Cultural Competence

Diversity Issues and Factors
Workshop Objectives

Participants in this workshop will be able to:

1. Gain knowledge about conceptualizations and definitions associated with culturally competent practice;
2. Identify theories and standards of practice for cultural competence, and;
3. Address practice issues with at-risk populations with social work interns.
Historical Origins of Culturally Competent Practice

- Settlement House Movement: Work with immigrants, assimilation and advocacy against exploitation
- Professional commitment to social justice and cultural competence in training and education since 1909
- CSWE mandated content on vulnerable populations and diversity issues in 1970
- NASW Code of Ethics: defines minorities by race/ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental/physical disability
  - Section 1.05 (cultural competence, diversity and strengths perspective)
  - Section 4.20 (social justice issues and discrimination)
  - Section 6.01 (advocacy in regard to advancing cultural diversity)
Conceptualizations

- **World View**: Psychological orientation to life and how individuals perceive their relationship to nature, institutions, communities, other people, etc.
- **Levels**: Individual practitioner, institutions, among professionals, or groups of professionals
- **Elements**:
  - For the individual – awareness and acceptance of differences and similarities, awareness of own cultural values and experiences, development of cultural knowledge and understanding of cultural dynamics, ability to adapt practice skills to fit the cultural context for the client;
  - For the organization – valuing diversity and integrating into the organizational structure, policies, and procedures
- **Ongoing process**: requiring continued education, awareness, processing, and skill development to achieve cultural proficiency
Definitions

- **Multiculturalism**: Preserving distinctive identities of different cultural groups; Recognizing richness there for us all; Knowledge of own and other cultures; Commitment to fairness and tolerance; Critical thinking and prejudice reduction; Resolution of conflict associated with differences; And support for actualization of basic human rights
- **Backlash**: “political correctness” is discomfort of privileged more than pain of oppressed; Blames those trying to discuss their oppression for making privileged uncomfortable, thus blocking discussion of privilege; Threatens “safety”
- **Ethnicity**: Sense of ID based on unique social & cultural heritage passed on from generation to generation based on race, religion, and national ID: Common ancestry; Powerful unifying force, gives sense of belonging
- **Culture**: Social heritage; Lifestyle practices, such as conduct, habit & customs which govern behavior; Proscribed ways of behaving, norms of conduct, beliefs, values, skills
Definitions, cont.

- **Cultural Racism**: Any message or image prevalent in society that promotes false but constant idea that white is the standard, ideal, normal – subtext of white is intelligent, heroic, successful, beautiful, hygienic, cute, etc.

- **Societal Racism**: Discriminatory banking and real estate practices, corporate “glass ceilings”, racism in educational system (power of negative expectations)

- **Institutional Racism**: Exclusionary organizations are overt; Covert and more pervasive attitudes of passive compliance; Don’t do outreach or look at why.

- **Dominant culture values**: Human control of nature & environment, future orientation, individual autonomy, competitiveness and upward mobility, nuclear family

- **Ethnic minorities values**: Harmony with environment, reminiscence about the past and pleasure in the present, collectivity, self-discipline and endurance of suffering, extended family.
Definitions, cont.

- **Minority**: A group that is discriminated against or subjected to differential and unequal treatment – not necessarily smaller in number; Five major populations at risk (Hoffman and Sallee): Women, People of color, GLBT, elderly, physically/mentally challenged
- **Culturally Traditional**: High adherence to family values and low to societal
- **Acculturated**: Integrated family and societal values
- **Assimilated**: High adherence to societal and low to family; Lose separate identity and pride in distinct cultural traits
- **Stereotypes**: Prejudicial generalizations about the behavioral characteristics superimposed on all members of a race or sex vs. unique personhood, personal and collective ethnic and gender worth
- **Racism**: A system of advantage based on race
- **Prejudice**: Preconceived judgment or opinion, often based on limited information) – even when positive, deny a person’s individuality; Can’t be blamed for learning what we were taught, but as adults have responsibility to try to identify and interrupt the cycle of oppression
- **Privilege**: Unearned beneficiaries of unjust social system; Unearned power conferred systemically; Didn’t go and apply for, but is bestowed by society – doors open for reasons not earned. If not realized, unintentional perpetuation of the oppression; Power differences are less apparent to the privileged; Those of us in a privileged group must be willing to be uncomfortable as we engage in lifelong learning about our biases/prejudices and learn about other cultures; Must cultivate enthusiasm for learning; Need to avoid becoming paralyzed (by overwhelming guilt)
Theories

