

The following material is an attempt at providing you with a beginning level introduction to general family and child raising characteristics for the minority ethnic groups often encountered in public child welfare.

Just as no two families are alike, no two subsystems of a cultural group are alike. In attempting to understand the influences of cultural differences caused by cultural background, remember the **diversity in every ethnic group** and be aware of the **risk of overgeneralization**. Use the material as basic information only. **Further learning** of the history, traditions and values of each minority group will be needed in order to truly orient one's professional work toward the needs of minority clients. Each person needs to be understood as unique; cultural generalizations should never be used as stereotyping of individuals.

The purpose of this section is to provide you foundation-level information on cultural differences useful for planning culturally competent service. The diversity within each ethnic group and the general nature of this information cannot be over-emphasized. **When you encounter any family, it is important for you to be willing to learn about the situation, the family culture, and specific needs for culturally sensitive service. Consult professionals and community leaders** who are of the same cultural background. Assessment should emphasize identification of **strengths and resources** within the cultural group or community which may be useful to families. Not being sensitive to and knowledgeable about cultural differences might result in over-reaction to the situation, mistaken assessment, or overlooking a potential resource.

The following **generalizations should be tested against your own experiences** with families within these groups. Consider how you agree or disagree with the information and why you feel this way. Use this introduction as a springboard to begin **more thorough study and experience** concerning culturally diverse families.

**THE AFRICAN-AMERICAN FAMILY**

Many ethnocentric studies of the African-American family have depicted it as pathological, disorganized, victimized and amoral. This view is a continuation of racist and ethnocentric attitudes; it contradicts the experience of Black Americans. As in any culture, the majority of African-American families are loving, stable, and self-supporting.

The Black family reared in a predominantly white society shares many of the general society's values -work ethic, goal orientation and achievement orientation. Further analysis of the Black community's values reveals that Blacks, although removed and isolated from their African roots, have been able to shape positive values from traditional African philosophical attitudes about self, society, and the world.

**Common African-American Values**

Spontaneity. There should be no artificial restraints in dealing with people and life.

Naturalness. "Being for real" is expressed in a free and sometimes impulsive approach to life.

Humor. Humor has been a valuable survival, as well as entertainment, tool for the community. The ability to make light of a situation to ease tensions, or to appear to poke fun at oneself was a frequently used defense mechanism to shield the Black family from real or perceived hostile forces.

Family love. Family before self.

The African-American family has played a significant role in screening and protecting its members from the dehumanizing features of American society. However, the extended family has been most instrumental in ensuring the stability and well-being of the family.

The role of the extended family has been to provide services that would ensure the survival of the family. Relatives, friends, and members of the community often assist with child care responsibilities, contribute to the financial security of the family, care for the elderly, absorb young children of parents who can't provide for them, absorb children without parents, and provide emotional support to members of the family.

In financially secure families, family roles are often very traditional. The father is the head of the household, primary decision-maker and provider. The mother is expected to assume the child rearing and household responsibilities. In

families which cannot rely on the earnings of one member, roles are more flexible. Role flexibility has been one of the most important survival tools of the African-American family. The ability of family members to assume different roles enables the family to cope with varied and unpredictable economic situations. The mother is prepared to be the primary provider or head of household if circumstances require. If the parents are absent for any period of time, older children may be expected to assume parental responsibilities by taking care of younger siblings. Likewise fathers are expected to take care of the home if the mother is away. Family roles are also exchangeable among members of the extended family, such as grandparents providing parent-like care for grandchildren when needed.

Economic and social conditions frequently made it necessary for African-American women to contribute to the income of the household, even in two-parent homes. Although Black women have historically contributed to the financial well-being of the family, their ability to easily assume head of household responsibilities has unjustifiably earned them the stereotype of strong matriarchs. This matriarchal image is strengthened by society's refusal to recognize Black males as authority figures. However, even in households where the woman may be the primary provider, studies have indicated that equalitarian patterns of shared decision-making and household responsibilities often exist.

In addition to the extended family, the Christian church has traditionally been one of the strongest social institutions in the Black community. Religion has been used as both a mechanism for survival and advancement. Most of the community's cultural, social, and political activities have centered around the church. Self-help services have frequently been provided through the church.

### **Strengths of Black Families**

- Extended family -strong kinship bonds.
- Adaptability of family roles.
- Strong religious orientation.
- Self-help community organizations such as churches and fraternal/social organizations.

## **Child Rearing Practices**

- Families tend to be child-oriented. The focus is around the welfare and development of children.
- The family plays an important role in protecting children from “hostile society” by emphasizing learning of survival techniques and pragmatic skills.
- Child rearing responsibilities are usually the female’s; however, male members of family may assume child care duties if circumstances necessitate it.
- Older children help in the care of younger ones and may also serve as role models.
- When children are mentally and physically able, they are expected to assume household responsibilities.
- Boys are generally taught manliness and masculine-related tasks while girls are taught household tasks and feminine responsibilities; however, flexibility in roles is also emphasized by parents for survival.
- Children are taught to be strong and independent, and that they must compete harder than whites to succeed.
- Physical punishment is accepted - mild “spankings” or “whipping” are widely used forms of punishment.
- Extended family members may play an important role in child rearing.

## FIRST NATIONS FAMILIES

The Bureau of Indian Affairs recognizes 280 First Nations (Native American Indian tribes) in the US. There are a total of approximately 400 nations. This large number of autonomous groups attests to Native American diversity. Each group has its own distinct linguistic traits, religious practices, and culture based on the needs and values of the group. First Nations people's strong tradition of allegiance to the group has played an important role in preserving the unique qualities of each group. Most native people continue to identify themselves primarily by their community name (Lakota (Sioux), Dine (Navajo), etc.) Although increasing numbers of Native people are born outside the reservation setting, many continue to register their families with their ancestral tribe. About half of the Native population resides on reservations. The history of oppression and genocide directed toward First Nations peoples makes it often difficult for others to establish trust and access with families.

The value systems of First Nations communities are as diverse as other aspects of their lifestyle. However, there are some values that are shared by most groups.

### Values Shared by Many First Nations Peoples

Self-reliance. Native people generally prefer to be self-reliant and may be hesitant to ask for or receive help. This is often misinterpreted by a social worker as belligerence or stubbornness.

Non-interference. Most Native groups consider intrusive interference in others' lives as a sign of disrespect. They generally practice the "live and let live" philosophy, allowing others to make their own mistakes and decisions. They expect the same to be afforded them. Thus when a social worker intervenes in family life, it is interpreted by many people as an act of disrespect, a threat, and an insult. However, support and assistance from a perceived member of the extended family or community is not considered interference.

Non-confrontation. Many First Nations people prefer not to confront people when they disagree with them. Instead, they may avoid them. If a social worker tells parents that they must take their children to school, the parents may appear agreeable and compliant, but once the social worker is gone, they might not comply. Therefore, mutual understanding and agreement must be made clear in the context of a respected, trustworthy relationship.

Diversity. This is a principle that Native peoples understand and respect and it is important that non-Indian social workers understand it also, so that they do not generalize about them inappropriately.



Respect for elders. First Nations peoples traditionally revere elders in their societies. It is believed that elders have a broader perspective on life because they have had a longer experience with it and more time to adhere to the philosophical constructs of their society. Thus it would be difficult for a young social worker to be accepted if he or she should patronize an older client.

Tribal sovereignty. The 280 tribes recognized by the Bureau of Indian Affairs have a special trust relationship with the United States government, granting them status as nations with jurisdiction over most internal affairs, including child welfare. Protection of sovereignty is an important aspect of cultural preservation and self-determination.

Extended family. The kinship bonds in most First Nations groups extend beyond the blood-relatives on both sides, to non-related friends and members of the tribe or clan. There are many types of kinship systems in different tribes. The family is of great importance in the continuity of cultural heritage.

