Multiculturalism and Cultural Competence


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Part 1: Introduction

What is culture?

Culture is the way of life of a people. It is the sum of their learned behavior, patterns, attitude, etc.; it includes beliefs, preferences, verbal and nonverbal communication styles, and relationship patterns. We all see the world via our own cultural filters.

What is cultural competence?

Cultural competence is knowing how to negotiate cultural differences and being willing to conduct human interactions in a respectfully responsible and responsive manner ... that protects / preserves the dignity of individuals. It is more than knowledge; it is a state of mind and way of life.

Elements of Cultural Competence

Individual Cultural Competence

- Awareness and acceptance of difference
- Awareness of own cultural values
- Understanding dynamics of difference
- Development of cultural knowledge
- Ability to adapt practice to the cultural context of the client

Organizational Cultural Competence

- Valuing diversity
- Participating in cultural self-assessment
- Managing the dynamics of difference
- Institutionalizes cultural knowledge
- Adapts to diversity

What are the "isms"?

- Racism
- Sexism
- Classism
- Ageism
- Disable-ism
- Heterosexism
Evaluate Your Own View of Culture

1. What culture are you from?
2. What level of acculturation to the dominant culture would you ascribe to your currently family, i.e., first generation, bicultural, assimilated, second generation, recent immigrant, etc.?
3. Select four nouns to describe yourself.
4. I would describe my comfort level with self-disclosure as (low, medium, high):
5. What messages did you get from your culture about family structure?
6. What messages did you get from your culture about child rearing practices?
7. What is the most important holiday in your culture and what is the reason for this?
8. If someone in your culture needed help, what would she/he do?
9. If it became known that this person asked for help, what feeling would be associated with that (for the helpee)?
10. What is your culture’s view of governmental intervention in the lives of citizens?
11. Finish this sentence: Children should
12. Give a 1-2-3-4-5 order of importance ranking, based on messages you received from your culture:

   Education
   Wealth
   Religion
   Family
   Nationality/Ethnicity

Part 2: Child Welfare Practice in a Multi-Cultural Environment


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Definitions

Race

A race is a biological subspecies or variety of a species, consisting of a more or less distinct population with anatomical traits that distinguish it clearly from other races. But this biologist's definition does not fit the reality of human genetic variation today. We are an extremely homogenous species, biologically. As a matter of fact, all humans today are 99.9% genetically identical, and most of the variation that does occur is in the difference between males and females and our unique personal traits. Even our closest relatives, the chimpanzees have 2-3 times more genetic variation than people. Orangutans have 8-10 times more variation. It is now clear that our human "races" are primarily social creations, not biological realities. The commonly held belief in the existence of human biological races is based on the assumption that anatomical traits, such as skin color and specific facial characteristics, cluster together in single distinct groups of people. They do not. There are no clearly distinct "black", "white", or other races. Even though race is primarily a social rather than biological phenomenon, this does not mean that it does not exist. To the contrary, "races" are very real in the world today. In order to understand them, however, we have to look into social interaction rather than biological evolution. (O'Neil, 2006)
Here is another definition of race: Race is not "...a biological or genetic category, but rather, a way of interpreting differences between people [that] creates or reinforces inequalities among them - a political construct. In other words, "race" is an unequal relationship between social groups, represented by the privileged access to power and resources by one group over another." (Marable, 2000 as cited by Derezotes, 2005)

Ethnicity

Ethnicity generally refers to selected cultural and sometimes physical characteristics used to classify people into (ethnic) groups or categories considered to be significantly different from others. Commonly recognized American ethnic groups include American Indians, Latinos, Chinese, African Americans, European Americans, etc. In some cases, ethnicity involves merely a loose group identity with little or no cultural traditions in common. This is the case with many Irish and German Americans. In contrast, some ethnic groups are coherent subcultures with a shared language and body of tradition. Newly arrived immigrant groups often fit this pattern. (O'Neil, 2006)

People in an ethnic group are usually of the same race, and they may share a common cultural background. However, ethnicity and culture are not interchangeable. People from the same ethnic group can differ widely in their cultural traits. Culture is more complex than either ethnicity or race.

Culture

One definition of culture is - the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

Another definition is - the thoughts, ideas, behavior patterns, customs, values, skills, languages, arts, and faith or religion of a particular people at a given point in time.

Culture is not a rigidly prescribed set of behaviors or characteristics. Instead, it is a framework through which actions are filtered or checked as individuals go about their daily lives. These cultural frameworks are constantly evolving and being reworked. Although people of the same cultural background may share tendencies, not all members of a group who share a common cultural background and/or history will behave in the same way. Behavior is governed by many factors, such as socioeconomic status, gender, age, length of residence in a given location, and education. Each of these factors will have impact. Also, individuals may differ by degree to which they choose to adhere to a set of cultural patterns. Some individuals identify strongly with a particular group; others combine practices from several cultural groups.

Cultural Diversity

When we talk about cultural diversity, we mean simply that there are a variety of cultures. Having a diverse workforce, for instance, is important because each person brings something different to the table. Better ideas and strategies are achieved when we have a diversity of perspectives represented. Additionally, our clients come from many different cultures. They often feel more comfortable when they come to an agency and are able to interact with people that share some commonalities with them. One very significant area where this comes into play is around language.

Cultural Awareness

Cultural awareness means better understanding of the various cultures with which we come in contact. In other words, before we can adequately serve a client, we need to know something about them and about their culture. This is where rapport building is so important.
Our first action in working with families should be building rapport. Research tells us that if you take the time to build rapport with a family, you will more likely get accurate information. Cultural awareness is a step along the road to cultural competency.

Cultural Competence

In *Cultural Competence: A Guide for Human Service Agencies (revised)*, cultural competence is defined as:

"The ability of individuals and systems to respond respectfully and effectively to people of all cultures, races, ethnicities, sexual orientations, and faiths or religions in a manner that recognizes, affirms and values their worth and protects their dignity (Nash and Velazquez, 2003)."

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations. It is the state of being capable of functioning in the context of cultural differences.

The Notion of Cultural Competence

The word "cultural" is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

The word competence is used because it implies having the capacity to function effectively.

A culturally competent system of care acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. (*Focal Point*, vol. 3, #1, Fall, 1988)

In other words, cultural competence means understanding other people, their values, and their concerns, from their point of view.

Culturally competent individuals and organizations understand that cultural competence is a continuous process of assessing and broadening our knowledge of and respect for diverse individuals and communities. As child welfare professionals and systems learn to integrate the unique strengths and perspectives of culturally diverse communities, the relationships and interactions between service providers and families become less strained (CWLA, 2002).

Cultural Competence Continuum

One model of cultural competence describes a continuum of behaviors and attitudes. These behaviors and attitudes range from culturally destructive on one end to culturally competent and proficient at the other.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum. (National Center for Cultural Competence)

The characteristics delineated in this continuum are not meant to define a system or organization. They simply allow systems and organizations to broadly guage where they are, and to plan for positive movement and growth to achieve cultural competence and proficiency.
People can (and usually do) show attitudes and behavior from multiple areas of the continuum. Even the most culturally savvy people can have deeply embedded blind spots. The continuum goes from cultural destructiveness to cultural proficiency.

- **Cultural destructiveness** is characterized by attitudes, policies, structures, and practices within a system or organization that are destructive to a cultural group.

Those operating destructively hold beliefs or engage in behaviors that reinforce the superiority of one culture over another with the resultant oppression of the group viewed as inferior.

*See the difference, stomp it out.*

- **Cultural incapacity** is the lack of capacity of systems and organizations to respond effectively to the needs, and preferences of culturally and linguistically diverse groups. Characteristics include institutional or systemic bias; practices that may result in discrimination in hiring and promotion; disproportionate allocation of resources that may benefit one cultural group over another; subtle messages that some cultural groups are neither valued nor welcomed; and lower expectations of some cultural, ethnic, or racial groups.

Those operating at the point of cultural incapacity are less actively destructive but behave paternalistically, lack the skills to be effective with individuals from diverse groups, and often reinforce biased policies.

*See the difference, make it wrong.*

- **Cultural blindness** is an expressed philosophy of viewing and treating all people as the same. Characteristics of such systems and organizations may include: policies that, and personnel who, encourage assimilation; approaches in the delivery of services and supports that ignore cultural strengths; institutional attitudes that blame individuals or families for their circumstances; little value placed on training and resource development that facilitate cultural and linguistic competence; workforce and contract personnel that lack diversity; and few structures and resources dedicated to acquiring cultural knowledge.

Those who profess that culture makes no difference, represent cultural blindness. Individuals and organizations at this point of the continuum actively seek to be nonbiased but in so doing may fail to adequately address the needs of the clients that they serve and implicitly or explicitly encourage assimilation.

*See the difference, act like you don't.*

- **Cultural pre-competence** is a level of awareness within systems or organizations of their strengths and areas for growth to respond effectively to culturally and linguistically diverse populations. Characteristics include but are not limited to: the system or organization expressly values the delivery of high quality services and supports to culturally and linguistically diverse populations; commitment to human and civil rights; hiring practices that support a diverse workforce; the capacity to conduct asset and needs assessments within diverse communities; concerted efforts to improve service delivery usually for a specific racial, ethnic or cultural group; tendency for token representation on governing boards; and no clear plan for achieving organizational cultural competence.

This is the first stage on the positive end of the spectrum. Although the need for culturally competent policies, procedures, and people is recognized, it may not extend beyond tokenism or a search for ways to respond.
• **Cultural competence**, the next point on the continuum, is described as accepting and respecting differences and implementing policies that support these beliefs and commitment.

Systems and organizations that exemplify cultural competence demonstrate an acceptance and respect for cultural differences and they:

- Create a mission statement for the organization that articulates principles, rationale, and values for cultural and linguistic competence in all aspects of the organization;
- Implement specific policies and procedures that integrate cultural and linguistic competence into each core function of the organization;
- Identify, use and/or adapt evidence-based and promising practices that are culturally and linguistically competent;
- Develop structures and strategies to ensure consumer and community participation in the planning, delivery, and evaluation of the organization's core function;
- Implement policies and procedures to recruit, hire, and maintain a diverse and culturally and linguistically competent workforce;
- Provide fiscal support, professional development, and incentives for the improvement of cultural and linguistic competence at the board, program, and faculty and/or staff levels;
- Dedicate resources for both individual and organizational self-assessment of cultural and linguistic competence;
- Develop the capacity to collect and analyze data using variables that have meaningful impact on culturally and linguistically diverse groups;
- Practice principles of community engagement that result in the reciprocal transfer of knowledge and skills between all collaborators, partners, and key stakeholders.

**See the difference, understand the difference that difference makes.**

• **Cultural Proficiency**. At this final point of the continuum, individuals and organizations seek to refine their approach and practice by learning more about diverse groups through research, dissemination, and a fully integrated workforce.

Systems and organizations hold culture in high esteem, use this as a foundation to guide all of their endeavors, and they:

- Continue to add to the knowledge base within the field of cultural and linguistic competence by conducting research and developing new treatments, interventions, and approaches for the delivery of services;
- Employ staff, consultants, and consumers with expertise in cultural and linguistic competence;
- Publish and disseminate promising and evidence-based practices, interventions, and training models;
- Support and mentor other organizations as they progress along the cultural competence continuum.
- Actively pursue resource development to continually enhance and expand the organization's capacities in cultural and linguistic competence;
- Advocate with, and on behalf of, populations who are traditionally unserved and underserved;
- Establish and maintain partnerships with diverse constituency groups, which span the boundaries of the traditional child welfare arena to eliminate racial and ethnic disparities.

**See the difference and respond effectively in a variety of environments.**
- Name the differences: **Assess Culture**
- Claim the differences: **Value Diversity**
- Reframe the differences: **Manage the Dynamics of Difference**
- Train about differences: **Adapt to Diversity**
- Change for differences: **Institutionalize Cultural Knowledge**

(Adapted from Goode, 2004 and Cross, et al., 1989)

**Part 3: The Importance of Cultural Competence**

**Demographics**

The United States is increasingly a culturally and linguistically diverse nation. According to the 2010 U.S. Census, White Americans (including non-Hispanic/Latino and Hispanic/Latino) make up the racial majority with 72.4% of the U.S. population. Hispanic and Latino Americans, the largest ethnic minority, comprise 16.3% of the population, and Black Americans, the largest racial minority, make up nearly 12.6% of the population. Asian Americans comprise 4.8% of the U.S. population. American Indian and Alaska Natives are 0.9%; Native Hawaiian and Other Pacific Islander are 0.2%; Other Races are 6.2%; and Two or More Races are 2.9% (US Census, 2010).