- Life Model & Ecological Perspective
- Epistemological:
  1. Social Constructionalism - meanings arise in particular settings and traditions, knowledge is historically and culturally situated;
  2. Constructivism – knowledge is seen as the creation of the observer interacting with the environment, reality is constructed – there is no objectivity or value-free knowledge, constant analysis of practitioner bias
- Anthropological: In-depth knowledge about groups, however, caution against stereotyping and failure to recognize that culture varies within groups and evolves over time
Communication Styles

- **High Context Style**: Associated with “minority” cultures - contextual cues, flexibility of time, social roles shape interaction, more personal and affective, oral agreements binding, intuitive

- **Low Context Style**: Associated with Northern European cultures – formal, complex codes, disregard for contextual codes, reliance on verbal forms, inflexible sense of time, highly procedural, relationships functionally based, linear logic
Culturally Competent Practice Components

- Individual level: Knowledge, skills, attitudes, characteristics
- Organizational level: Cultural Competency Developmental Model – 
  - Cultural Destructiveness: one end of a continuum that devalues different culture and sees them as inferior
  - Cultural Incapacity: recognizes the need but unable to provide services
  - Cultural Blindness: no differences between groups and denies institutional discrimination and oppression
  - Cultural Pre-competency: addresses diversity issues with staff and clients, provides appropriate services to different client groups, and staff training
  - Cultural Proficiency: Idealized end of continuum marked by ability to incorporate and respond to new immigrant or client groups
- Measures of competence, continued education and training
Barriers to Cross Cultural Practice

- Cultural Encapsulation: ethnocentrism, color blindness, false universals
- Language Barriers: verbal, nonverbal, dialect, body language
- Class-Bound Values: power dynamics, status, SES
- Culture-Bound Values: imposition of world view, misinterpretations, trust/distrust
- Stereotyping
- Resistance: Involuntary, uncooperative, differing expectations
- Transference/Countertransference
Racial/Ethnic Groups

- Asian Americans & Pacific Islanders
- Latinos – Hispanic, Mexican American
- Native Americans – American Indian
- African ancestry & Caribbean countries (Haiti, Jamaica, Barbados, etc.)
- Caucasians – White, northern European ancestry
- Bi or multi-ethnic and racial individuals
Racism

- **Definitions:** Prejudice, discrimination, stereotyping, oppressed minority, privilege, racism, sexism, ageism, hate crime
- **Bias in Human Services:** Dominant culture and values reinforce cultural stereotypes, greater risk for misdiagnosis, involuntary commitment, and agencies of social control
- Institutional Racism & Institutional Discrimination
Immigration Issues

- Stressors of immigrations: prior conditions of country of origin, travel and gaining entry issues, educational and professional problems, distance from community and family
- Knowledge of historical and political conditions of immigration for specific cultural groups
- Knowledge of U.S history of anti-immigration and discrimination against specific cultural groups
- Assessment of needs, resources, and supports
- Interpretation and communication problems: federal legislation requires free interpretation for deaf clients for organizations that receive federal money
Service Needs of Immigrants

- Help obtaining lawful immigration status, so can become eligible for social welfare services
- Keeping abreast of changes in program eligibility requirements for immigrants, so can give them accurate information and referral services
- Helping them find nongovernmental sources of support for specific immigrants in need, because of ‘public charge rule’ – expectation immigrants will obtain support from family members or other sponsors first few years, not from government, and can be deported if use governmental resources
Strengths Perspective

- Every individual, family, group, and community has strengths

- Trauma, abuse, illness, and struggle may be injurious, but they may also be sources of challenge and opportunity

- Assume that you don’t know the upper limits of the capacity to grow and change, and take aspirations seriously

- We best serve clients by collaborating with them

- Every environment is full of resources
Examples of Strengths

- What people have learned about themselves and others
- Personal qualities, traits, and virtues that people possess
- What people know about the world around them
- The talents that people have
- Cultural, personal, and family stories/lore
- Pride
- The community
Strengths-Based Practice

- Acknowledge the pain & history of oppression
- Stimulate the discourse and narratives of resilience and strength
- Act in context: education, action, advocacy, and linkage
- Move toward normalizing and capitalizing upon strengths
How to Discover Strengths

**Active Listening Skills**
- Be aware of non-verbal communication
- Minimal encouragers
- Empathic communication skills
- Use of silence
- Open/closed questions