Since each community represents its own unique social system, it is inappropriate to discuss family practices in general terms. Further, the family in most societies does not exist as a self contained entity, but within the context of the tribal community and clan. The structure of Native society is based on a philosophy of harmony and interdependence between people and between people and nature.

Because of the community aspect of Native lifestyles, the extended family concept is very important. The kinship network is seen most effectively at work in the child rearing practices of most groups. Parents, especially new parents, are not expected to assume complete responsibility for raising their children. All adult members of the family and community serve in parental roles. Although in many Native cultures it is the females' responsibility to raise children, male members of the family become actively involved in the rearing of children early on. Thus it is not unusual or considered abandonment for a child to be left in the care of grandparents or other relatives for an extended period of time.

### **Strengths of First Nations Families**

Extended Family Network/Interdependence. The social worker should interact with other members of the family, as well as the parents, who are actively involved in the child's welfare. For Native people living in urban areas, the social worker should identify culture-related services in the community whenever possible.

Strong Group Affiliation. This concept is especially important for urban people who are more removed from the extended family network that exists on the reservation. For families that don't have relatives who live near them, it may be

helpful to assist them in establishing contact with groups or families of their nation that may live in their area.

**Cultural Respect.** Social workers should respect cultural practices that are observed in the homes of families they visit, even though they may not understand the practice or it is counter to what is practiced in their own home (e.g., an elderly Indian may offer the best chair in the home to a guest even if it is the only chair).

### **General Child Rearing Practices and Beliefs**

- Children are central to community; they represent renewal of life.
- Tribal philosophies, beliefs, and values vary and influence child rearing practices to conform with tribal norms.
- Child rearing responsibilities are shared by numerous caretakers.
- Children are allowed to develop freely, make own decisions and mistakes. Ordering and physical punishment are discouraged.
- Children are respected and given more equal status than in dominant society.
- Grandparents are respected and given more respected status than in dominant society.
- Traditional education and training are usually not structured but gained through experience, observing, and copying behavior of older siblings, elders, and role models.
- Children learn not to judge people or events by their appearance.
- Rather, children are taught to look behind appearances and judge people by their actions and deeds.
- The Indian Child Welfare Act requires that tribal courts be involved with Indian child custody issues.
- In many traditional families, children are encouraged to participate in religious ceremonies and to learn oral traditions from an early age.
- Some traditional healing and religious practices for children may seem surprising or harsh to non-native professionals. Caution should be used to avoid misunderstanding by helping professionals.

## **Indian Child Welfare Act of 1978**

1. Enacted by congress to support tribal sovereignty and family preservation by stopping massive out-placement of Indian children.
2. Applies when parental rights may be severed to any Indian child enrolled (or eligible to enroll) in a federally recognized tribe.
3. Tribes must be permitted to intervene in state court proceedings to present expert witnesses or to assume legal responsibility.
4. Placement of the child shall be within the reservation, with extended family members, or a tribally approved alternative, whenever possible.

**NOTE:** This section has been revised with information provided by Elizabeth Duran, a graduate of the MSW program at the University of Kansas School of Social Welfare.

## THE HISPANIC/LATIN AMERICAN FAMILY

People of Mexican and Hispanic origin have been a part of U.S. history since the pre-Colonial days. Evidence of Spanish and Mexican cultural influences have been woven into the fabric of American life. This is especially true in the southwest where one can find cities and landmarks with Spanish names, as well as Spanish cuisine, language, and architectural styles. The Treaty of Guadalupe Hidalgo (1848) granted U.S. citizenship to the Spaniards and Mexicans who had settled and remained in the areas now known as Texas, Colorado, Arizona, and California after the Mexican-American War. Mexican Americans today are the largest group of Hispanic/Latino peoples in the U.S. Other groups in the U.S. in order by size of population are Puerto Ricans, Cubans, and others.

### Guiding Principles and Values

Extended Family. The informal network that ties distant relatives, non-blood related friends, and neighbors to members of the family.

Compadrazgo. The vital link in the extended family that commits members of the family to help each other and ensures that the younger members of the family will be cared for.

Dignidad. High value on honor, dignity, and pride which Hispanics traditionally place on the individual.

Mutualism. Shared responsibility among members of a group, especially members of the extended family.

La raza. "The race", a concept that is evident today in many Mexican-American communities as they maintain ethnic pride and identity by asserting their identity as Chicanos (a folk derivation of "Mexicano").

Although there are many differences in nationalities, traditional family values are very consistent throughout Hispanic/Latin cultures. As is true with other ethnic groups, the extended family concept is the foundation of the family. The concept of *compadrazgo* is expressed in the Hispanic family by selecting godfathers and godmothers for children at birth to ensure that children will be cared for in the event that the parents die or can no longer provide for the care of their children. This internal adoption system absorbs children of the family and delineates the responsibility for their care; however, it does not preclude other members from contributing to the support and care of children and from serving as role models.

Most Hispanic/Latin families are traditionally strong patriarchies. The father is the authority figure assuming most of the decision making, income

earning, and disciplinary responsibilities. The mother's responsibilities are generally limited to child rearing and housekeeping tasks. However, some financial decisions may be shared by both the husband and wife.

Elders are revered authority figures whose roles are to act as teachers and pass on their knowledge to the young members of the family.

Children are taught to be submissive and obedient to the will and dictates of the father and other male members of the family. The eldest children are expected to begin to assume child care and household responsibilities by their pre-teens.

### **Strengths of Hispanic/Latin American Families**

- Extended family, especially if compadres and comadres are located in U.S.
- Religious ties - Catholicism is very strong in most Hispanic/Latin communities. Many groups have worked effectively within these communities when they have involved the church in their activities. There are also a wide range of traditional spiritual healers, such as herbalists, spirit mediums, and Christian faith healers.

### **Child Rearing Practices**

- Women are the primary child caretakers.
- Fathers may dispense physical punishment and mothers may act as peace-makers and protectors from fathers' punishment.
- Sex roles are traditionally rigid: fathers are authority figures; mothers are child carers; girls are given less freedom and are more carefully protected than boys.
- Child care responsibilities are shared by others in extended family when parents are unable to provide for their children.
- Children without parents are absorbed through informal adoption systems.
- Children are taught obedience and respect for older members of the family.
- Good manners, respect for parents and relatives, and appropriate sexual behavior are rewarded and reinforced.

- “Verbalization” may precede, replace, or accompany punishment.
- Parents feel they have a legal and moral right to physically punish children.
- Certain areas of the body are generally avoided when dispensing physical punishment; to hit in the face is considered humiliating and abusive punishment.

## THE ASIAN/PACIFIC AMERICAN FAMILY

The Asian/Pacific American experience in the U.S. has been typically romanticized as the classic American success story--disadvantaged people migrate to the U.S. and through hard work and diligence achieve the "American Dream." However, the labeling of Asians as "model minorities" ignores their long history of racial discrimination and implies that their success was achieved by overcoming few social obstacles. In reality the Asian success story is misleading, particularly when compared to European immigrants.

Although today many Asians are not as disadvantaged as other ethnic minorities, they are included in our discussion of ethnic groups for two reasons:

- Their status as the "model minority" implies that they no longer experience discrimination and that members of their ethnic group do not need the types of social services that are generally directed at minorities. Both assumptions are false from the Asian perspective.
- The recent Southeast Asian refugees have been identified as the new disadvantaged group and are eligible for a variety of social services as a result of their refugee status.

Currently some of the Asian/Pacific groups represented in significant numbers in the U.S. are: Chinese, Japanese, Filipinos, Koreans, Vietnamese, Indian, Indonesians, Malaysians, and Pakistanis. There are hundreds of distinct cultures and languages included under the term "Asian/Pacific." There is extremely wide diversity among groups identified as Asian and Pacific Americans.