It is estimated that by 2050, more than half of the U.S. population will be African-American, Asian, and Hispanic and Latino American. Meeting the health and social services needs of this changing population is a considerable challenge.

When we overlook culture or when we do not understand what is normal in the context of the culture, we can make harmful decisions. We limit our ability to engage families and communities and build on their strengths (Williams as cited in McMahon, 1992)

Cultural competence allows social workers and other health care providers to feel more comfortable and be more effective in their interactions with families whose cultures are different from their own. It enables families to feel good about their interactions with their social worker, and it allows the two parties to accomplish their goals (Brislin, Cushner, Cherrie, and Young, as cited in McMahon, 1992).

**Misconceptions about Culture**

Those raised in the Anglo-Saxon tradition tend to think of faraway cultures, such as those once studied by Margaret Mead in the Pacific Islands, as whole and intact societies, and to think of the cultures of dispossessed and displaced American Indians and African Americans as shattered remnants of a distant and perhaps happier time. Yet, all traditions and all communities are by definition rich, complex, and varied. It is only the superficiality of our understanding that conceals their richness and makes it difficult to appreciate why they are important to those who live in them.

Any culture, including one that seems traditional or homogeneous, contains a complex repertoire of responses, and this repertoire may be expanded by contact with other cultures. To recognize new forms of social complexity as they emerge in the behavior of individuals or families, and to value the creativity of people's responses to social change, is to acknowledge the integrity and capability inherent in their traditions and values. This view of culture, as a source of creative complexity rather than substitutive replacement, is the philosophical essence of ethnic competence.

Two of the common mistakes people often make are to overstate or to understate the significance of a cultural match between people trying to communicate with one another. These mistakes can be divided into two broad categories:
• **Category One: Cultural Compatibility**

**Myth:** Progress can only be made if both the giver and the receiver of services are of the same ethnic and/or cultural background.

**Reality:** Cultural/ethnic matches are not significant predictors of positive outcomes. Cultural/ethnic mismatches don't necessarily mean limitations in ability to give and/or receive services.

• **Category Two: Universalism**

**Myth:** Race, ethnicity, and culture do not matter.

**Reality:** Race, ethnicity, and culture do matter and must be recognized, acknowledged, and respected.

**Part 4: Dialogue and Discussion on Culture in Child Welfare**

Population growth and racist practices place stress on all systems in the United States, including the social welfare system. Researchers have raised questions such as: Why should social work address the issue of cross-cultural practice in the United States? What is the intersection between culture and race as it impacts the process of helping? Is race the issue - or is it culture, class, caste? What kind of professional social worker is needed to provide services to ethnic and culturally contrasting persons? What skills are needed, and what knowledge needs to be taught to prepare people to work effectively with minority persons and populations?

Cultures are in fact different, and most of the differences are subtle and not always visible to outsiders. Any set of values, including professional ones, is culture-bound. We need to see our own actions and values in an explicitly comparative way so that our personal choices do not keep us from perceiving why others may have different ones.

**Diversity and Ethics**

The **NASW Code of Ethics** addresses the mandate of social workers to work toward cultural competence, both individually and within institutions:

1.05 Cultural Competence and Social Diversity

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.
6.04 Social and Political Action

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

Other professional organizations have included similar provisions in their codes of ethics.

The American Psychological Association’s *Ethical Principles of Psychologists and Code of Conduct* provides:

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any basis proscribed by law.

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status.

The American Counseling Association *Code of Ethics* includes the following provisions:

A.2.c. Developmental and Cultural Sensitivity
Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.4.b. Personal Values
Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants.

B.1.a. Multicultural/Diversity Considerations
Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

Culturally competent professionals are sensitive to environmental limitations but also open to new and challenging experiences. They usually appreciate that ambiguity (and its resulting anxiety) in cross-cultural relationships is normal. Both the worker and the client bring to their engagement a "presenting
problem" and the worker's problem is the ambiguity and uncertainty of the encounter. To cope with that, the worker needs to see the client as a "peer-collaborator" for managing anxiety.

In learning about others, the social worker learns about self, and clients can be among the best teachers. That seems rather obvious and simple, but it is very difficult for some providers to grasp and accept because it goes to the heart of power. The health care provider who has academic degrees, who has attended all the right workshops and has the framed certificates to prove it, who has the job title and career aspirations, may find it quite difficult to grant a teaching role to those he or she is paid to serve.

**Historical Context**

Let's talk about the historical context. The Pilgrims didn't come as immigrants entering an alien society. They came as a vanguard of emigrants that would create a new England in the image of the one they left behind. As they became the dominant cultural group, the emigrants began to guard against all outside encroachment on their culture. The way that they related to the native population became the template for future relationships with people who were not members of the dominant culture. New immigrants were required to adapt to the dominant culture, language, and values. Persons of newly arrived status were oppressed by design, their cultures denigrated, and their languages viewed as inferior. They were asked to become American without benefit of equality and the social standing granted to Americans.

Assimilation involves taking on the new culture's beliefs, norms, and values. It is the degree to which an individual relinquishes an original culture for another. When individuals are assimilated into the dominant culture, they lose their previous culture. Because the dominant culture in the United States was so closely affiliated with white Protestants, some white European ethnic groups were able to assimilate more easily than other non-white groups.

But in the last 25 years or so, there is less pressure to assimilate, and more of a move toward acculturation. Whereas assimilation is the process of replacing one's first culture with a second culture, acculturation is the process of acquiring a second culture (Korzenny, 1999).

Acculturation, sometimes referred to as cultural adaptation, refers to an individual's learning and adopting the norms and values of the new host culture. It is a process of adapting to and adopting a new culture.

Enculturation is the socialization process one goes through to adapt to one's society. It is socialization into one's primary culture as a child; the specific ways that human infants and children learn to become adult members of a particular society (Spenser as cited in Davis-Sowers, 2006).

Biculturalism occurs when an individual identifies equally with two or more cultures.

**Service Delivery**

The field of social work, in general, and the child welfare system, in particular, have a history of exclusion and disparity in service delivery for children and families of color.

For decades the child welfare system discriminated against children of color by excluding them. The first child welfare services were established in the late 19th century by elite charitable organizations to "rescue" destitute white immigrant children. The proportion of nonwhite children in the public child welfare caseloads steadily increased after World War II, almost doubling between 1945 and 1961, from 14 percent to 27 percent (Billingsley & Giovannoni 1972). African American children were often relegated to inferior "colored" asylums or classified as juvenile delinquents to qualify for out-of-home care (Bernstein as cited by Roberts, 2002).
Let’s look briefly at three ethnic groups that have been particularly impacted by child welfare: African Americans, Native Americans, and Latinos.

**African Americans**

Researchers, Billingsley and Giovannoni (as cited in Hogan & Siu, 1988), hypothesized that three factors caused the increased inclusion of African Americans in the child welfare system after World War II: (1) The increased migration by Black families to the North, (2) the public system increasingly caring for more poor minority children as the number of poor white children decreased, and (3) the effects of a new national focus on integration. (p. 494)

These researchers (Billingsley and Giovannoni as cited in Hogan & Siu, 1988) believed, however, that the child welfare system continued to treat children of color differently. They believed that "racism was manifested in three ways - by the kinds of services developed, by inequitable treatment based on race within the service delivery system, and by incomplete efforts to change the system" (p. 494).

In the 1960s, the civil rights movement spawned a climate for the development of voluntary agencies to serve African American children and families. Participation by African Americans on the boards of these agencies gave African Americans their first opportunity to control the services delivered to their children and families (Hogan & Siu, as cited by Nash and Velazquez, 2003).

Researchers Billingsley and Giovannoni concluded that although case workers made a concerted effort to eliminate discriminatory practices in child welfare in the 1970s, an unfair distribution of services remained. This continued to prevent African American children and families from receiving adequate services.

Although workers increased and access to services improved for children of color, disparity continued. Stenho’s review of Shyne and Shroeder's data collected in 1978 indicated that “greater proportions of African American children were served in the public sector… and that Caucasian parents received more social service support than other parents” (as cited in Courtney et al., 1996, p. 108). Research indicates that resource allocation is still a problem today (GAO, 2007).

In the late 1980s, both the total size of the foster care population and the share of children of color, especially African American children, skyrocketed. The number of children in foster care increased from 262,000 in 1982 to 581,000 in 1999.

According to a report by the GAO, African American children made up less than 15 percent of the overall child population in the 2000 Census, but they represented 27 percent of the children who entered foster care during fiscal year 2004, and they represented 34 percent of the children remaining in foster care at the end 2004 (GAO, 2007). In addition, once African American children are removed from their homes, their lengths of stay in foster care average 9 months longer than those of White children (GAO, 2007). One study found (as cited in GAO, 2007), that race was a significant factor in whether families received mental health related services, even after controlling for age, type of maltreatment, behavior of the child, and gender (Garland et al, 2000).

**Native Americans**

The child welfare system has been particularly devastating to Native American children and families.

In 1958, the U.S. Bureau of Indian Affairs, in collaboration with the Child Welfare League of America, launched a mass campaign to relocate Indian children from reservations to orphanages and white adoptive homes (Roberts, 2002).
In 1977, 1% of the children in the child welfare system were Native Americans. The Children's Defense Fund (as cited in Hogan & Siu, 1988) reported that this constituted overrepresentation based on the number of Native American children in the total population. Unger's research (as cited in Hogan & Siu, 1988) showed that surveys conducted between 1969 and 1974 "documented that between 25% and 35% of all Native American children were placed in foster or adoptive homes or institutions" (p. 494). Byler's (1977) research indicated that 80% of those placements were in Caucasian homes.

Unger (as cited in Hogan & Siu, 1988) noted that teachers did not allow Native American children in the boarding school system to use their native languages or observe cultural customs. Also, a higher percentage of transracial placements occurred because Native American families faced insurmountable obstacles in meeting the dominant culture's qualifications to be foster and adoptive parents. Olsen's (1982) analysis of Shyne and Shroeder's data indicated that Native American children were the least likely to be recommended for services, whereas White and Asian children were most likely to receive services.

Congress sought to redress the state-sponsored decimation of Indian tribes by passing the Indian Child Welfare Act in 1978, giving tribal courts exclusive jurisdiction over child welfare decisions involving tribal members (Roberts, 2002 b). Although controversial, the passage of the Indian Child Welfare Act at least stemmed the tide of Native American children being placed in homes where they are estranged from their culture.

Latinos

Latinos in the U.S. come primarily from 20 different countries in Latin America. Although they may share a common language and selected aspects of the Spanish and Latin American cultures, they are not a homogenous group. Latinos have a different set of behaviors, customs, and values depending on their cultural heritage, upbringing, life experiences, or the circumstances under which they came to the United States. (Illinois Department of Children and Family Services, 1996, p. 2)

Language and other cultural issues have created barriers for Latino children and families in accessing services. Traditionally, Latino children have been transracially placed. Workers placed lighter skinned children with Caucasian families and darker skinned children with African American families (Codina & Montalvo, 1994).

This devaluation of their cultures has negatively affected Latino children and may be the reason for so many being labeled "behaviorally disturbed." Latino people have a wide variety of cultures, which makes placing Latino children more challenging. Placing Latino children in culturally inappropriate homes can further estrange them from their cultures and may cause difficulties in their acculturating with their foster or adoptive families.

Latinos younger than seven were less likely to have service plans than any other group of children (Codina & Montalvo, 1994). African American and Latino children were the least likely to have contact with family members, although their family members were often interested in visiting the children. Workers were more likely to assess Latino adolescents as having behavioral problems, and Latino teens were most likely to be placed in group homes (Codina & Montalvo, 1994).

Although reports of abuse and neglect are relatively proportionate for Latino and White non-Latino children, Latino children have disproportionately higher rates of investigations (Church et al, 2005).
Racial Disparities

Race

Research often makes reference to "race." Race is not ". . . a biological or genetic category, but rather, a way of interpreting differences between people [that] creates or reinforces inequalities among them - a political construct. In other words, "race" is an unequal relationship between social groups, represented by the privileged access to power and resources by one group over another." (Marable, 2000 as cited by Derezote, 2005)

Barbara Needel (2006) offers the following definition:

Racial Disproportionality

Whenever a child welfare event is broken down by race, if it looks different than the percentage proportion of that race in the population, that is disproportionality.