**Strengths-based Questions**
- Survival questions
- Support questions
- Exception questions
- Possibility questions
- Esteem questions
At-Risk Populations

- **Americans with Disabilities Act (ADA):** Passed in 1990 prohibits discrimination on the basis of disability in employment, state and local government services, public accommodations, and telecommunications.
- Population is living longer; 1 in 3 people will experience some form – or combination – of disability
  - Physical (arthritis),
  - Sensory (loss of hearing, speech),
  - Emotional (depression),
  - Mental (schizophrenia),
  - Cognitive (Alzheimer’s),
  - Intellectual (developmental delays, TBI’s)
  - Health-related (diabetes and dialysis).
  - Movement (stroke with paralysis),
  - Stamina (heart disease),
  - Disfigurement (mastectomy)
  - Conditions associated with social stigma (AIDS)
Case Management with Persons with Disabilities

- Assist them in using the protections provided by ADA
- May be involved in adjustment (traumatic brain injury, e.g.), as well as facilitating service provision for rehab, independent living as much as possible
- May be involved in advocacy as run up against typical stereotypes
- Because disability covers broad range, there are many stereotypes
- Psychologically: Assisting with understandable issues of self-esteem, and delay in progressing through life stages, frustration with limitations, depression, etc.
- Older Adults: Adjusting to loss of independence, facing mortality, loss of friends/support system and role as productive adult, perhaps dealing with unresolved issues from past or in family relationships
Practice with Gays, Lesbians, Bisexuals, and Transgendered People

- No civil rights legislation that covers sexual orientation, although some state and local ordinances protect their rights
- Denied right to marry, employment protection, health benefits to partners, adoption
- Heterosexism – the way that heterosexual norms have been woven into the fabric of society such that only
Guidelines for Practice with GLBT Clients

- Assess community and cultural resources
- Relevant ethnic social systems must be taken into account such as values, religious and folk beliefs, and language and communication channels
- Be aware of distinct combination of stressors and psychological
- Many gay men and women feel strongly they had no choice in sexual orientation and that it was present at birth.
Coming Out

- Becoming aware of sexual self, working through possible role confusions, and taking on a positive achieved identity – not always this process – not always adolescence (some younger, some older)
- Usually first come out to a friend or ally
- Coming out is different than racial/ethnic ID formation because difference not visible
Stages of Coming Out

1. Begins in childhood often with a sense of differentness from one’s peers, often as young as 4-5 years old, although don’t self-identify until teen years; Average age of coming out – 16 to 19 for lesbians, 14-16 for gay men (although coming out earlier now because of more acceptance)

2. Come to feel they are attracted to members of same sex; Accompanied by feelings of confusion and denial because of social stigma attached; feel alienation and differentness; Identity confusion may be faced head on and the person comes out or can go on for a long time, with periods of dating heterosexually and hope the feelings will disappear

3. Act on desires – at first may be secretive or associated with substance use; If goes well, can lead to acceptance; if not, may lead to further denial and confusion

4. Acceptance – then face social consequences as more deeply identified, aspire to intimate commitments, Have to decide whether to tell family, and if do, these relationships have to be renegotiated – often find support after one or more crises; Family acceptance important (45% said closer after, 30% said not, 25% said neutral); Religion/Spirituality – strong believers, but 33% found religious institutions not helpful, only 13% said were helpful
Helpful Components in Coming Out

- Associating with other gays and lesbians
- Self-help resources – readings, web-sites, self-study (esp. for rural) – part of investigating incongruence between earlier perceived self and emerging self and helps in attempts to deal with stigma
- Counseling – 2-4x more likely to seek counseling

Coming Out as Bisexual

- Seen as immature because can’t make up mind, or to be in denial, or transitional stage; So, feel marginal to both worlds
- Coming out is seen as adding on to a basic heterosexual ID; Very similar to homosexual coming out, but not as linear
- Can go in and out of living as homosexual, heterosexual, sequentially or concurrently both
Counseling Strategies

- To normalize process of questioning sexual orientation
- Aid in examining internal messages regarding homosexuality
- Help reframe experience, highlighting uniqueness and internal strength it takes to be honest with self
- Know resources – where to associate with others, self-help resources, churches that are affirming
- Help them deal with pressure/guilt of keeping secret from family (wears on sense of self-worth); look realistically at what will occur if tell family, help them evaluate whether to do so, take cultural considerations into consideration; if decide to tell, role-play or letter-write