### Common Asian American Values

**Harmony.** Maintaining harmony and good relations in the home and with others is very important. To prevent offending or hurting someone's feelings, Asians will frequently avoid direct confrontation, saying "no", and expressing anger or displeasure. Often this behavior is misinterpreted by non-Asians as secretiveness or "beating around the bush".

**Losing face.** To many Asians, losing face, embarrassing oneself or shaming the family is unbearable. The stigma of losing face is frequently used by the family and Asian societies to control deviant behavior.

**Respect for elders.** Elders are highly regarded in Asian cultures. Traditionally, adult children (often eldest son) should care for and live with the aged parents.

Proper form. Tradition, decorum, and proper form are very important and often strictly followed in social practices and customs. How guests are received and meals are prepared and served may take a precise ritualistic form.

Family loyalty. Primary loyalty is to the family.

In Asian cultures the family lineage is usually patrilineal with wives joining the families of their husband. Elders and males are highly regarded in traditional Asian societies. All members of the household, even married sons, are expected to obey the father as head of the household. Although in many traditional Asian societies women are subordinate to male authority, they maintain a strong influence in household and family decision-making.. Young girls are taught to take over the financial affairs and to run the family from an early age. The husband and father are usually not expected to do anything with the family finances except earn the money. Sons are rarely expected to do household chores.

Women are responsible for caring for infants, instructing young girls, household chores, caring for elderly, and household finances. However, in many families women are expected to contribute to the work force as well as handle all household responsibilities; therefore the concept of the working mother is familiar to Asian families.

The extended family concept usually extends beyond the family to the community and nation. Today, mutualism is still very much a part of Asian culture in the U.S. Mutualism encourages conformity of individuals to group norms as well as strong mutually supportive interdependence.

#### **Strengths of Asian/Pacific American Families**

- Community based helpers, such as clan leaders, traditional healers, and religious leaders (e.g. monks, shamans).
- Ethnic community organizations, such as the mutual assistance associations, are culturally sensitive groups developed within the Southeast Asian communities to aid in resettlement and cultural preservation of refugees.
- Family loyalty and unity.
- Extended family and mutual support.
- Devotion to children.



## **Child Rearing Practices**

- Children are viewed as precious gifts who continue the family lineage through time.
- From infancy through early childhood, children maintain close bonds with mothers and are generally indulged.
- Children's needs are readily met.
- Children are generally reared by female members.
- Role modeling impresses on the child the importance of elders and how they are to be respected without question.
- The younger is submissive to the elder and the female to the male.
- Physical punishment is acceptable for older children and in some families may become excessive and injure the child.
- Psychological control (guilt, shame) is used by most cultures to discipline children.
- Some traditional healing practices, like rubbing a coin on the skin in Southeast Asian cultures, may be mistaken for signs of child abuse. Also, many Asian children are born with bluish marks on the skin, which may be mistaken for a symptom of abuse. Caution must be used in interpreting such physical marks.

## THE AMERICANS WITH DISABILITIES ACT (ADA)

The ADA is a landmark law that prohibits discrimination against people with disabilities.

The ADA is an equal opportunity law. It guarantees people with disabilities the same opportunities as other Americans when it comes to:

- earning a living
- using public accommodations (hotels, movie theaters, etc.)
- traveling by bus or rail
- taking advantage of state and local government programs and services
- communicating by telephone

The law protects people who

- **HAVE A PHYSICAL OR MENTAL IMPAIRMENT** that seriously limits at least one major life activity—such as walking, seeing, hearing, speaking, breathing, learning, working, doing manual tasks, caring for oneself.
- **HAVE A RECORD OF SUCH AN IMPAIRMENT**—for example, a person who has been treated for a mental illness.
- **ARE REGARDED AS HAVING SUCH IMPAIRMENT** even though no limitation exists—for example, a person who has extensive scars from burns.

The ADA protects employment rights. It covers all employment practices, including:

- hiring and firing
- raises and promotions
- job training
- insurance and other benefits

An employer cannot discriminate against a person who:

- has the experience, education, or training to do the job
- may need reasonable accommodations (changes in the job or work environment that will enable the person to do the job)

Public accommodations must be accessible. This includes places that provide: food and drink, lodging, entertainment, areas for public gathering, shopping, and rental services, recreation or exercise, education, social services (i.e., day care), other services.

Existing accommodations must be made accessible which means:

- Any barriers that prevent use by people with disabilities must be removed (unless this would cause great difficulty or expense, as determined by specific guidelines)
- If barriers can't be removed, the law allows for alternative ways of providing goods and services.

**PART I**

**Discussion Questions for Caseworkers  
in Preventive and Protective Services**

1. What present agency services are most useful to culturally diverse families to prevent the need for placement of children and to assure protection of children?
2. What changes should be made in these services to make them more accessible and available to culturally diverse families?
3. What services in other agencies in the community are needed by culturally diverse families to prevent the need for placement of children and to assure their protection?
4. What changes should be made in these services to make them more accessible and available?
5. What should be done to strengthen the influence of your agency on these other agencies in order to improve their services?
6. What changes should be made in the agency's standards for removal of children from their own homes to make them more appropriate for culturally diverse families and children?
7. What changes should be made to assure that fathers are involved to the greatest extent possible?
8. What changes should be made to assure that the extended family is involved to the greatest extent possible?
9. What information should be included in the record for any culturally diverse child before he or she is placed in care?
10. What should the composition be of any groups with decision-making responsibility regarding children in protective services?
11. What specific organizations or institutions in your community should be engaged in the process of supporting culturally diverse families with problems?
12. Who are the ethnic-competent therapists in your community, and what should be done to engage them in providing services to culturally diverse families with problems?
13. What other things should be done to provide ethnic-competent preventive and protective services in your community?

**Discussion Questions for Caseworkers in Foster Care Services**

1. What should the composition be of any group with decision-making responsibility regarding placement for culturally diverse children?
2. What factors should be taken into account in the decision regarding the placement resource for a child, to make this an ethnic-competent decision?
3. What expectations should be made of any group care agency in which a culturally diverse child is to be placed?
4. What changes should be made for your agency's foster home recruitment and licensing program to be ethnic-competent?
5. What expectations should be made of any foster home in which a culturally diverse child is to be placed?
6. What changes should be made to assure that the extended family is involved to the greatest extent possible?
7. What changes should be made to assure that fathers are involved to the greatest extent possible?
8. What changes should be made to assure that siblings' relationships are maintained?
9. What considerations should be kept in mind in use of service agreements with parents of culturally diverse children in care?
10. What specific organizations or institutions in your community should be engaged in the process of supporting culturally diverse families with problems?
11. Who are the ethnic-competent therapists in your community, and what should be done to engage them in providing services to culturally diverse families with problems?
12. What services in other agencies in your community are needed by culturally diverse families to resolve problems necessitating placement of children?
13. What changes should be made in these services to make them more accessible and available?
14. What should be done to strengthen the influence of your agency on these other agencies in order to improve their services?

15. What should be done to prevent the too-easy use of permanent foster care for culturally diverse children unable to return to their own families?
16. What other things should be done to provide ethnic-competent foster care services in your community?