For example, on the last day of fiscal year 2004, African American children totaled 162,911 - or 34 percent - of the 482,541 children in foster care, according to HHS data - about twice their proportions in the general child population (GAO 2007).

What Needel refers to as disproportionality is referred to by some researchers as "overrepresentation."

Overrepresentation

Overrepresentation occurs when the percentage of children in system from a racial group is greater than the group's proportion in the general population. (Roberts, 2006)

- African Americans: 15% population v. 34% in foster care.
- Native Americans: 1% population v. 2% in foster care.

Additional Research

One of the persistent findings in foster care research is that African American children typically remain in foster care longer than similar White children do (GAO, 2007).

Several different research studies have studied exits from foster care using multivariate models and found that African American children spend more time in placement regardless of whether the child exits to family reunification or adoption (Wulczyn, 2003; GAO, 2007).

"Coupled with the fact that African American children are also more likely to be admitted to foster care, the length of stay data suggest that the observed disproportionality for African American children is a function of both entry and exit dynamics" (Wulczyn, 2003).

Courtney and Wong found the race effect persists even after controlling for admission age, placement type, poverty status, family structure, health status, and reason for placement. Overall, the race effect (averaged over exit types) indicated that an exit rate that was approximately one third slower for African American children (Courtney & Wong, 1996).

Blacks, Hispanics, and Asian/Pacific Islander children have disproportionately higher investigations of maltreatment than White children (Fluke et al, 2002; Church et al, 2005).
Researchers have found that both professionals and nonprofessionals in the child welfare community referred more African American children to CPS agencies than White children; however, victimization rates do not seem to be linked to race (Fluke et al, 2002; Church et al, 2005).

African American children are investigated at a higher rate than White children, regardless of the race of the investigator; however, there is no evidence that there is racial bias against families of the opposite race of the investigator. Caucasian investigators are more likely than other investigators to indicate (substantiate) a report regardless of the race of the family (Rolock & Testa, 2005).

Three National Incidence Studies of Child Abuse and Neglect (NIS) indicated that the average Black child is no more at risk for abuse and neglect than White children. Researchers who studied the study design of the 1980 National Incidence Study sample selection recommend that due to the study design of the National Incidence Studies, inferences about racial differences in maltreatment should be made with caution (Ards et al, 1998).

There is a positive correlation between child abuse reports and poverty. Researchers argue that the high visibility of families in poverty due to frequent contact with public agencies increases their representation in child abuse reporting thus skewing the socioeconomic distribution of child abuse and neglect cases (GAO, 2007).

Some common characteristics of areas identified as having high rates of maltreatment are lack of knowledge about community services and agencies; inability to identify positive attributes of their community; lack of formal and informal network or support systems; poor physical location for community programs; and the dominance of gang activity in the neighborhood (Garbarino & Kostelny, 1992; GAO, 2007).

The Community Dimension of CPS

In the last several years a number of social scientists have studied the effects of neighborhoods on child development.

"Neighborhood effects" are the impact of neighborhood characteristics, such as poverty, joblessness, and residential stability, as well as community-level social dynamics, on children and families.

William Julius Wilson wrote about what he called "concentration effects," the extreme concentration of poverty and unemployment in African American neighborhoods, resulting from the deindustrialization of the central cities, beginning in the 1970s.

The influential "Project on Human Development in Chicago Neighborhoods" highlights the impact of social disorganization and a concept it coined, "collective efficacy," on informal mechanisms for maintaining order in communities. Collective efficacy refers to neighbors' shared belief in their ability to take joint action on behalf of children's welfare. The project's leaders found that neighborhoods with high levels of collective efficacy experience fewer incidents of violence, personal victimization, and homicide. They argue that collective efficacy is the mechanism that helps to mediate the effects of neighborhood characteristics such as poverty and residential stability on violence.

At the same time, social workers have adopted community-based approaches to the delivery of child welfare services.

These programs typically draw on the strengths of families and communities, try to respect cultural norms, and engage in partnerships with neighborhood organizations that support families. They may acknowledge a responsibility to be accountable to communities, for example, by consulting with neighborhood leaders and stakeholders in setting policy and designing services to families.
The System's Racial Geography

Dorothy Roberts (2005) argues that these neighborhood-oriented approaches to child welfare are far too narrow and that they leave out what she views as a crucial aspect of the relationship between communities and the child welfare system - the impact of the child welfare system itself on neighborhoods that experience high rates of involvement by child protective services.

Child welfare agency involvement is concentrated in poor communities of color. Research tells us that in Washington State, for example, one in ten Native American children is in foster care (10% of the child population within this group). In 1997, one out of ten children in Central Harlem had been placed in foster care. In Alameda County, CA, most removals of children from their families are clustered in a few zip code areas, two of which are almost exclusively African American.

Ms. Roberts argues that, "[m]any Black and Native American children grow up in neighborhoods with a lot of state supervision of children and families while few white children do. What does this mean for the way in which children view themselves, their families, their communities, the government and the relationships among them? These starkly disparate neighborhood experiences are surely an important component of the child welfare system's racial disproportionality. In other words, racial differences in rates of foster care placement affect not only children's individual chances of becoming a ward of the state but also affect children's chances of growing up in a neighborhood where state supervision of children is prevalent. The spatial concentration of child welfare agency involvement in African American neighborhoods is what makes the child welfare system a distinctly different institution for white and Black children in America." (Roberts, 2005)

This means that racial disproportionality impacts not just those children in foster care, but all the children in the neighborhood.

Ms. Roberts points out that there has been no research, theory or practice focused on the community-level impact of the child welfare system. But there have been studies done on exposure to incarceration, which is another form of "coercive mobility." Studies show that some incarceration reduces crime in a neighborhood. But once it reaches a point where as much as half of the adult male population is incarcerated, crime actually goes up!

Ms. Roberts argues that lack of focus on the community-level impact of the child welfare system may be due to the perception that developed by the 1970s, that child maltreatment is an individualized problem located in dysfunctional families. The government promoted, and the public came to accept, a medical model of child abuse - child maltreatment as the symptom of individual parents' pathologies.

Learning to be culturally competent helps caseworkers to deliver services more effectively to a diverse clientele and to uncover unrecognized biases in their view of minority families. But Roberts goes as far as to suggest that such cultural sensitivity "might also convince caseworkers, administrators, and judges that they are acting fairly while the system they are administering continues to have negative consequences for the communities in which it is concentrated."

In other words, culturally competent practice takes culture into account, but doesn't necessarily change the intervention (Adapted from Roberts, 2005).

Culture and Human Behavior

National and state data provide evidence of the disproportionate representation of African American and Native American children in the child welfare system. In California, there is also the issue of geographic disparity in the nature, quality and quantity of services provided to children and families across the state.
There is strong support in the child welfare literature that systemic and attitudinal forces contribute to the geographic disparity as well as the disproportionate involvement of large numbers of minority children at all stages of child welfare decision making.

**Visibility Hypothesis**

Garland et al (1998) (as cited in CWS Stakeholders Group, 2002) have proposed a "visibility hypothesis" to explain why there is a higher probability of children of color to be placed in foster care "when living in a geographic area where they are relatively less represented (i.e., less 'visible')." Garland and her colleagues concluded that visibility increases the chances for minority contact and placement with the system for two reasons: (1) child protective services agencies, given prevailing perceptions and attitudes, are more likely to investigate groups, and (2) these groups generally do not have the support networks that could fend off any investigation from CWS.

**Institutional Racism**

Other scholars have written about the role of institutional racism in explaining the disproportionate representation of African American children in the system (see Roberts 2002). Poverty, homelessness, drug addiction, poor housing, unemployment and other indices of misery are all worse for African-Americans than Whites. A CWS approach that is predicated on a law enforcement model, i.e., waiting for a report and investigating, instead of prevention, will ipso facto capture more African-Americans in the system.

For those who may look to a White on Black race effect, Mark Testa and Nancy Rolock presented research in Illinois that showed that both White and Black CPS investigators substantiate reports on African American families at an equal and higher rate than they do for reports on White families. (Derezotes, 2005).

To the extent that they are unaware of culture’s profound impact on human behavior, they wittingly or unwittingly participate in creating a system that is perceived by a growing number of client families, advocates and child welfare professionals as unfair, uncaring, and for some, racist in its treatment of families and children.

"Cultural racism . . . is like smog in the air. Sometimes it is so thick it is visible, other times it is less apparent, but always, day in and day out, we are breathing it in. None of us would introduce ourselves as "smog breathers" (and most of us don't want to be described as prejudiced), but if we live in a smoggy place, how can we avoid breathing the air?" - Beverly Daniel Tatum, PhD

From the standpoint of the child welfare system, three points must be made about culture(s):

1. Culture provides the lens through which we see the world, process information, and communicate with others.
2. Cultures evolve mechanisms for dealing with the duality of good and bad. These mechanisms are built upon the cultural means for dealing with difference, as well as establishing the boundaries between difference and deviance.
3. Cultures evolve different responses for behaviors that are considered as deviant or anti-social, ranging from expulsion to assimilation, or change from assimilation to expulsion.

The current culture of child protective services is one that makes both legal and moral judgments about good and bad behavior(s) regarding child abuse, maltreatment and neglect. The mechanisms for making such judgments/conclusions are not just legal but profoundly cultural.
Structural Racism

Any true understanding of the impact of race, race relations, and social outcomes, including disparities, requires a structural theory of racism.

The term structural racism is used to describe the ways in which history, ideology, public policies, institutional practices, and culture interact to maintain a racial hierarchy that allows the privileges associated with whiteness and the disadvantages associated with color to endure and adapt over time (Aspen Institute, 2005).

One theory of structural racism, developed by Camala P. Jones, MD, MPH, PhD, National Center for Chronic Disease Prevention, Centers for Disease Control and Prevention, suggests structural racism is the cumulative effect of three pathways.

**Institutionalized racism** - differences in access to goods, services and opportunities according to race.

**Personally mediated racism** - prejudice (suspicion, scapegoating) and discrimination (lack of respect, dehumanization) by individuals against others based on their racial or ethnic background.

**Internalized racism** - acceptance by members of a stigmatized racial/ethnic group of negative messages about their abilities and value.

The framework is based on three assumptions:

1. The historical context of slavery and racism creates separate conditions according to race and environment that supports those in positions of power to the detriment of those who are not.
2. Those in power (members of the dominant race) have the capacity to alter the structure of differential or biased treatment, should they choose to do so.
3. Institutional racism is the most fundamental of the three pathways. It must be addressed in order for meaningful change to occur.

**Why should those working to improve developmental outcomes for youth pay attention to structural racism?**

Youth development theorists have outlined several personal and social assets that are important contributors to positive youth development. Yet, the primary contexts within which young people can develop these assets have important racial dimensions. We know that African American, Latino, and Native American youth are disproportionately represented in our nation's poorest communities, as are some Asian groups. Youth of color are more likely to experience high unemployment, poor educational opportunities, and less access to adequate health care than their white counterparts. This is not mere coincidence. We cannot hope to find lasting solutions to these problems without attending to their root causes - a powerful one of which is the racial bias embedded in the policies and practices of major opportunity arenas and a social context that allows bias to persist (Aspen Institute, 2005).

While all three pathways of racism are critical for understanding racial and ethnic disparities, institutionalized racism plays a key role in determining and perpetuating the other two pathways. In addition, institutional and mediated racism work in concert to facilitate structural inequality and the racialized climate that shapes the daily lives of youth of color.

**Institutionalized racism** is differential access to the goods, services, and opportunities of society by race. It is structural, having been codified in our institutions of custom, practice, and law so there need not
be an identifiable perpetrator. Institutionalized racism can often be inaction in the face of need. Institutionalized racism manifests itself both in material conditions (such as differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment), and in access to power (including differential access to information, resources, and voice).

The association between socioeconomic status and race in the United States has its origins in discrete historical events but persists because of contemporary structural factors that perpetuate those historical injustices. In other words, it is because of institutionalized racism that there is an association between socioeconomic status and race in this country. Pathways through which institutionalized racism impacts outcomes include socioeconomic status and access to services.

**Personally mediated racism** is prejudice (differential assumptions about the abilities, motives, and intents of others by race), and discrimination (differential actions toward others by race). This is what most people think of when they hear the word, racism. Personally mediated racism can be intentional as well as unintentional, and it includes acts of commission as well as acts of omission. It manifests as lack of respect, suspicion, devaluation, scapegoating, and dehumanization. Pathways through which personally mediated racism impacts well-being include the stresses of everyday racism and differential treatment within the service delivery system.