**Discussion Questions for Caseworkers in Adoption Services**

1. What changes should be made in your agency's recruitment strategies for culturally diverse adoptive homes?
2. What changes should be made to make culturally diverse children more visible and more individualized?
3. What changes should be made in your agency's system for responding to initial inquiries from culturally diverse families about adoption?
4. What changes should be made in your agency's procedure for preparing parents for adoption and conducting home studies?
5. What specific organizations and institutions in your community should be engaged in finding homes for culturally diverse children and in supporting adoptive families?
6. What changes need to be made in the criteria used for families for culturally diverse children?
7. What should be done to assure that TPR is not delayed for culturally diverse children until they are so old their chances for adoption are lessened?
8. What should be done to assure that TPR is not done without adequate work to reunite the biological family?
9. What changes should be made to assure that siblings' relationships are maintained?
10. What persons in influential positions in your agency and/or community have the attitude that culturally diverse children are unadoptable, and what should be done to help them change their minds?
11. What changes should be made in the adoption subsidy system?
12. What changes should be made in the post-placement and post-adoptive support systems available to families?
13. What changes should be made regarding the legal fees involved in adoption?
14. What changes should be made to formalize informal adoptions?
15. What changes should be made to involve the child's extended family to the greatest extent possible?

**UNIT III**

**INNOVATIONS IN CULTURAL COMPETENCE**

## UNIT III

### INNOVATIONS IN CULTURAL COMPETENCE

Time: 4 hours

**Purpose:** To apply the model of culturally competent practice and other training content to the development of innovations in practitioner and organizational behavior. Participants will be assisted to brainstorm about areas of needed personal and organizational growth and to make specific recommendations for change of self and organization that will enhance culturally competent child welfare practice. These recommendations will be used to stimulate long-term planning within the organization for innovations in policies, programs, and practices.

#### **Objectives:**

At the end of this unit, participants will:

1. Be able to apply the model of culturally competent practice to their own child welfare work situations and personal growth.
2. Be familiar with recommendations for culturally competent practice generated from other SRS staff.
3. Have formed an assessment of the current cultural competence of themselves and their organization based upon discussion of a child welfare simulated case.
4. Have made specific recommendations for enhancing cultural competency of themselves and the organization.
5. Have made a personal private commitment to work on implementation of some particular recommendation for change.

#### **Activities:**

1. Review: The trainer provides a brief review of the model of culturally competent practice and explains the purpose of this unit. Link to panelist presentations is made. Questions/answers and discussion address participants' interests. (20 minutes)
2. Recommendations for culturally competent practice generated by SRS staff are discussed. Resource #18. (40 minutes)



3. Small group discussion and report: Self assessment of preparedness for culturally competent practice based on simulated case discussion (Exercise #6; 60 minutes). Discussion group facilitators guide the group in developing an ideal service plan for a simulated child welfare case, based on an application of the model for culturally competent practice. As a result of this discussion, participants consider gaps between this ideal plan and actual practice in their own behavior and organizational behavior in general. Facilitators give a summary report to the entire group.

15 minute BREAK

4. Small group discussion and report: Brainstorming for Innovation (Exercise #7, Developing Recommendations For Enhancing Cultural Competence; 45 minutes). Discussion group facilitators assist the group members to complete Exercise #7 and discuss the resulting recommendations, which should be constructive, specific, and respectfully stated. Facilitators give a summary report to the entire group.
5. Full group final gathering (30 minutes): Trainer provides a concluding summary with discussion from participants. Explanation of the follow-up planning for organizational innovation is given.
6. Evaluation and closure: Participants complete final evaluation of the training. Closure with commitment to change is accomplished (Exercise #8). (30 minutes)

**Materials:**

Flip charts, markers, index cards in two colors, pen/pencil.

## **SRS STAFF RECOMMENDATIONS FOR INNOVATIONS IN CULTURALLY COMPETENT PRACTICE**

### **Introduction**

During the three years of this training project, workshops on culturally competent practice were conducted at SRS area offices in Kansas City, Topeka, and Wichita, and also for a training in Lawrence, including staff from seven area offices as well as central office. Each workshop concluded with exercises that generated recommendations from SRS staff participants about ways that each area office could build on their strengths and address limitations in order to innovate further in culturally competent practice. The results of these brainstorming sessions have been analyzed, elaborated, and integrated by Ed Canda and Susana Carrizosa in the following suggestions. Therefore, the suggestions do not reflect the situation at any one area office. Rather, they represent the pooled wisdom of SRS staff. These recommendations can be used to help focus the same type of brainstorming exercises in future trainings. So this resource is intended to be discussed prior to brainstorming, thus making it possible for participants to consider how their area office needs are similar or different and how to develop specific, precise plans for innovation in their own area offices. In addition, the high level of commonality among themes found in the three area offices and the Training of Trainers indicates that many of these recommendations may have relevance to the SRS system statewide. It is hoped that central planning from the SRS central office can include consideration of these recommendations as well.

Participants were asked to identify existing organizational strengths and resources and areas needing improvement. In addition, they were asked to make recommendations for organizational innovation consistent with the model of culturally competent practice. The major results are presented under those headings.

### **Existing Organizational Strengths**

1. Ongoing Diversity Training
2. Hiring and Promotion of Diverse Staff; EEO Officer
3. Expanding Awareness of and Support for Diversity in General Organizational Culture
4. Conducting Events that Celebrate Diversity
5. Family Agenda that is Consistent with Strengths Perspective and Culturally Competent Practice

6. Use of Bilingual Material (particularly Spanish/English)

### **Areas Needing Improvement**

1. Further Recognizing of Multicultural Skills in Hiring, Promotion, and Firing
2. Enhancing Cultural Competence in Organizational Culture and Structure, including Direct Practice and Administrative Policies and Procedures
3. Continuing Ongoing Diversity-Related Training, both General and Specialized
4. Improving Identification and Utilization of Multicultural Resources and Language-Appropriate Material, both Internal and External to SRS
5. Improving Physical Agency Environment for Comfort and Reflection of Cultural Diversity

### **Recommendations for Innovation**

#### **Diversity Advisory Committee**

Staff have identified a solid base of organizational strengths to build on as well as several areas for needed improvement. The range of areas for innovation include personnel, training, resource identification and dissemination, procedures for culturally sensitive assessment and practice, administrative policies and procedures, and agency physical environment changes. Since these areas address the agency as a total system, innovation efforts would need to be organized, sustained, and inclusive of diverse administrative and direct service staff input. Therefore a permanent institutional mechanism for ongoing innovation should be established at each area office.

The first step should be the creation of a **Diversity Advisory Committee**, composed of diverse **administrative** and **direct service** staff from all service areas. This committee can be expanded from a core of staff who have been trained through this curriculum and otherwise demonstrate strong commitment to promote cultural competence.

The Diversity Advisory Committee can engage in **identifying specific priorities** for innovation, organizing an **action plan**, and **monitoring implementation**. It should have **formal administrative sanction** to perform this role. It should be composed of people who can reflect the perspectives of administration, staff, and clients. It should take into consideration service issues

pertaining to the **full range of diversity**, such as race, ethnicity, national origin, gender, religion, sexual orientation, social class and different abilities.

Some staff suggested that this committee could be linked to the current effort to develop Quality Assurance Action Teams at area offices. For example, a Quality Assurance Action Team could focus on assessment and enhancement of culturally competent policy and practice.

### **Diversity Specialist**

An interesting staff recommendation is the creation of a new staff position, a **Diversity Specialist**. This person could serve as the chairperson of the Diversity Advisory Committee and coordinate overall efforts in the agency across all departments and administrative levels. This staff person might be hired specially for this purpose or the existing role of the Equal Employment Opportunity Officer or another staff position could be expanded. We agree that this Diversity Specialist position would be important to ensure the **continuity and coordination** of ongoing innovation activities.

### **Directory of Multicultural Resources**

Staff frequently commented that many resources that support culturally competent practice exist within SRS area offices and also in the surrounding community. This includes **staff, community members, and agencies** who have specialized linguistic and cultural skills in serving and communicating and networking with diverse clients. It also includes **printed sources of information**, such as agency or library materials. However, even though these are utilized by staff currently, it was often observed that information about these resources is not known to all staff. This leads to unnecessary duplication of efforts to identify resources or to the underutilization of them. Therefore, a **Directory of Multicultural Resources** should be created and regularly updated. Copies should be kept in **central locations** easily accessible to staff in all departments.

The Directory should include information on: (1) **demographics, customs, strengths and concerns** of specific diverse client groups in the local community; (2) a list of **contact persons within the agency** who are skilled in working with each of these groups, including an internal language bank; (3) a list of **contact persons in the community** who represent formal and informal support systems for these groups, including a community language bank; (4) a list of **culturally appropriate foster homes, group homes, and other service facilities**, with contact persons.



## Multicultural Service Teams

### Internal to the Agency

As staff indicated, there are already many staff within each agency who have expertise and community connections pertaining to diverse client groups. For example, some staff are bilingual and bicultural; they can assist with interpretation, translation, and cross-cultural mediation. Some staff have relevant life experience that serves as a source of information and insight for other staff who are unfamiliar with a given situation. For example, a deaf staff person may have suggestions for people and resources in the community to contact on behalf of a deaf child client. A lesbian staff member may be able to relate in a more culturally appropriate manner with lesbian parents in addressing a child welfare issue. Staff with special cultural skills who are willing to share them need to be identified for any given practice issue and formed into a service team on behalf of clients. Volunteers should be identified in the Directory of Multicultural Resources so that they can quickly be located. For long-lasting issues and special client population needs, such as with refugees in some areas of the state, a multicultural team focused on refugee concerns may need to continue for a long time. Other teams may need to be formed extemporaneously as an occasion arises. For example, if a child welfare issue arises in response to a Jehovah's Witness families' refusal to accept blood transfusion for a child, staff who are familiar with this religious group should mobilize to connect with the religiously appropriate support systems. In fact, there are physicians who are familiar with alternatives to blood transfusion whom Jehovah's Witnesses advocates can identify. Multilingual staff or consultants can assist SRS to develop more language-appropriate materials. Forms and informational materials can be translated into the various target languages in the community.

### External to the Agency

It is unlikely that any one agency can have the full range of staff expertise to address the many different cultural groups in a diverse community properly. Therefore, cross-site teams need to be formed that include people with culture-specific expertise in both formal agencies and informal social support systems throughout the local community. Ideally, ongoing familiarity and cooperative relations will be established among people in these different service systems. Relevant agencies, support systems, and their contact persons should be listed in the Multicultural Resources Directory. In addition, extensive efforts to recruit culturally appropriate foster and adoptive families from the community are important. To this end, teaming should include ethnic community representatives who can assist with outreach.

## **Hiring and Promotion**

Internal multicultural teams can only exist if staff composition reflects the diversity in the community. This means it is necessary to build on affirmative action and equal opportunity programs to include the range of expertise among personnel concerning ethnic diversity, gender, religious and spiritual perspectives, sexual orientation, different abilities, and other agency relevant factors. Staff who have special cultural expertise need to be recognized and appreciated in formal ways, including retention and promotion.

Some staff feel that proactive hiring and promotion based on cultural expertise constitutes "reverse discrimination." This should not be the case, because personnel procedures that support cultural competence should address people of all races and ethnic groups. Nonetheless, some staff have reported hurt feelings. Even if these feelings are unrealistic, they need to be addressed in the process of building an organizational culture that understands and values cultural competence.

## **Special Events and Ongoing Training**

Many staff appreciate having special events that celebrate cultural diversity. These include pot luck dinners, art displays, and music performances that feature staff and guests. Special days of the year, such as Martin Luther King Day or Cinco de Mayo can be enjoyed. Staff commented that cultural diversity should continue to be a part of ongoing training. Suggestions included: (1) adapting content from this curriculum for inclusion in staff orientation training, Family Agenda training, Kansas Quality Management training, and other mandated trainings; (2) use this curriculum to train additional SRS staff throughout the state on a voluntary basis; (3) develop more specialized training on particular cultural groups and issues (e.g. culturally competent practice with African-American families). This curriculum presents an introductory level general framework for culturally competent child welfare practice. It would therefore be very appropriate to build on its foundation with more specialized, intensive trainings related to area office-specific communities and service issues. For example, workshops for cross-training SRS workers and interpreters/bicultural mediators need to be developed.

## **Administrative Structure and Culture**

### **Family Agenda and Other Innovations**

SRS is engaged in many innovations that are consistent with culturally competent child welfare practice. For example, Family Agenda and Family Preservation efforts support a family-focused strengths approach. These efforts have the potential to support an organizational culture that values the cultural distinctiveness of families and utilizes community-based resources. Staff suggested that these efforts be linked explicitly to the theme of cultural competence.

## **Morale**

An important part of staff morale is feeling appreciated for cultural background and skills. In addition to previous recommendations about rewarding culturally skilled staff and celebrating diversity, a general social atmosphere of cooperation and mutual respect needs to be continuously cultivated. This requires an ongoing interpersonal process of attending to possible staff conflicts or factionalism. Administrators and direct line staff need to be able to share about both the comfortable and uncomfortable aspects of intercultural relations, so that Martin Luther King's ideal of the "beloved community" can be a reality. Staff also commented that more effort can be made to improve the public image of SRS in the general community through public relations activities and team-building. Improved public relations also supports morale of SRS staff.

## **Internal Cross-Department Coordination**

Since most area offices are large and complex, it is natural that there may be difficulties of coordination between units or departments and different administrative levels at times. The concept of multicultural teamwork requires an even more integrated approach to service than usual. For example, some staff feel that protection of confidentiality policy applies to restriction of information about clients between staff in different units or departments. This would eliminate the possibility of using cultural expertise of staff in different sections of the agency. Such policies, formal or informal, need to be reviewed.

## **Caseloads**

Of course, caseloads are often high and work situations are often stressful. Some staff feel that lack of time and resources make it impractical to engage in the activities necessary for culturally competent practice. This makes it even more important to have ongoing multicultural teams, a Diversity Advisory Committee, a Multicultural Resource Directory, and a Diversity Specialist. Trying to "reinvent the wheel" each time a situation arises is in fact too much a drain on time and resources.

## **Policies on Abuse and Neglect Determinations**

Staff expressed varied and sometimes contradictory views about how abuse and neglect are defined for SRS purposes and to what extent determination processes take into account cultural practices. For example, many staff are aware that "coining" (a Southeast Asian folk healing practice) may leave temporary marks on children that should not be confused with child abuse. But not all staff are aware of this and no formal policy may be in place. Some staff are unaware about the provisions of the Indian Child Welfare Act and how to implement it. Policies and procedures for culturally competent determination of and response to child



abuse and neglect need to be regularly reviewed, clarified, and thoroughly disseminated.

### **Agency Physical Environment**

The agency's physical environment gives messages about an organization's appreciation for cultural diversity. For example, decorations in public places and private offices that reflect the cultural values, strengths, and celebrations of staff and community need to be encouraged.

### **Conclusion**

All of these recommendations rest on the recognition that SRS already has established a significant commitment to support cultural diversity and culturally competent child welfare practice. Many of the recommendations involve continuation of existing policies and practices. Some involve new developments. For this reason, the particular circumstances of each area office should be assessed by the Diversity Advisory Committee so that its distinctive strengths and needs can be addressed in innovation plans.

It is crucial that plans for innovation include specific goals and objectives, with designation of actions, personnel, and timeline for accomplishing each objective.

## EXERCISE 6

### SELF-ASSESSMENT BASED ON CASE DISCUSSION

**Purpose:** This exercise enables participants to think in specific and detailed terms about how the model of culturally competent practice can apply in a particular case situation. After small group participants develop an ideal plan for culturally competent practice, they reflect on implications for needed innovations in their own practice and organizational practice in general.