**Internalized racism** is acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. It involves accepting limitations to one's own full humanity, including one's spectrum of dreams, one's right to self-determination, and one's range of allowable self-expression. It manifests as an embracing of "whiteness," self-devaluation, and resignation, helplessness, and hopelessness. Pathways through which internalized racism impacts well-being include fratricide and adoption of risky behaviors.

**Remember Erickson’s Stages of Development?**

- **School Age (7-10 Years)** Psychosocial Crisis: **Industry** vs. Inferiority
- **Adolescence (10-17 Years)** Psychosocial Crisis: **Identity** vs. Role Confusion
- **Young Adulthood (18-40 years)** Psychosocial Crisis: **Intimacy** vs. Isolation

**Q.** How do you believe a youth of color's sense of power, competence, usefulness, and belonging might be impacted by structural racism (institutionalized, personally mediated and internalized racism)?

**A.** "It impedes healthy adolescent development, and limits young people’s exposure to educational, employment and social opportunities and diminishes teens' ability to avoid risky behavior and lifestyles."

**Industry** - Like all youth, young people of color need to prepare for career and employment. Structural racism can impede youth’s industry formation by 1) reducing the ability to form positive identities around education, work and career or severing/diminishing those psychological connections; and 2) by limiting connections to academic, work and career opportunities. Discrimination and bias in school create an unhealthy environment that turns young people of color away from school by decreasing opportunities for meaningful engagement and disproportionately implementing negative disciplinary actions, such as suspension.

**Identity formation** - Positive identity, including racial/ethnic identity is protective for the emotional and psychological well-being of teens of color. Structural racism contributes to a negative self-perception and negative perception of one’s racial/ethnic group, which starts often at an early age. Mass media can perpetuate stereotypes and promote negative images of youth of color. A limited sense of self and self-worth can heighten depression and diminish emotional health of minority youth.
**Intimacy** - Structural racism can impede young people’s ability to trust and form trusting relationships. Residential segregation, one manifestation of structural racism, often leads to mistrust and false perceptions of others, as groups who live far apart tend to interact less with each other and are more likely to draw conclusions about the values and traits of others from stereotypes and hearsay.

Structural racism contributes to unhealthy behavior and lifestyles. Studies suggest that structural racism heightens the psychological and emotional conflict experienced by youth of color as part of adolescence. This propels teens of color into unhealthy psychological and emotional responses. (Adapted from CARTA, Inc. 2006)

**Messages**

Messages get delivered in writing, through speech, or encoded as signals or underlying assumptions, themes, or ideas. Over a lifetime, we receive millions of messages - both subtle and explicit, positive and negative, helpful and harmful - from influences, including media, government and society; school, family, peers, community, neighborhood; and group membership.

These messages play a key role in the processes of acculturation and socialization: government policies, media stereotypes, prevalent societal values and beliefs, institutional racism, prejudice, and discrimination all strongly affect individual identity.

The following four questions have to do with ethnicity. Culture is much more than ethnicity, but we'll use ethnicity for the purpose of illustration. Respond to items 1 - 4 with brief answers.

1. Messages I got growing up from my mother about being a member of an ethnic group.
2. Messages I got from my father about being a member of an ethnic group.
3. Messages I got growing up from my extended family about socializing with or belonging to the dominant group or community.
4. Messages I got from my family about surviving in life as an ethnic person.

Remember that some of these messages may be explicit, while others may be implicit. Take an opportunity to think about your answers and discuss with colleagues the implications of your acculturation process for becoming an ethnically and culturally competent worker.

Discussions about culture can often become highly charged because of the unique histories everyone brings to the discussion. But the fact that the discussion can be difficult means that it is all the more important to have it. In order to work effectively in a diverse environment, workers have to find opportunities to talk about cultural components in their cases. Workers have to find a forum to address these issues, either in case conferences, with their supervisor, or with co-workers they trust.

It's important to understand the impact of messages, both those we receive as well as those we convey. We should also learn how to differentiate between supportive messages and ones that hinder our racial and ethnic identity development.

Proactive messages highlight cultural history and individual talents; encourage success based on individual abilities and traditional cultural strengths.

Protective messages remind and prepare youth to face hostility and racism in the mainstream.
Part 5: The Influence of Culture on the Family

When gathering information on clients, it's important to filter this information through the client's culture in order to get an accurate picture. It helps you to get a picture of how the client interacts with the world around them.

Case Worker's Beliefs about Family and Family Life

It's also important, though, for workers to realize that they are filtering the information about clients through their own cultural beliefs about families and family life.

By reflecting on his or her answers to the following questions, the social worker can get a clearer understanding about how his or her views of family may differ from their clients' views.

Structure, Roles, Responsibilities

- What were the roles and responsibilities of the female parent or caretaker?
- How were those roles and responsibilities different from the roles and responsibilities of the male parent or caretaker?
- What were the roles and responsibilities of children when you grew up?

Setting Limits

- Who was responsible for disciplining children?
- How was discipline delivered?
- How were anger, frustration and other feelings expressed between members of the household?

Symbolism

- Around what situations were celebrations held?
- What were the bases of celebration?
- How were celebrations held?
- Were there any specific symbols that were used in your household when you were growing up? What were those symbols, and what did they mean?

The Cultural Context

Cultural Factors that Impact Intervention and Communication

Communication can occur only when the agendas of those in the communication process are the same. When each person's status is mutually accepted, communication occurs.

Language

The language the social worker uses in the interview can serve as a detriment and barrier to understanding. The social worker shouldn't use technical jargon or terminology more appropriate to members of the professional culture than to the minority person of color.

Language variations are markers of ethnic and cultural diversity. Language relates to thought processes, and because languages vary within any one cultural group, it follows that speakers of different languages will perceive and therefore construct reality differently. As the person thinks, so the person acts. To learn
the use of another's language is to enter into the world of the other. The social worker must strive for the degree of understanding that can derive only from information provided by a member of the contrasting cultural group.

Launching into data gathering that is focused on the presenting problem may well be perceived as intrusive and disrespectful.

Words and phrases may have different meanings in different cultures.

For example, a worker asked a client if she would be willing to accompany the worker to a school conference to plan for a child's special educational needs. The client answered, "I don't care."

In the worker's culture, "I don't care" is a polite way of saying you don't really want to do something and is interpreted as a lack of commitment or an avoidance. The worker decided, based upon her own interpretation of the message, that the client wasn't motivated, and she dropped the subject.

In the client's culture, "I don't care" meant, no reason not to; it's fine with me." The client didn't understand why the worker never followed through, and she decided the worker was unreliable and didn't really care about her.

Non-verbal cues

Looking a person in the eye can have many meanings:

- It may communicate an interest in the other person, a desire to get to know them
- It may communicate that one sees another person as an equal
- In some cultures it is a challenge, and may communicate intent to fight another person for position or status.
- It may communicate disrespect or a lack of deference to someone in a position of authority.

Avoiding eye contact can also have different meanings:

- It may communicate shyness or feeling uncomfortable
- It may indicate a desire to ignore someone, or avoid a relationship with him or her
- It may be a sign of deceit, of not being truthful
- It may be a sign of respect and deference in the presence of someone in an esteemed or honored position

Calling Someone by His or Her First Name

In some cultures, being on a first name basis with another person denotes friendliness, the dropping of artificial barriers, permitting free and easy conversation, and equality. Using Mr. or Mrs. may be interpreted as wanting to maintain distance.

In other cultures, the use of a first name when addressing a person is viewed as disrespectful and poor mannered. It communicates that you do not hold the person in high regard. In some cultures, to use first names may imply a degree of intimacy that is reserved for only a very few relationships.

The best way to determine the most culturally appropriate way to address someone is to simply ask him or her. Get into the habit of asking clients, foster parents, service providers, and co-workers how they would prefer to be addressed.
Religion and/or Spiritual Beliefs

Our view of the world is influenced by our belief systems.

For example, the client's religious faith taught her that the Lord would look after her, and all was in His hands. Whatever happened, she needed only to trust in His wisdom. The social worker's culture stressed a value of self-reliance and independence. She had learned that the only way to get ahead was to pull yourself up by your bootstraps, and to pursue a path that you determine to be the best for you. The worker interpreted the client's trust in her Lord as complacency, a lack of motivation, avoidance of the issues, and a lack of interest in changing her life. The client interpreted the worker's desire to teach her to help herself as pushy, intrusive, shortsighted, and critical of her beliefs.

Because our cultures are such a part of our lives, we often take our culture for granted. This makes it hard for us to see our own culture objectively. To be culturally competent, we have to understand the role of culture in our own lives.

As people from different cultural groups take on the task of working together, we can misunderstand each other, and react in ways that can be barriers to developing partnerships. Oftentimes, we aren't aware that culture is acting upon us. Sometimes, we are not even aware that we have cultural values or assumptions that are different from others.

The following are six fundamental patterns of cultural differences - ways in which cultures, as a whole, tend to vary from one another. Ask yourself how culture may be shaping your own reactions, and try to see the world from others' points of view.

**Six Fundamental Patterns of Cultural Differences**

1. **Different Communication Styles**

   The way people communicate varies widely between, and even within, cultures. One aspect of communication style is language usage. Across cultures, some words and phrases are used in different ways. For example, even in countries that share the English language, the meaning of "yes" varies from "maybe, I'll consider it" to "definitely so," with many shades in between.

   Another major aspect of communication style is the degree of importance given to non-verbal communication. Non-verbal communication includes not only facial expressions and gestures; it also involves seating arrangements, personal distance, and sense of time. In addition, different norms regarding the appropriate degree of assertiveness in communicating can add to cultural misunderstandings. For instance, some white Americans typically consider raised voices to be a sign that a fight has begun, while some Black, Jewish and Italian Americans often feel that an increase in volume is a sign of an exciting conversation among friends. Thus, some White Americans may react with greater alarm to a loud discussion than would members of some American ethnic or non-white racial groups.

2. **Different Attitudes toward Conflict**

   Some cultures view conflict as a positive thing, while others view it as something to be avoided. In the U.S., conflict is not usually desirable; but people often are encouraged to deal directly with conflicts that do arise. In fact, face-to-face meetings customarily are recommended as the way to work through whatever problems exist. In contrast, in many Eastern countries, open conflict is experienced as embarrassing or demeaning; as a rule, differences are best worked out quietly. A written exchange might be the favored means to address the conflict.
3. Different Approaches to Completing Tasks

From culture to culture, there are different ways that people move toward completing tasks. Some reasons include different access to resources, different judgments of the rewards associated with task completion, different notions of time, and varied ideas about how relationship-building and task-oriented work should go together.

When it comes to working together effectively on a task, cultures differ with respect to the importance placed on establishing relationships early on in the collaboration. A case in point, Asian and Hispanic cultures tend to attach more value to developing relationships at the beginning of a shared project and more emphasis on task completion toward the end as compared with European-Americans. European-Americans tend to focus immediately on the task at hand, and let relationships develop as they work on the task. This does not mean that people from any one of these cultural backgrounds are more or less committed to accomplishing the task or value relationships more or less; it means they may pursue them differently.

4. Different Decision-Making Styles

The roles individuals play in decision-making vary widely from culture to culture. For example, in the U.S., decisions are frequently delegated -- that is, an official assigns responsibility for a particular matter to a subordinate. In many Southern European and Latin American countries, there is a strong value placed on holding decision-making responsibilities oneself. When decisions are made by groups of people, majority rule is a common approach in the U.S.; in Japan consensus is the preferred mode. Be aware that individuals' expectations about their own roles in shaping a decision may be influenced by their cultural frame of reference.

5. Different Attitudes toward Disclosure

In some cultures, it is not appropriate to be frank about emotions, about the reasons behind a conflict or a misunderstanding, or about personal information. Keep this in mind when you are in a dialogue or when you are working with others. When you are dealing with a conflict, be mindful that people may differ in what they feel comfortable revealing. Questions that may seem natural to you -- What was the conflict about? What was your role in the conflict? What was the sequence of events? -- may seem intrusive to others. The variation among cultures in attitudes toward disclosure is also something to consider before you conclude that you have an accurate reading of the views, experiences, and goals of the people with whom you are working.

6. Different Approaches to Knowing

Notable differences occur among cultural groups when it comes to epistemologies -- that is, the ways people come to know things. European cultures tend to consider information acquired through cognitive means, such as counting and measuring, more valid than other ways of coming to know things. Compare that to African cultures' preference for affective ways of knowing, including symbolic imagery and rhythm. Asian cultures' epistemologies tend to emphasize the validity of knowledge gained through striving toward transcendence. (Nichols, 1976) Recent popular works demonstrate that our own society is paying more attention to previously overlooked ways of knowing.