**Time:** 60 minutes

**Instructions:**

1. Each small group is given a number. The odd numbered groups discuss case #1. The even numbered groups discuss case #2. The discussion facilitator explains the exercise and gives time for participants to read the case and jot down notes. (15 minutes)
2. The facilitator organizes discussion of service planning according to three phases of the helping process, with reference to the model of culturally competent practice: Developing a Multicultural Team and Contact (10 minutes); Assessment (10 minutes); Practice Implementation and Conclusion (10 minutes). Emphasis should be on *ideal practice*, not necessarily what is currently possible.
3. The facilitator asks participants to consider the contrast between the ideal for culturally competent practice and *what actually occurs*. Discussants reflect on their own preparedness and the preparedness of the organization in view of this exercise. (15 minutes)

(Source: Edward R. Canda)

## **CASE #1**

A Euro-American pediatrician makes a referral of a case to child protective services, requesting an investigation. She suspects that a 10 year old Vietnamese-American boy has been abused by his parents. During a routine office visit, she noticed peculiar abrasions on the boy's back. Under questioning, the boy remained silent about the cause. His parents, who speak little English, appeared to be evasive also, avoiding eye contact and refusing to discuss the situation. A home visit is planned within a week.

### **Contact Phase**

1. What preparations need to be made prior to the home visit?
2. What other information do you need prior to visiting?
3. Who should be involved in the home visit?
4. What should agency staff say to the pediatrician?
5. How will agency staff communicate with family members?
6. What should be accomplished in the first meeting with the family?
7. What is the goal of service in this case?

### **Assessment Phase**

1. What will be the process to determine whether abuse has occurred?
2. What criteria for determining abuse will be used?
3. Who will be involved in making this determination?
4. How will relevant family dynamics and needs be assessed?

### **Implementation Phase**

1. Assume that investigation revealed that the marks were caused by a traditional healing practice that causes little discomfort and no lasting damage. However, the pediatrician still objects to this practice, claiming it is a form of abuse. What will you do?
2. What resource people could help you decide what to do?
3. What services would be required for the child?
4. What services would be required for the family?
5. What services would be required for the Vietnamese community?
6. In general, how can both goals of family preservation and child protection be met in a culturally competent manner, in this case?

\*Finally, consider the gap between ideal and actual practice.

## CASE #2

A First Nations girl (7 years old) has been left abandoned in a parking lot of a mall in town. There was a note attached indicating that her mother felt desperate and unable to care for the child any longer. The note says that the mother hopes someone will find the child and take care of her. There is no other information other than what the girl can explain.

### Contact Phase

1. What immediate steps should be taken on behalf of the child?
2. What preparations need to be made to proceed on this case?
3. What people or organizations should be involved in case planning?
4. Assuming that the mother is identified after a brief investigation, how should agency staff prepare for contacting her?
5. What should be accomplished in the first meeting with the mother?
6. What is the goal of service in this case?

### Assessment Phase

1. What will be the process to determine whether an out-of-home placement is necessary?
2. Who will be involved in making this determination?
3. How will relevant family dynamics and needs be assessed?

### Implementation Phase

1. Assume that investigation provides sufficient evidence to pursue the possibility of an out-of-home placement. Who will be involved in making a final determination?
2. What options for out-of-home placement should be considered?
3. What should take place in a court hearing on this case?
4. What services would you recommend for the child?
5. What services would you recommend for the family?
6. What services would you recommend for the relevant First Nations community?

\*Finally, consider the gap between ideal and actual practice.

## EXERCISE 7

### DEVELOPING RECOMMENDATIONS FOR ENHANCING CULTURAL COMPETENCE

**Purpose:** The purpose of this exercise is to stimulate participants to develop specific recommendations for innovative change in the policies, procedures, and practices of themselves and the organization as a whole. Recommendation will be compiled and made available to the agency to assist with planning for ongoing organizational change.

**Time:** 45 minutes

**Materials:** Large index cards of two different colors. Flip charts or note pads. Pen/pencil. Markers.

#### Instructions:

1. Each small group participant is given two index cards of different color. No names are put on the cards. Facilitators remind participants that their recommendations should be respectful and specific.
2. On one color index card, participants make *2 recommendations for growth of oneself*. On side one (1) Identify one specific personal or professional strength to utilize and how he or she could do this. On the other side (2) Identify one specific personal or professional aspect needing further improvement and how he or she could do this. (10 minutes) This card is kept *private*.
3. On the other color index card, participants make *2 recommendations for innovation in the agency*. On side one (1) Identify one specific strength of the organization's policies, procedures, and general practice to extend or utilize better and how this could be done. On the other side (2) Identify one specific aspect of organizational behavior needing further improvement and how this could be done. (10 minutes)
4. As time allows, each person is then asked to read the answers to the questions about innovation in the agency and allow time for brief discussion. The facilitator helps to identify and record any important themes or patterns that emerge. (15 minutes)
5. Facilitators give a brief summary to the entire group. (10 minutes) Cards on agency innovation are given to the trainer at the conclusion of the unit. Suggestions are later compiled by trainers and a summary is given to the agency administrators. Cards on personal growth are kept by participants.

## EXERCISE 8

### CLOSURE: COMMITMENT TO CHANGE

**Purpose:** This activity is designed to provide closure at the end of the training experience. Each participant will be given the opportunity to make a private declaration of his/her commitment to enhancing culturally competent child welfare practice.

**Time:** 15 minutes

**Instructions:**

1. The trainer reminds participants that they will soon be leaving the group and that the task of attaining a culturally competent child welfare practice can not be done in isolation. The trainer asks that each individual take a moment to review the experience and to focus on one thing they can commit to do that will help to enhance a culturally sensitive child welfare practice in themselves and the organization. The trainer asks each participant to write this commitment privately on the last page of the training manual.
2. As each person completes this task, he or she stands to indicate the commitment has been made.
3. When everyone is standing, all participants give each other applause, indicating their mutual support and appreciation for engaging in this work.
4. Trainer concludes by reminding participants that the most important work begins after the training, when we each carry out our commitments in daily life. Participants are thanked and dismissed.

## REFERENCES

## REFERENCES

- Acock, A., & Demo, D. (1994). *Family diversity and well-being*. Newbury Park: Sage.
- The Americans with Disabilities Act.
- Brislin, R. (1993). *Understanding culture's influence on behavior*. Orlando, FL: Harcourt Brace Jovanovich.
- Canino, I., & Spurlock, J. (1994). *Culturally diverse children and adolescents*. New York: Guilford.
- Cohen, N. A. (1992). *Child welfare, a multicultural focus*. Allyn and Bacon.
- Davis, F. J. (1978). *Minority-dominant relations: A sociological analysis*. Arlington Heights, IL: AHM Publishing.
- Early, T., & Litzelfelner, P. (1992). *Crisis intervention with children and adolescents with severe emotional disturbances or mental illness and their families; A training curriculum*. Lawrence, KS: The University of Kansas School of Social Welfare.
- Ginott, H. (1972). Crisis theory. In F. J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches*. New York: The Free Press.
- Harmony In A World of Difference of Metropolitan Kansas City. (1986). *A world of difference: A prejudice reduction program of the Anti-Defamation League of B'nai B'rith. Teacher / student resource guide*.
- Hoare, C. (Sept/Oct 1991). Psychosocial identity development and cultural others. In *Journal of Counseling & Development. Special Issue: Multiculturalism as a Fourth Force in Counseling*, 70(1).
- Iglehart, A. P., & Becerra, R. M. (1995). *Social services and the ethnic community*. Boston: Allyn and Bacon.
- Ingoldsby, B., & Smith, S., Eds. (1995). *Families in multicultural perspective*. New York: Guilford.
- Jones, J., & Pfeiffer, J. W. (1974, 1981, 1983). *Annual handbook for group facilitators*. La Jolla, CA: University Assoc.