You can see how different approaches to knowing could affect ways of analyzing a community problem or finding ways to resolve it. Some members of your group may want to do library research to understand a shared problem better and identify possible solutions. Others may prefer to visit places and people who have experienced challenges like the ones you are facing, and touch, taste and listen to what has worked elsewhere.

(DuPraw and Axner, 1997)
Basic Ethnographic Techniques

In a traditional interview, the interviewer operates from the perspective that "I know what I want to find out, so I'm setting the agenda for this interview" and "I know what is best for the person I'm interviewing. Let me see if I can get her to accept my ideas." In contrast, the professional operating from an ethnographic perspective thinks, "I don't know much about the parents' point of view, so I need to encourage them to set the agenda" or "I don't know what the parents want for their child. Let's see if I can thoroughly understand their ideas about their child."

Ethnographic interviews can be thought of as a series of friendly conversations in which the clinician slowly introduces open-ended questions to assist the client or family member in sharing their experiences. Introducing questions too quickly can turn interviews into formal interrogations. Rapport will evaporate and informants may discontinue their cooperation.

Most clients will be unfamiliar with an ethnographic interview. Consequently, the interviewer should begin by explaining the reason for the interview and the types of questions that will be asked. The clinician seeks to discover what clients do, what they do not do, who and what supports them to perform their best, and what compromises their best performance. This information provides a basis for determining the focus of intervention and how the intervention can best be implemented.

The ultimate goal of ethnographic interviewing is for clients to provide a vivid description of their life experiences. To achieve this goal, one must ask the right kinds of questions in the right kinds of ways.

The Right Questions: Ethnographic Questions

Ethnographic interviews employ descriptive and structural questions.

Descriptive Questions; Structural Questions; and Social Dimensions.

Descriptive questions are broad and general and allow people to describe their experiences, their daily activities, and objects and people in their lives. These descriptions provide the interviewer with a general idea of how individuals see their world.

Structural questions are used to explore responses to descriptive questions. They are used to understand how the client or parent organizes knowledge. Interviews begin with descriptive questions. Typically, the interviewer begins with a grand tour ("Tell me about a typical day") or mini-tour questions ("Tell me about a typical mealtime" or "Tell me about a typical therapy time").

Responses to the descriptive questions will enable the interviewer to discover what is important to clients or their families. As interviewers listen to answers to descriptive questions, they begin to hear words or issues repeated. These words or issues represent important categories of knowledge. The interviewer wants to understand the relationships that exist among these categories. Nine relationships can capture the majority of the relationships that exist in people's lives. For example, if a person frequently mentions being "overtaxed," the interviewer then asks structural questions to explore that person's concept of being overtaxed. "What kinds of things do you do when you are feeling overtaxed?" "What are the reasons you are overtaxed?" "What are ways to keep from being overtaxed?"

Strict inclusion, rationale, and means-ends questions tend to be used the most. As you begin to do ethnographic interviews, these three types of structural questions are good ones to learn first.

- Strict-inclusion questions help you gather information on the categories a person is using to organize information (e.g., kinds of memory problems person experiences, kinds of activities he/she wants to participate in).
**Means-end questions** lead to information on behaviors (e.g., ways a person deals with feelings of isolation, ways mother deals with child's tantrums).

**Rationale questions** lead to information on causes of or reasons for the behavior (e.g., reasons for person feeling overtaxed, reasons that person rejected hearing aids as a child, causes of child's tantrums).

By conducting an ethnographic interview, the interviewer is attempting to gain a good understanding of the social situations in which clients and their families exist and how they perceive and understand those situations.

Every social situation has nine dimensions that include people involved, places used, individual acts, groups of acts that combine into activities or routines, events, objects, goals, time, and feelings. Although these dimensions can be discussed separately, in real life, the dimensions interact. People engage in acts, activities, and events in places using objects associated with the activities, events, and locations. The activities and events generally have a time sequence. People engage in them for a reason—that is, they have goals for doing what they do, and they have feelings for what they do, where they do it, and the people involved.

A complete understanding of a client's or family's world would involve investigation of all of these areas. For purposes of assessment and intervention planning, however, not all of these dimensions will be of equal importance to every person. Some dimensions will be more important for some clients and families than others.

Information obtained from clients during the ethnographic interviewing can have a powerful impact on devising intervention goals and strategies. It may often mean the difference between successful and unsuccessful intervention.

The ways that questions are asked can either facilitate or disrupt the development of rapport and an effective interview.

The authors of *Asking the Right Questions in the Right Ways: Strategies for Ethnographic Interviewing* (cited below) suggest using the following techniques when asking questions:

- Ask for use instead of meaning.
- Use open-ended questions rather than those that trigger a yes or no response.
- Restate what the client says by repeating the client's exact words.
- Summarize the client's statements and give them an opportunity to correct you if you have misinterpreted something that was said.
- Avoid multiple questions
- Avoid leading questions that orient the person to respond in a particular direction.
- Avoid using why questions


**Practical Applications**

All people are influenced by their cultures, sometimes overtly, and sometimes in subtle ways. People may or may not be aware of the impact of their cultures on themselves. Below are some case illustrations to consider.
Scenario #1

A baby is born testing positive for cocaine. She has been placed on a CPS hold at the hospital because the mother, Marie, has had no prenatal care, is homeless and admits to using crack cocaine every day of her pregnancy. The baby is Marie's 7th child. All of her other children have been removed from her custody, placed in foster care and/or have been adopted by non-relatives. The father of the baby is unknown. Marie has made no preparations for the baby except that a couple of weeks before delivery, she ran into an old friend, Clarice, from her youth whom she knows from the neighborhood. Clarice lives down the street from the "crack house" that Marie frequents. She sees Marie around the neighborhood from time to time, the last time being a couple of months ago, but Marie did not mention she was pregnant, and Clarice says that Marie was not obviously showing. When Marie told Clarice that she'd plan to give the baby up for adoption, Clarice said she would take the baby. Clarice gave her phone number to Marie, who promised to call when she went into labor.

About 9 months earlier, Clarice had encountered Marie shortly after she was raped and believes the baby may be a product of that encounter. Clarice wants to adopt the baby, and although the notice is short, she says she is ready to take care of the baby immediately. She has two of her own children, ages 8 and 12 years. Clarice says that "everyone knows I've always wanted another baby, I just never wanted to push." Clarice is active to probation for a minor charge, but she says this charge could be dismissed next year if she stays out of trouble.

Marie's oldest child, Sarah, is 19 and has a 3 year old child of her own, and has only recently emancipated from the foster care system. Sarah has lived most of her life with her maternal grandmother. They continue to reside in this home, but the grandmother is in frail health. She is frustrated that she has lost track of some of her siblings who have been adopted. She had maintained contact with three of her siblings, who live in three different families around the Bay Area.

Marie called Clarice when she was in labor to let her know the baby was coming. Marie delivered the following day but left the hospital, against medical advice, before Clarice was able to get there. When Clarice arrived, she was unable to see the baby because she is not a relative. Besides Sarah and the maternal grandmother, all other relatives are drug involved or incarcerated. Sarah says that she wants to adopt the baby, but agrees with Clarice taking the baby.

Questions:

• **Where should the baby live?**
  - Should the baby be sent back to Marie, or should the baby be placed in an alternate permanent home? In the latter case, should it be via adoption, legal guardianship, or long-term foster placement? How will the interest of the child be best served?

• **What does the baby need - physically, emotionally, developmentally?**
  - The baby was positive for drugs at birth. What effect may this have on physiological and psychological development?

• **What might be Clarice's motivation for becoming a foster parent?**
  - How might her service needs be different than those of a licensed county foster parent with no previous relationship to the family? What would be the advantages for the baby of placement with Clarice? What might be the disadvantages of such a placement?

• **What cultural factors might be relevant to your work with this family?**
  - What might be some ways to work with this client so that the cultural issues are an integral part of the solutions and strategies? Consider how you might validate the cultural norms and practices. Consider the relevant laws, regulations and policies, as well as any social and historical realities of oppression, poverty, experiences of families, needed resources, etc.
Epilogue:

The child welfare staff found Clarice to be a very impressive individual that was well-connected within her community. She is the kind of person who knows all the professionals, pastors, real estate brokers, mortgage brokers, etc. She also knows all of the “crack heads… the good ones and the bad ones” (her words). She was the kind of person who would not walk past you on the street without greeting you. If she saw you slumped over she would make sure you were okay. She provides informal respite to a couple of special needs children in the community. She turns out to be a good ally because she is the kind of person who tells it like it is and can go places child welfare workers can't safely go - find people who don't necessarily want to be found. The child welfare staff obtained a waiver for her criminal history. They sought placement with Clarice to pursue legal guardianship (since her criminal history would preclude her from being able to pass an adoptive home study in the near future - the mother will not receive reunification services so a permanent home is urgent). In so doing, the child remains connected to his community, some of his siblings, and he has a safe place to live. If his mother ever gets clean, she may be able to develop a relationship with him but in the meantime, he will have a permanent home. Clarice hopes to pursue adoption later on.

Scenario #2

Deandre is a 16 year-old youth who has been placed in a group home specializing in working with the LGBTQ population for the past seven months. He was removed from his parents (who are divorced) because neither was willing to provide a home for him any longer. His mother presents as cold and distant toward him and complains that he has been "too reliant on me for the past 16 years… and its time for him to take care of himself". As such, she has not engaged in her reunification case plan but will allow him to visit from time to time. Deandre's father has had no contact with Deandre for over 2 years and is not involved in his case plan either. There are no known relatives willing to have him placed in their home.

In the time that Deandre has been placed in his group home, he has had several incidences involving alcohol and drugs. On two occasions he returned to the group home drunk or under the influence of marijuana. On another occasion he brought marijuana to the group home and was caught smoking it with another resident around the corner from the facility. As a result of each of these incidences, he has received two 7-day notices, because the group home director says they "don't deal with drug and alcohol issues". Both notices were subsequently rescinded after discussing the matter and developing a plan of action to address some of the issues, which included outpatient treatment. A month has passed since the last 7-day notice was rescinded. Since that time, Deandre as been expelled from his LGBTQ charter school for being drunk on campus and bringing alcohol to school to share with others. Deandre has been reluctant to return to traditional high school because at his last high school, he was beaten up for being an openly gay youth.

There are a few outpatient treatment programs available, but all require a high level of commitment and involvement from the family (or caregiver). The child welfare worker is concerned that a change of placement may be necessary; however, there is no current notice being given for his removal.

Deandre alleges that his child welfare worker is racist and homophobic. He says his child welfare worker only wants to move him because all of the staff and residents at the group home are of a different ethnicity and the child welfare worker wants more of an ethnic match. Deandre says that it is important for him to be in an environment that is accepting of his identity.

Questions:

• To what degree should Deandre be involved in identifying an appropriate placement?
• Consider what strengths are present and how you might engage the client in shared decision-making. Consider how you might support enhanced self-confidence, courage and the will to act. What might be some ways to work with this client so that the cultural issues are an integral part of the solutions and strategies?

• Should LGBT youth routinely be placed in congregate care specializing in LGBT youth?
• Consider how you might validate the cultural norms and practices. Consider the relevant laws, regulations and policies, as well as any social and historical realities of oppression, poverty, experiences of families, needed resources, etc.

• What might be the cultural issues/dynamics of this situation?
• Consider how you might mitigate institutional bias, support self esteem, and encourage the client's belief in his ability to succeed.

• How would you explore this to find out more?
• Consider how you might build a positive relationship, help the client to develop effective skills, and develop a successful intervention.

Epilogue:

With much hesitation, agency staff agreed to leave Deandre in his group home. The group home staff changed their stance on their willingness to deal with drug and alcohol issues, and his case manager agreed to be his primary person in outpatient treatment. Additionally, therapy was sought to assist Deandre with the grieving/acceptance process since his relationship with his parents is not going to provide the nurturance he so desperately craves.

Scenario #3

A baby is born positive for methamphetamines and vicodin (which had not been prescribed) and is on CPS hold at the hospital. This is Michael and Ashley’s first baby. They currently live with Ashley's mother, Carol, who is a middle class professional who works full time. Carol has plenty of room in her home, in an affluent area, to accommodate the parents and new baby until they get their own place. Both parents are currently unemployed.

Carol has lived in California for several years. Michael and Ashley, who are both Caucasian, recently relocated to California from Kentucky, to leave behind a troubled life. They have lived here since the Ashley was 12 weeks pregnant. Ashley says that in Kentucky her OB-GYN prescribed her an experimental drug that was an alternative to methadone. She paid for the drug out of pocket because Medicaid did not cover the medication. Upon her arrival in California, she immediately found another OB-GYN to resume her prenatal care and was regular with that care.

About a month before the baby was born, Ashley ran out of her supply of the medication. She asked her OB-GYN for a refill, but the doctor would not renew the prescription. In fact, the doctor recommends against taking this medication while pregnant. A week later, Ashley reports that she started to feel "drug sick" which ultimately led to her relapse. She said that she only used twice and that the last time she used was seven days before delivery. She says she has otherwise not used any drugs at all since she learned she was pregnant.

Michael has been present for much of the interview but presented as cagey and evasive for most of his contact with the social worker. However, now he is somewhat more forthcoming. Both parents have a criminal history in Kentucky. Ashley reports that her history involves drug possession charges, but she has never been in jail for more than a couple of days. Michael admits that his criminal history is more serious because it dates back to when he was a juvenile and involves a violent crime. He says that he
had a lengthy incarceration as a juvenile but has not been in trouble since being released. Our agency has not gotten a call back from authorities in Kentucky to confirm these reports. He says that he has put that behind him and is currently clean. He says that he last used several months ago.

Carol reports that the parents were doing much better these days. Carol hosted a baby shower for them a couple of weeks ago so the parents have plenty of supplies.

Questions:

- **What might be the cultural issues/dynamics of this situation and what effect might they have on the client?**
- Consider the impact of social and economic class. Consider the relevant laws, regulations and policies, as well as any social and historical realities of oppression, poverty, experiences of families, needed resources, etc.

- **What might be some of the pros and cons of including kin (such as Carol) in your work with this family?**
- Consider confidentiality, relevant regulation and law regarding placement, funding and resources.

- **What might be some ways to work with this client so that the cultural issues are an integral part of the solutions and strategies?**
- Consider what strengths are present and how you might engage the client in shared decision-making. Consider how you might support enhanced self-confidence, courage and the will to act. How might you motivate the client?

Epilogue:

Until more information could be learned, the baby remained in protective custody and was discharged to a foster home. Obviously, Ashley and Michael were not being completely honest. Although they both vowed to get into outpatient treatment immediately, they failed to follow through and had a variety of excuses as to why they could not drug test. Despite Carol's generosity toward the parents, neither Ashley nor Michael disclosed to her they were both still abusing prescription drugs (that they bought on the street) and that they were selling drugs. Michael's criminal history included convictions as a juvenile for aggravated assault, assault with a deadly weapon and strong arm robbery. Also, contrary to his report, he had been arrested a couple times for possession after his incarceration prior to moving to California. Carol had been unaware of these activities, and she asked them to leave her house so that she could get the baby placed with her. The parents moved into a motel, but this plan was extremely tenuous since the parents had no clear form of income. Carol was assessed for placement, but placement was delayed in order to insure that she would maintain the appropriate boundaries with the parents.

Scenario #4

Nahit is a 15 year old girl originally from Afghanistan. She has been 5150’d for threatening to commit suicide. She is also pregnant by her 21 year old boyfriend from a Pakistani family. He appears to be ambivalent about his relationship with Nahit and has threatened to break up with her in the past. Nahit tried to keep the pregnancy a secret from her parents, but now that she is 20 weeks along, she has found it too difficult to conceal.

Nahit says that she wants to kill herself because she wants to keep and raise her baby, but her parents want her to give the baby up for adoption since it is too late to have an abortion. She says her parents
have threatened to send her back to Afghanistan where she says, in her culture women and girls are stoned to death for having sex out of wedlock.

Nahit's parents believe that if she keeps the baby, she will bring shame to the family. They want the pregnancy to remain a secret to send her to live with relatives until she delivers the baby and the baby has been placed for adoption. They dismiss her assertion about women being stoned to death. They say that is an outdated custom sometimes still practiced in rural areas, but they are from the city. The parents complain that Nahit is "obsessed" with this boyfriend, whose relationship with their daughter they were unaware of until they learned she was pregnant. They do not feel her boyfriend is good for her.

The hospital staff is also concerned about Nahit's relationship with her boyfriend as well as her general reality testing. They feel that in addition to her treatment for acute suicidality, the possibility of Nahit suffering from psychosis and delusions must be further assessed.

The father speaks very little English, but says that he does not need a Farsi interpreter because he wants to keep this a private family matter. They say that there is a large Afghan community in the county, but it is very tight-knit, and they do not want anything about this to get out. He says, through his wife, that any interpretation that is needed can be provided by the mother. Because of the massive implications of a child protective services investigation and the potential for legal action, the CWW has requested the assistance of a Farsi interpreter anyway. Upon her arrival, the parents immediately became upset and again refused her services. Coincidentally, the parents knew the interpreter personally and were embarrassed that she had been called against their wishes.

Questions:

- How might language impact how services are to be delivered in this situation?
- What issues need to be considered in deciding upon whether to use an interpreter? Consider what strengths are present and how you might engage the client in shared decision-making. Consider the relevant laws, regulations and policies, as well as any social and historical realities, experiences of families, etc.

- How might the youth's mental health issues impact how services are to be delivered in this situation?
- Consider what strengths are present and how you might engage the client in shared decision-making. Consider how you might support enhanced self-confidence, courage, and the will to act.

- What are the child's placement needs, if any? How would you weigh the parents' desire to send Nahit to live with relatives with Nahit's concerns?
- The youth has expressed a concern for her safety, should she be placed with relatives? How would you explore this to find out more? What are the relevant laws, regulations, and policies in relation to placement with relatives?

Epilogue:

The mother suggested that the child welfare staff convince Nahit's boyfriend to marry her. It is suspected that if this happens, Nahit will move in with this other family, and her parents could disown her. The most recent reports were that her boyfriend stopped taking her calls so this did not seem like a viable option. Nahit refused to return home. She was placed in foster care on discharge from the hospital and is receiving outpatient mental health services. The parents never came to any of the court hearings or made any further efforts to reunify with their daughter.
Scenario #5

Sheila is a 16 year-old, first generation Chinese American. She lives with her 19 year-old brother, Allan, and her parents Chao and Lu. Chao and Lu immigrated from a rural area in China to the United States with Allan when he was 2 years old. Despite the fact that the parents received very little formal education, they were able to start a family business, and they own a store where their children worked after school.

Two years ago, Sheila disclosed to her parents that her brother had been coming into her room at night and molesting her. Her parents had a talk with Allan and told him to stop, which he promised to do. About a year later, Sheila told her mother that Allan had stopped for a time but then started molesting her again. This made her feel very uncomfortable around Allan. Chao and Lu once again had a talk with Allan and told him that he would be required to work at the store more hours a day. They also gave Sheila the option to not work in the store any further so that they would spend less time together and so she would not feel so uncomfortable. Chao and Lu also said they tried to keep "a close eye" on Allan. Sheila is still not comfortable at home, but does not want to be placed in foster care. She just wants her brother to stop molesting her.

When asked, through a certified interpreter, if they had ever sought treatment or therapy for their children, they said that they didn't understand. The interpreter explained that the parents didn't appear to have any concept of "therapy", "mental health" or what a psychologist might do. When asked if they had someone in their community from whom they sought spiritual advice, they said they don't practice any religion. They were asked hypothetically, if they were living in their home village, how they would handle a family crisis like this and whose counsel would they seek. They said that in their culture, they would never speak of this.

When asked if there was a relative with whom their son could live, where no other children would be placed at risk, Chao and Lu said that they had a cousin who lived in the area, but the rest of their family was in China. Lu added that she still didn't understand why Allan had to leave the home since he was not yet married.

Questions:

- **What might be the cultural issues/dynamics of this situation?**
  - Consider how you might mitigate institutional bias, support self esteem, and encourage the client's belief in their ability to succeed.

- **What effect do the cultural issues/dynamics have on the client?**
  - Consider how you might validate the cultural norms and practices. Consider the relevant laws, regulations and policies, as well as any social and historical realities of oppression, poverty, experiences of families, needed resources, etc.

- **How would you explore this to find out more?**
  - Consider how you might build a positive relationship, help the client to develop effective skills, and develop a successful intervention.

- **What might be some ways to work with this client so that the cultural issues are an integral part of the solutions and strategies?**
  - Consider what strengths are present and how you might engage the client in shared decision-making. Consider how you might support enhanced self-confidence, courage and the will to act. How might you motivate the client?
Epilogue:

Because the parents believed Sheila and tried to protect her in the best way they knew how, every effort was made to prevent Sheila from entering foster care. In the parents' tradition, Allan would have been expected to live at home while he attended college. For Sheila's safety, however, Allen could not remain in the family home. Although the parents didn't fully understand it, they agreed to follow the child welfare worker's recommendations, which were to have Allan move out, into the cousin's home, and enter sex offender treatment. Sheila did not want to deepen her embarrassment at having the reason for Allen's move revealed to their mutual friends. So, with a great deal of input from Sheila, much effort was made to make the change of living arrangements look as normal as possible. Allan moved for a brief time into the cousin's home and then, at the start of school, into his own housing near his college campus. The family was referred to the local Asian mental health clinic for family counseling. Sheila was referred to individual counseling as well. The family was provided informal family maintenance services for six months.

Scenario #6

Esperanza is 15 years old and has been placed in the same foster home for more than 5 years. Esperanza is Mexican and although she speaks English fluently, Spanish is her first language. Her foster parents, David and Michelle, are African American ministers, whom Esperanza calls "Dad" and "Mom". She has not had any contact with her birth family for many years.

Esperanza recently disclosed to her foster mother that she'd had unprotected sex and was concerned that she might be pregnant. Other concerns about Esperanza include cutting class and associating with gang members. She has participated in therapy for the last 3 years and has engaged well in the sessions. Her therapist believes, "her association with gangs is her way of connecting with Mexican culture".

Recently, the foster parents enrolled Esperanza in Quinciñera classes. A Quinceañeros is an important rite of passage and involves months of practice, a large party, and expensive dress and can cost many hundreds, if not thousands of dollars. David and Michelle knew the potential costs but enrolled her anyway. However, they found out Esperanza had been cutting classes again so they took her out of Quinciñera classes as punishment. Their reasoning was that if she doesn't go to class all day during school hours, "why should we let her go to these extra curricular activities?"

Despite her close bond with David and Michelle, Esperanza has asked to be moved to a Latino home where she can be closer to her native language and culture. Her therapist supports this move. David and Michelle do not want her to leave their home.

Questions:

- How are the cultural dynamics and developmental needs of the youth impacting one another?
  - Consider how you might validate the cultural norms and practices. Consider the relevant experiences of families, needed resources, etc.

- How might the cultural experience of the foster parents, the therapist and the worker influence how each of them views the situation?
  - Consider the significance of the Quinciñera classes, the association with gangs, the cutting classes, and the sexual activity.

- What are the client's immediate needs and how might you work with this client so that the cultural issues are an integral part of the solutions and strategies?
- Consider what strengths are present and how you might engage the client in shared decision-making. Consider how you might support enhanced self-confidence, courage and the will to act. How might you motivate the client?

Epilogue:

There were facts deliberately left out of this scenario because as it was written, the dynamics mirrors the dilemma's that persisted with the placement for the entirety of the placement. The youth was placed in a foster family agency (FFA) home just before the Department of Children and Family Services ceased making any further placements in this foster family agency. While child welfare staff would not disrupt the placement of a youth who was stable, they would no longer allow any further placements in the agency, due some highly questionable practices on the part of that FFA. The child welfare worker has been concerned about the placement for several years but has never moved the youth because the youth always wanted to stay. Esperanza had been in other placements previously and had been abused or otherwise mistreated in at least 2 of them. For her, this placement was manageable because she felt she was treated as one of the family, even if that was not to the standards or expectations of the foster care system. A request to find a new foster home was made anyway because on the night that Esperanza told Michelle she feared she was pregnant, Michelle became angry and said many vulgar and demeaning things to her. The tirade lasted several hours and finally Esperanza went to bed. She had only been asleep a short while when she was awakened in the middle of the night and berated further. Esperanza told her therapist about this incident, who in turn reported this to the child welfare worker. A Community Care Licensing investigation was also initiated. A move was inevitable at this point, even if the youth hadn't been ready. Michelle initially denied the incident ever occurred but when confronted by the youth about it in a Team Decision Making meeting, Michelle did not dispute the details. The FFA social worker agreed that it was probably time for Esperanza to move on, although care would be taken to find the right placement since there was no 7-day notice.