- Lee, J. A. B. (1994). *The empowerment approach to social work practice*. New York: Columbia University Press.
- Lum, D. (1992). *Social work practice & people of color. A process-stage approach*. California State University, Sacramento. Brooks/Cole Publishing Company.
- McAdoo, H. P., Ed. (1993). *Family ethnicity: Strength in diversity*. Newbury Park: Sage.
- Ottesen, C. C. (1993). *L.A. stories: The voices of cultural diversity*. Yarmouth, ME: Intercultural Press.
- Paniagua, F. A. (1994). *Assessing and treating culturally diverse clients: A practical guide*. Thousand Oaks, CA: Sage.
- Pedersen, P. (1986). *A synthetic culture approach*. Presented in the Intercultural Communication Invitational Workshop at the Third National Conference on the Transcultural Family. Washington, DC.
- Petr, C., Presley, J., & Zirul, D. (1987) *Foster care review board. Training manual*. Lawrence, KS: The University of Kansas School of Social Welfare.
- Ridley, C. (1989). Racism in counseling as an adverse behavioral process. In Paul B. Pedersen, et al., Eds., *Counseling across cultures*, 3rd ed. (pp. 55-78). Honolulu: University of Hawaii.
- 1990 U.S. Census.
- Wilson, W. J. (1989). *The truly disadvantaged*.

## ADDITIONAL REFERENCES

### Child Welfare and Minority Children

- Abramson, S. (1991). Use of court-appointed advocates to assist in permanency planning for minority children. *Child Welfare, 70*(4), 477-487.
- Hogan, P., & Siu, S. (1988). Minority children and the child welfare system: An historical perspective. *Social Work, 33*(6), 493-498.
- Stehno, S. (1990). The elusive continuum of child welfare services: Implications for minority children and youths. *Child Welfare, 69*(6), 551-562.

### Child Welfare and First Nations Peoples

- Blanchard, E. L. (1980). What is best for tribal children? A response to Fischler. *Social Work, 25*(5), 350-357.
- Cross, T. L. (1986). Drawing on cultural tradition in Indian child welfare practice. *Social Casework, 67*(5), 283-289.
- Goodluck, C. T. (1993). Social services with Native Americans: Current status of the Indian Child Welfare Act. In H. P. McAdoo (Ed.), *Family ethnicity: Strength in diversity* (pp. 217-226). Newbury Park: Sage.
- Hull, G. H. (1982). Child welfare services to Native Americans. *Social Casework, 63*(6), 340-347.
- Ishisaka, H. (1978). American Indians and foster care: Cultural factors and separation. *Child Welfare, 57*(5), 299-308.
- Yellowbird, M., & Snipp, C. M. (1994). American Indian families. In R. L. Taylor (Ed.), *Minority families in the United States: A multicultural perspective* (pp. 179-201). Englewood Cliffs, NJ: Prentice Hall.

### Child Welfare and Asian Americans

- McInnis, K. (1991). Ethnic-sensitive work with Hmong refugee children. *Child Welfare, 70*(5), 571-580.
- Mortland, C., & Egan, M. (1987). Vietnamese youth in American foster care. *Social Work, 32*(3), 240.
- Redick, L., & Wood, B. (1982). Cross-cultural problems for Southeast Asian refugee minors. *Child Welfare, 61*(6), 365-373.

### **Child Welfare and Hispanic Americans**

- Delgado, M. (1978). A Hispanic foster parents program. *Child Welfare*, 57(7), 427-431.
- Hong, G., & Hong, L. (1991). Comparative perspectives on child abuse and neglect: Chinese versus Hispanics and whites. *Child Welfare*, 70(4), 463-475.
- Krajewski, J. (1991). Folk-healing among Mexican-American families as a consideration in the delivery of child welfare and child health care services. *Child Welfare*, 70(2), 157-167.

### **Child Welfare and African Americans**

- Ahmed, S., Cheatham, J., & Small, J. (Eds.). (1986). *Social work with Black children and their families*. Great Britain: Biddles Ltd., Guildford and King's Lynn.
- Billingsley, A. (1992). *Climbing Jacob's ladder: The enduring legacy of African-American families*. New York: Simon & Schuster.
- Cheatham, H. E., & Stewart, J. B. (Eds.). (1990). *Black families interdisciplinary perspectives*. New Brunswick, NJ: Transaction Publishers.
- Everett, J. E., Chipungu, S. S., & Leashore, B. R. (Eds.). (1991). *Child welfare: An Africentric perspective*. New Brunswick, NJ: Rutgers University Press.
- Gray, S., & Nybell, L. (1990). Issues in African-American family preservation. *Child Welfare*, 69(6), 513-523.
- Hall, E., & King, G. (1982). Working with the strengths of black families. *Child Welfare*, 61(8), 536-544.
- Logan, S. M. L., Freeman, E. M., & McRoy, R. G. (1990). *Social work practice with Black families: A culturally specific perspective*. New York and London: Longman.
- McAdoo, H. P. (Ed.). (1988). *Black families*. Second Edition. Newbury Park, Beverly Hills, London, New Delhi: Sage Publications.

### **Additional Recommended Readings**

- Annin, J. B., & Harris, N. (1992). *Child welfare agency cultural competence self-assessment process*. Washington, DC: National Child Welfare Leadership Center.

- Baker, N. (September 1981). Social work through an interpreter. *Social Work*, 391-397.
- Blount, M., Thyer, B., & Frye, T. (1992). Social work practice with Native Americans. In D. F. Harrison, J. Wodarski, & B. Thyer (Eds.), *Cultural diversity and social work practice* (pp. 107-134). Springfield: Charles Thomas.
- Canda, E., & Phaobtong, T. (1992). Buddhism as a support system for Southeast Asian refugees. *Social Work*, 37(1), 61-67.
- Delgado, M. (1988). Groups in Puerto Rican Spiritism: Implications for clinicians. In C. Jacobs & D. D. Bowles (Eds.), *Ethnicity and race: Critical concepts in social work* (pp. 34-47). Silver Spring, MD: National Association of Social Workers.
- Green, J. W. (1995). *Cultural awareness in the human services: A multi-ethnic approach* (2nd ed.). Needham Heights, MA: Allyn and Bacon.
- Gutierrez, L. (1990). Working with women of color: An empowerment perspective. *Social Work*, 35(2), 149-161.
- Harrison, D., & Dziegilewski, S. (1992). Social work practice with gay men, lesbian women, and bisexual individuals. In *Cultural diversity and social work practice* (pp. 135-155).
- Ishisaka, H., Nguyen, Q., & Okimoto, J. (1985). The role of culture in the mental health treatment of Indochinese refugees. In T. C. Owan (Ed.), *Southeast Asian mental health: Treatment, prevention, services, training, and research* (pp. 41-63). Washington, DC: U.S. Department of Health and Human Services.
- Lukes, C., & Land, H. (1990). Biculturality and homosexuality. *Social Work*, 35(2), 155-161.
- Moses, A. E. (1986). Lesbians' and gay men's relationships. In *Counseling lesbian women and gay men: A life-issues approach* (pp. 123-168). Columbus: Merrill.
- Pedersen, P. B., et al (Eds.). (1989). *Counseling across cultures*, 3rd ed. Honolulu: University of Hawaii.
- Red Horse, J. (1988). Cultural evolution of American Indian families. In *Ethnicity and race* (pp. 86-102).

Sue, D. W., & Sue, D. (1990). Counseling Black Americans. In *Counseling the culturally different: Theory and practice* (2nd ed.) (pp. 209-226). New York: John Wiley and Sons.

Summerfield, E. (1993). *Crossing cultures through film*. Yarmouth, ME: Intercultural Press.