-- Scenarios created by Brittany Walker Pettigrew, 2008

Part 6: Understanding Personal Biases

The Ladder of Inference

The ladder of inference, originally developed by Chris Argyris, (Senge, 1994; Bellinger 2004) is a model that describes our mental process of observing situations, drawing conclusions, and taking action.
• The diagram shows that we begin with real data, the kind that would be captured by a video camera that didn't lie
• We then choose a set of selected data that we pay attention to
• To this selected data we affix meaning and make assumptions
• Based on the assumptions, we come to conclusions
• And finally develop attitudes and beliefs.
• These attitudes and beliefs then form the basis of our actions or behaviors

Our actions, in turn, create additional real data and experience, so this structure is, by nature, reinforcing.

As our attitudes and beliefs influence the selected data and experience we pay attention to, they essentially establish an internal reinforcing loop which short circuits reality. The tendency is to select data to pay attention to that which supports our attitudes and beliefs. (As our attitudes and beliefs become more and more rigid, the selected data and experience we are willing to pay attention to will become a smaller and smaller portion of reality.)

So, when we say, "the fact is . . ." what we are actually saying is "the fact, as I understand it based upon my data selection process, cultural and personal background, judgments, beliefs and assumptions. . ." Because of the important decisions we make, it is important for us to understand our ladder of inference; for us to understand the steps (thinking) in between the data (i.e., family situation, client's behavior) and the actions we take based on that data.

We are so skilled at thinking that we may jump up the ladder without knowing it. Consequently, we can

• Register some data and ignore other data;
• Impose our own interpretations on these data and draw conclusions on them;
• Lose sight of how we do this because we don't think about our thinking.

So, our conclusions feel so obvious to us that we see no need to retrace the steps we took from the data we selected to the conclusions we reached.

The situations we are in, our assumptions, and our values guide how we jump up the ladder.

• Our models of how the world works (i.e., what is a good family and/or a good person) and our range of actions influence the data we select, the interpretations we make, and our conclusions about clients' behavior.
• Our conclusions lead us to act in ways that produce results that usually reinforce our interpretations and assumptions. So, we are usually able to confirm and justify our beliefs (model of thinking).

Our skill at making conclusions and taking action is essential, and it is also a limitation in our work.

If we deconstructed (understood how we took the action we did) each action we took, we’d feel stifled and impaired. When we use supervision to deconstruct decisions we are more likely to create more effective solutions that take the client's cultural and personal values into consideration too.
Using the Ladder of Inference as a Tool for Examining Personal Biases

"We must be willing to ask ourselves through what lens or filter are we making our decisions? What criteria are we using to judge the actions of our youth in care that is conscious and institutionally sanctioned vs. the criteria that is less conscious and needs to be brought to the surface."

-- Deputy Commissioner Joyce Burrell
NYS Office of Children & Family Services
JMATE Conference March 25, 2008, Grand Hyatt Hotel, Washington, DC

During supervision, you can debrief an interaction with your supervisor, using each rung of the ladder of inference as a tool to help you to understand how you reached a conclusion and recommended action based on that conclusion. This may help to make explicit the implicit biases embedded in our decision-making.

1. Select Data (first rung of the ladder)

During this first stage you and your supervisor identify what data you selected from the situation you observed.

Things to consider in consultation with your supervisor:

- What data did you observe?
- What did you pay attention to and report?
- How did you decide to pay attention to this data?
- What did others observe and report?
- What did the client observe and report?
- What data is missing? (from the perspective of the client, another worker, or the supervisor).

2. Interpret Data (second rung of the ladder)

Things to discuss with your supervisor:

- What are your values about what you observed?
- What do you believe about these behaviors?

Questions to help you think beyond your biases:

- What are the client's values about this situation?
- What are the organization's values about this situation?
- What other values might be considered in this situation?
- What are the supervisor's values about this situation?
- What do you think of these other values?

3. Draw conclusions (third rung of the ladder)

During the third stage, you're working with your supervisor to understand how the selected data and the interpretation of that data led you to your conclusions about the situation.

Things to consider in consultation with your supervisor:
• What data did you use to draw your conclusions?
• What values did you use to draw your conclusions?
• How do your conclusions reflect your values?

Questions to help you think beyond your biases:

• What conclusions might the client, supervisor, or organization have about the situation?
• How do you know this? What tells you this?

4. Take Action (the final rung of the ladder)

Connect all the dots.

Things to consider in consultation with your supervisor:

• What conclusions support your action?
• Which of your values are reflected in your action?
• What values did you use to take this action?

Questions that help you think beyond your biases:

• What actions might the client, supervisor, or organization take in this situation?
• How do you know this? What tells you this?

After completing the ladder of inference with your supervisor, consider the following:

• What have you learned about how your biases/values guide the conclusions you make?

(Adapted from Infusing Fairness and Equity into Child Welfare Training, Matthew R. Mock, PhD)

Part 7: Knowledge: The Foundation of Cultural Competence

The education of every case worker should include material related to the varieties of cultures in the United States.

Tacit knowledge is knowledge understood but not stated. You may have intuitions and feelings as a result of earlier information-gathering efforts such as formal learning or previous work experiences. Recognizing this, the culturally competent social worker is cautious about transferring what has been learned from one person to the case of another person.

The worker must view the person as an individual and not as a standard example of a category.

It is not possible to present an exhaustive list of customs. Remember, however, that there are some variables that you can look for and recognize in working with diverse families. These include:

• **Concept of Time:** In some cultures, arriving too early or right on time is disrespectful.

• **Eye Contact:** In some cultures, it is not respectful to look directly into another person's eyes. Others see it as a sign of personal integrity.
• **Expressing Emotions**: Some cultures condone public expression of nearly all emotions; some cultures accept displays of extremely strong emotions; others reserve expression of strong emotions to times when the person is alone.

• **Self Disclosure**: Some cultures find self disclosure uncomfortable. Some oppressed groups have learned that self disclosure can be dangerous. Members of dominant social groups may seem to be more open and friendly.

• **Role and Discipline of Children**: In subsistence economies, children may be seen to be extra workers who enable a family to survive. Parents with this kind of history will treat children quite differently than in families where children provide meaning in the lives of families who have an excess of resources. Corporal punishment is seen as good and necessary in some cultures, whereas others see physical violence of any kind as abhorrent, especially among family members.

**Working with Families Across Culture**

• Accept that cultural differences exist and have an impact on service delivery.
• Learn from generalizations about other cultures, but don't use those generalizations to stereotype, "write off," or oversimplify your ideas about another person. The best use of a generalization is to add it to your storehouse of knowledge so that you better understand and appreciate other interesting, multi-faceted human beings.
• Don't be afraid to admit your lack of knowledge about someone else's culture. Ask about a cultural practice's history and meaning if unfamiliar with it.
• Practice, practice, practice. That's the first rule, because it's in the doing that we actually get better at cross-cultural communication.
• Don't assume that there is one right way (yours!) to communicate. Keep questioning your assumptions about the "right way" to communicate. For example, think about your body language; postures that indicate receptivity in one culture might indicate aggressiveness in another.
• Don't assume that breakdowns in communication occur because other people are on the wrong track. Search for ways to make the communication work, rather than searching for who should receive the blame for the breakdown.
• Always have translators for families who do not speak English: do not use children or another family member.
• Listen actively and empathetically. Try to put yourself in the other person's shoes. Especially when another person's perceptions or ideas are very different from your own, you might need to operate at the edge of your own comfort zone.
• Treat all families with dignity and respect.
• Respect others' choices about whether to engage in communication with you. Honor their opinions about what is going on.
• Stop, suspend judgment, and try to look at the situation as an outsider.
• Be prepared for a discussion of the past. Use this as an opportunity to develop an understanding from "the other's" point of view, rather than getting defensive or impatient. Acknowledge historical events that have taken place. Be open to learning more about them. Honest acknowledgment of the mistreatment and oppression that have taken place on the basis of cultural difference is vital for effective communication.
• Awareness of current power imbalances -- and an openness to hearing each other's perceptions of those imbalances -- is also necessary for understanding each other and working together.
• Remember that cultural norms may not apply to the behavior of any particular individual. We are all shaped by many, many factors -- our ethnic background, our family, our education, our personalities -- and are more complicated than any cultural norm could suggest. Check your interpretations if you are uncertain what is meant.
• Take special care not to interpret culturally different parenting practices as bad or wrong unless they are clearly harming the children.
• Be mindful that religious practices may affect the days that a family is able to visit, how they spend their time visiting, and how comfortable the monitor may feel with the family.

Demonstrating Respectful Behavior When Working with African American Families

Given the systemic nature of race prejudice, African American families have a shared history of being discounted and treated in demeaning ways, including not being addressed respectfully. As a consequence, asking how a person wants to be addressed is one way of signifying respect. Social workers described a number of behaviors that would communicate mutual respect.

Establish name preferences

• Ask for the correct pronunciation and spelling of someone's name;
• Refer to the person as "Mr." or "Mrs." or "Ms." until told to do otherwise, regardless of age; and
• Ask the person what they prefer to be called rather than assuming that, "Bill instead of William or Bob rather than Robert" is acceptable.

Mindfulness of body language

• Give appropriate eye contact to the person you are speaking to, and/or the elder in the home;
• Watch and respond to family members' body language (e.g., if they appear anxious or upset, reflect that in your comments, saying "I can see you are upset," etc.); and
• Be conscious of your own body language and what it might convey.

Remember that you are a guest in someone's home

• Wait to be invited into a person's home;
• Stand until invited to take a seat;
• Act in a respectful manner to elders; and
• When offered food or a beverage, understand the implications of not accepting it.

Manage your assumptions

• Take care not to pre-judge;
• Listen to everyone's perspectives; and
• Work to achieve a shared understanding of what has happened and what needs to occur to ensure the child's well being and safety.

This may be "just good social work practice" as some social workers have suggested, but the reality of work within child protective services - with the seemingly relentless environment of change and the necessary focus on adhering to regulations and administrative documentation - makes it exceedingly difficult for workers to give their full attention to cultural competence within their practice.

From Bridges to Engagement: Tools to Support Cultural Competence, UJIMA Community Services 2006, Seattle, Washington
Applying Cultural Knowledge to Child Welfare Practice

Questions to ask yourself regarding attitudes:

1. To what extent am I willing to adjust the planned intervention to the cultural needs of this family?
2. To what extent do I assume the parents' motivation is limited by their culture or ethnicity?
3. To what extent will I go beyond my personal beliefs and reactions if or when the parents express unwillingness to work with me because of my own cultural or ethnic background?
4. How does my past experience with clients of this family's culture affect my perception of the functioning of this family?

Questions to ask yourself regarding knowledge:

1. What intervention strategies are most appropriate for people of this cultural or ethnic group? On what basis do I decide on interventions?
2. How flexible am I in adapting a general CPS intervention approach to work with cultural considerations in this family?
3. To what extent does my knowledge about this ethnic or cultural group affect the intervention plan positively or negatively?
4. To what extent do current CPS policies affect the choice of interventions related to this cultural group?

Questions to ask yourself regarding skills:

1. To what extent do I tailor the intervention to the cultural context of this family?
2. To what extent are the tasks consonant with the culture of this family?
3. How do I communicate the nature of the intervention in a way consonant with the family's cultural values and beliefs?

The culturally competent helper ought to encourage clients to draw on the natural strengths inherent in their own traditions and communities, reducing where possible their dependence on services provided by outsiders or by impersonal bureaucracies.

Workers tend to think of "resources" only as the network of community social service organizations and "referral" agencies that explicitly serve minority groups. But these are only the visible and obvious parts of the human service system, and for many clients they may be the places they go last. Many people prefer to rely on family, friends, voluntary organizations, ministers, pharmacists, self-help books, and bartenders. Some struggle with their problems more privately, through reading, contemplation, prayer, talking to themselves, compulsive eating, or watching soap operas on television. Choices and decisions are made at many levels, and troubled individuals usually rely on the beliefs and values that are part of their personal and communal networks long before they turn for help to outsiders or professionals.