Weeks, W., Pedersen, P., & Brislin, R. (1979). *A manual of structured references for cross-cultural learning*. Yarmouth, ME: Intercultural Press.

## **APPENDICES**

## APPENDIX A

### SUGGESTIONS FOR ORIENTING DISCUSSION FACILITATORS

#### **Selection of Discussion Facilitators**

Discussion facilitators should have previous experience in working with culturally diverse clients. They should have good skills in making people feel comfortable being open to discuss controversial topics. They should be skilled in conflict mediation, in case disagreements occur in group discussions. In general, they should have good social work group facilitation skills.

#### **Preparation of Facilitators**

Facilitators should become thoroughly familiar with the training curriculum prior to the training. Although they will not be presenting content, they will need to be familiar with it, including exercises, so that they can help explain them and keep people focused on the content during discussion. Prior to the regular training, discussion facilitators should meet with the trainer to discuss the content and expectations of facilitators and also to complete some sample exercise to increase familiarity with the curriculum. Facilitators need to be firmly committed to the values that frame the curriculum. They need to remind discussion group participants of these guiding values during the first small group discussion and throughout the meetings as needed.

After each workshop training unit, a brief meeting (20-30 minutes) should be held between trainer and facilitators to discuss everyone's experiences, process questions or concerns, and plan for the next unit activities. After the conclusion of the entire workshop, there should be a de-briefing meeting to reach closure.

#### **Small Groups**

Small groups should consist of about 5 to 10 people. They should not be composed only of close friends or associates, since this will restrict learning. But it is useful to have people with similar general professional interests talk together. For example, if participants include people from various area offices throughout the state, small groups could be composed of people from similar types of areas (e.g. one group from rural area offices, one group from urban area offices, and one group from the central office in Topeka). In any case, membership should be stable and consistent for all small group meetings; the same people should stay with the same group so that discussion can have continuity. If there are disagreements or tension, continuity is especially important to work this through.

## **Guidelines for Conducting the Discussion Groups**

1. Divide into groups of about 5-10 people.
2. Stay with the same group for every group discussion.
3. Facilitators do not present didactic information or focus on their own opinions.
4. Each discussion gives all participants opportunity to express their ideas and feelings as relevant to the training content.
5. The facilitator's main purpose is to assist the group in a constructive, supportive, respectful dialogue.
6. Reactions to workshop exercises will usually be the focus of discussions.
7. The beginning of each small group meeting should include introductions of participants, orientation to purpose of the discussion for that particular curriculum unit, and reminder about the guiding values (e.g. confidentiality, trust, sincerity, respect, willingness to learn, agreement to disagree, and commitment to work through issues).
8. The end of each discussion should include a brief summary of insights by the facilitator and coming to a sense of closure.
9. The facilitator may keep notes on important insights and process observations, to help plan for the next discussion.



## APPENDIX B

### AGENCY SELF-ASSESSMENT QUESTIONNAIRE ON CULTURAL SENSITIVITY

The following two page questionnaire may be used to help focus staff thinking and discussion about how they assess the cultural sensitivity of themselves and the agency policies and administrative procedures. The purpose of this is to help staff think in specific terms about how themselves and the agency as a whole presently respond to cultural diversity. This prepares staff to think about what further innovations may be necessary, both in their own professional growth and in organizational development. The survey might be used to stimulate discussion in the last unit of the curriculum. It could also be used by a planning team in the agency to help provide direction and priorities for their activities.

This questionnaire only represents opinions for use in self-reflection. The results do not indicate any "objective" information about how the agency is operating. Therefore, it is not recommended that the survey be used to try to produce a judgment about the agency's cultural competence. Also, the responses of individuals should always be kept confidential and anonymous.

- THE VIEW FROM THE AGENCY -  
 HOW CHILD WELFARE WORKERS AND SUPERVISORS  
 VIEW SRS CULTURAL SENSITIVITY

**SELF-ASSESSMENT QUESTIONNAIRE: PART I**

The purpose of this Part I is to identify, from YOUR point of view, the extent to which SRS staff engage in culturally sensitive practice. Read the statements and, using the 1 to 4 rating scale, indicate the...

Extent to which SRS <u>staff</u> ...	Small extent	Great extent
	1 2 3 4	1 2 3 4
1. Are aware of the relevance of their own cultural heritage and values for child welfare practice	1 2 3 4	1 2 3 4
2. Value and respect cultural differences	1 2 3 4	1 2 3 4
3. Possess specific cultural knowledge (For ex: demographics, language, gender roles, childrearing practices; religion, healing practices, support systems) about:		
a. Native-American clients	1 2 3 4	1 2 3 4
b. African-American clients	1 2 3 4	1 2 3 4
c. Hispanic-American clients	1 2 3 4	1 2 3 4
d. Asian-American clients	1 2 3 4	1 2 3 4
e. Euro-American clients	1 2 3 4	1 2 3 4
f. Biracial/bicultural clients	1 2 3 4	1 2 3 4
g. Gay/lesbian clients	1 2 3 4	1 2 3 4
h. Clients with disabilities	1 2 3 4	1 2 3 4
4. Are able to identify racism & discrimination	1 2 3 4	1 2 3 4
5. Make efforts to perceive the presenting problem within the context of client's cultural values, experiences, lifestyle	1 2 3 4	1 2 3 4
6. Use communication styles that are culturally appropriate to clients.	1 2 3 4	1 2 3 4
7. Are comfortable working with culturally different clients	1 2 3 4	1 2 3 4
8. Seek out feedback from clients about culture-based needs, strengths and resources	1 2 3 4	1 2 3 4
9. Seek to collaborate with culturally sensitive agencies/support systems	1 2 3 4	1 2 3 4
10. Work to minimize barriers to services and advocate for specific cultural needs	1 2 3 4	1 2 3 4

- THE VIEW FROM THE AGENCY -  
 HOW CHILD WELFARE WORKERS AND SUPERVISORS  
 VIEW SRS CULTURAL SENSITIVITY

**SELF-ASSESSMENT QUESTIONNAIRE: PART II**

The purpose of this Part II is to identify, from YOUR point of view, the extent to which culturally sensitive subject areas are taken into account in SRS policies and administrative procedures. Read the statements and, using the 1 to 4 rating scale, indicate the...

Extent to which SRS <u>policies and administrative</u> procedures consider...	Small extent	Great extent
	1 2 3 4	1 2 3 4
1. Culture-specific strengths/needs of:		
a. Native-American clients . . . . .	1 2 3 4	
b. African-American clients . . . . .	1 2 3 4	
c. Hispanic-American clients . . . . .	1 2 3 4	
d. Asian-American clients . . . . .	1 2 3 4	
e. Euro-American clients . . . . .	1 2 3 4	
f. Biracial/bicultural clients . . . . .	1 2 3 4	
g. Gay/lesbian clients . . . . .	1 2 3 4	
h. Clients with disabilities . . . . .	1 2 3 4	
2. Working to eliminate racism and build culturally-sensitive policies, services	1 2 3 4	
3. Recruiting/training multilingual/multicultural staff	1 2 3 4	
4. Utilizing interpreters/translators, as needed	1 2 3 4	
5. Using clients'community support systems and cultural resources	1 2 3 4	
6. Contracting services with cultural experts, as needed	1 2 3 4	
7. Using language-specific written materials	1 2 3 4	
8. Using culturally-sensitive assessment instruments	1 2 3 4	
9. Providing culturally-sensitive in-service training for minority/non-minority staff	1 2 3 4	
10. Fostering minority representation in program design and evaluation processes	1 2 3 4	

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 Adapted from Cross Cultural Counseling Inventory (CCCI), by Hernandez, A. & LaFromboise, T., 1983 and from The Multicultural Awareness-Knowledge-Skills Survey (MAKSS), by Michael D'Andrea, Judy Daniels, Ronald Heck.