The term "resources" means much more than the network of community agencies and referral services. It includes institutions, individuals, and customs for resolving problems that are indigenous to the client's own community. It is critical, then, that the case worker know what these resources are and how they can be productively used. That kind of learning requires moving out into the community, not just as a social worker representing an agency and its interests, but as a learner seeking to understand how clients communicate on their home turf and how they participate in the familiar routines of everyday life.
Part 8: Bias Busting

In order for each of us to deal more effectively with individuals who are different from us, we must develop a "bias busting" type of attitude. That process begins with each of us changing the way we look at the issue of "difference." We may develop a good theoretical foundation of how to function effectively in the context of difference, we may use the terminology, and we may have read the literature. However, utilization of the following five elements of cultural competence will help all of us to internalize the basic concepts of what it means to move toward becoming culturally competent:

1. Awareness and acceptance of difference (Individual); Valuing diversity (Organizational)
2. An awareness of one's own cultural values (Individual); Cultural self-assessment (Organizational)
3. Understanding the dynamics of difference (Individual); Understanding the dynamics of difference (Organizational)
4. Development of cultural knowledge (Individual); Institutionalization of cultural knowledge (Organizational)
5. Ability to adapt practice skills to fit the cultural context of the client's value system (Individual)
   Adaptation to diversity policies (Organizational)

Each of us must work toward becoming "cultural change agents" within our homes, places of employment, churches, social groups, etc. That process begins with our personal awareness of and acceptance of difference as a result of our experiences with this issue of difference. We can then begin to analyze and become more aware of our own cultural values. Then and only then can we understand the dynamics of difference (communication patterns, food, music, etc.) and the need to develop cultural knowledge (cultural demographics, kinship patterns). We can then adapt practice skills to fit the cultural context of the client's or cultural groups value system.

Handling Intolerance in Others

Preventative Steps

Self-Awareness

Learn about yourself. Learning about one's own roots is the first step in determining how one's values, beliefs, customs, and behaviors have been shaped by culture.

Educate Yourself

Learn about the cultures of the people with whom you are working. You can educate yourself through books, the arts, the internet, by talking and working with individuals from the culture who can act as cultural guides, by participating in the daily life of another culture, and by learning the language. Knowing about the values and beliefs of your clients will help avoid miscommunication and bad feelings.

It could be particularly helpful to gather specific information related to cultural views of children and child-rearing practices, family roles and structure, views of disability and its causes, health and healing practices, and view of change and intervention.

Model Behavior

The third step in working with individuals who may be intolerant is to model appropriate language and behavior. Behave in a respectful, attentive, open manner. Don't be afraid to ask questions when you are unclear about a client's behavior. Admitting you do not know something is better than offending someone.
Communication Issues

Along with increasing personal knowledge of cultural practices, it is important to develop clear, non-judgmental communication skills.

There are "high context" cultures and "low context" cultures. High context cultures are more attuned to nonverbal cues and messages. Low context cultures typically focus on precise, direct, logical, verbal communication. It is important for workers to recognize that basic cues (such as eye contact) have different meanings in different cultures, and to learn and respect those meanings in working with clients from other cultures.

Communication is improved when workers:

• Respect people from other cultures;
• Make continued and sincere attempts to understand the world from others' points of view;
• Are open to new learning;
• Are flexible;
• Have a sense of humor;
• Tolerate ambiguity well; and
• Approach others with a desire to learn.

Handling Verbal Abuse Directed Toward You

What do you do when preventative steps don't work and you find yourself at the receiving end of verbal abuse based on your race, physical attributes, beliefs, etc.?

It depends on the emotional state of the client. If the client is relatively calm (not escalating towards violence), try explaining how his or her insults make you feel:

Example: "I've heard you describe all as being and that makes me uncomfortable because I am/know many people of that group and don't find that to be true."

By explaining the effect of the language and/or behavior on you, you may avoid establishing an adversarial relationship.

When the person insulting you is angry and you are concerned that he or she might become violent, a different approach is required. First, use empathy to acknowledge the person's anger and any other underlying feelings you might observe. Don't acknowledge the insults. The person is insulting you in order to get a "rise" out of you and bring you to their level. Although the insults may hurt, you need to focus on calming the client down.

Think about why the client is insulting you. For whatever reason, she or he may feel defensive, powerless, angry, embarrassed, or a combination of all those feelings. It is important for you to recognize the emotions under the surface of the situation, and to realize that he or she is not attacking you, she or he is attacking the situation making him or her feel so uncomfortable.

Do what you can to help clients avoid feeling cornered or powerless. Remind them frequently that they have choices and that you can work together towards a positive solution.

Handling Verbal Abuse Directed Toward Others

What do you do if someone you care about is the target of demeaning stereotypes?
Do you speak up when negative jokes or statements affect your team members or customers? What if you are being demeaned or stereotyped? This is one of the more difficult skills for people - knowing how to address others' comments or jokes that are biased, demeaning, or stereotypical.

Silent Collusion

Many people say they want to speak up but don't because of discomfort or fear of saying the wrong thing. Unfortunately, staying silent in the face of demeaning comments, stereotypes, or bias allows these attitudes and behaviors to thrive. This undermines our ability to create a respectful and productive workplace for everyone.

For some, saying nothing has a high personal cost. They replay the scene in their minds: "I could have said . . .," "I should have said . . .," "Why didn't I speak up?" Failure to speak up and confront issues can result in a huge drain of mental energy.

Why not redirect this energy to respond effectively the next time? It will change the direction of the immediate conversation. It will set a respectful tone for the whole group and affect group dynamics in the future. Most importantly, you'll know you took action instead of staying silent.

Who Can Do It?

Anyone can speak up in the face of demeaning comments. You don't have to be the boss or have authority. And, you don't have to be a brilliant communicator. Fact is, a simple phrase or question on your part could turn the conversation from destructive to productive.

Ask yourself how often you speak up on behalf of respectful treatment. How did you personally respond the last time you witnessed someone being treated with disrespect? Did you laugh or contribute? If so, you condoned and, in effect, reinforced the discounting and disrespect. Perhaps you looked or walked away, embarrassed, thinking, "I can't believe what I just heard." If so, why did you remain silent when you could have been a friend or advocate?

Ally Behavior

Hopefully you intervened. This is called "ally behavior" - speaking up on behalf of someone else. Sometimes, as a bystander, you have more power to influence change than does the targeted person, who may not be present, or who may feel powerless to speak up, but it's the right thing to do. Just one person taking action can inspire others to do the same.

What If It Is Too Risky?

In the workplace, people say that sometimes the person to whom they would like to give feedback is the boss or a senior manager in the organization. Therefore, they feel it's too risky to speak up. While I'm not encouraging any career-limiting decisions on your part, there are low-risk ways to express your concerns. You can speak to the person in private. You can call on a senior-level ally to help you. And, you can use one or more of the following feedback tools.

A critical point - notice that none of these approaches attacks or insults the person who just said something biased or demeaning. The goal is to give feedback on the behavior in a manner that opens up conversation and does not diminish an individual or destroy group dynamics. Giving the gift of feedback doesn't have to be costly for anyone involved - for the giver or the recipient. Here's how to do it:
1. Assume Good Intent and Explain Impact.

**Examples:**

"I know you mean well, but that hurts."

"Hey, I know we're all just kidding around, but let's think about the impact of those jokes in the workplace."

"I'm sure you meant that to be funny, but that stereotype is no joke. Unfortunately, some people actually believe that."

"I know you wouldn't discriminate on purpose - but your decision could result in disparate impact. Can we look more closely at this?"

The important thing is to assume good intent. Approach the other person as if that person is a decent human being. When you assume the best, there's no need to blame, shame or insult the person who just said something biased or demeaning. There are two parts to the technique: First, acknowledge the other person's positive intentions; then describe the negative results of the statement or behavior.

2. Say Ouch!

Sometimes you don't have the energy or you're too stunned to say something or just can't think of what to say. Well, here's something easy that anyone can say: "Ouch!"

What do you say when someone unintentionally steps on your toe? Same thing here. "Ouch" communicates a lot with little effort. It says, your words had a negative impact on me - or on others that I care about. If you have the time and the energy, you can "Ouch and Educate" - explain how the words affected you or others.

Example: "Ouch! That stereotype hurts. Let me tell you what that behavior really means in my culture."

Or, you can simply say, "Ouch!" It's a simple, effective, acceptable 4-letter word that carries a lot of meaning. And it puts a pause in the conversation, which gives everyone time to think about what is being said.

3. Rephrase

With this subtle technique, you do not directly point out the language that was demeaning. Rather, you restate it in a more inclusive way when the opportunity arises. This is helpful when you do not want to interrupt the flow of conversation, yet you want to leave more inclusive language in people's minds. For example, someone comments, "I'm not prejudiced against colored people. I just don't have any colored friends." Without directly addressing the term "colored," which is outdated and perceived by many as bigoted, you could respond: "I'm glad to hear you are not prejudiced against Black people. What has happened in your life that has kept you from having African-American friends?" This allows you to delve deeper into this topic without sidetracking the focus of the discussion. You can always come back later and talk about more appropriate and respectful word choices.

Another time you might want to rephrase with more equitable language is when one group is set up as the norm, and everyone else is positioned as the exception or 'non-norm,' such as in the phrase "Both Christians and non-Christians attended the ceremony." You could rephrase this as: "People of many faiths attended the ceremony" or "Among those who attended the ceremony were Muslims, Jews, Christians, and others."
4. Ask a Question

When you encounter stereotypes or other unfair depictions of people, ask a question. Choose a simple non-blaming question.

Examples: "What do you mean?"
"I'm sorry, what was that?"
"What is it that leads you to say that?"

You can even practice these simple questions in advance. Remember, the key is to assume good intent, approaching the conversation as if the other person meant no harm. Questions are great because they're so easy to use, and they open up conversation in a non-blaming way.

Sincere and open-ended questions that avoid blaming the other person work best. And tone of voice is everything. Questions that are sarcastic or accuse the other person are NOT helpful. Stay away from questions that entrap or judge, such as "Why in the world would you make such an offensive statement?"

5. Repeat and Question

Sometimes people don't realize what they've said. Repeating and questioning gives them a chance to reexamine and to perhaps recover. At other times, individuals communicate negative stereotypes or statements without directly saying them. This technique can help surface unspoken assumptions.

Examples: "Can we go back to what you said a few minutes ago? You mentioned immigration and the increase in crime in the same sentence. Are you suggesting that these two are linked?" "It sounds like you are saying that Alan is too old to learn the computer. Is that what you mean?"

A word of caution - If the comment is hateful or highly offensive, you may choose not to repeat it verbatim. Simply paraphrasing or asking generic questions (Technique 4) may be a more respectful, lower-risk approach.

6. Interrupt and Redirect

Interrupting and redirecting changes the direction of the conversation abruptly, without requiring further discussion.

Example: "Whoa, let's not go down that path."

Interrupting and redirecting is simple - and it gives people a chance to change directions. If the disrespectful behavior continues, you can use one of the other techniques, such as assuming good intent and explaining impact. Or you can walk away, removing yourself from the situation. But the important thing is not to stay silent.

7. Appeal to Empathy

Appealing to empathy (How would you feel . . .? How do you think he feels...?) is a technique that works well with people who have empathy. Not everybody does. However, even with empathy, you can't always put yourself in someone else's shoes. Fully understanding the cumulative impact of persistent denigration or discrimination may be difficult for those who have not personally experienced it. Given that, when you appeal to empathy, consider parallel ways someone might understand. For example, "Sarah, remember how frustrated you were when Brenda dismissed
your ideas because you were new here? Now it seems as though you are doing the same thing to Bruno simply because he has an accent. How do you think he feels?"

8. Name It

In this response, you specifically identify, by name, what is happening. This spotlights the communication in question. Notice that this technique can be light-hearted or more serious, depending on the situation and the tone of voice.

Examples: "Time out - no 'dissing' each other." "What are our underlying assumptions here?"

9/10. Seek Contradictions and Make It Individual

Here are two different techniques that accomplish the same goal - breaking through the thought process of clumping people together in stereotypes. Both approaches reveal that while a certain behavior or characteristic may be true of an individual, it is not true of everyone in a group. You can use these techniques together or separately.

Stereotypical Statement: "Management doesn't care about us."
Seek Contradictions: "Don't you know any supervisors or managers who DO care?"
Make It Individual: Which manager are you referring to?"

Stereotypical Statement: "These young kids are slackers."
Seek Contradictions: "I think we have some great young employees. What about Damien and Kendra - they're both great."
Make It Individual: Do you mean all young people or someone in particular?"

Stereotypical Statement: "Immigrants don't even try to speak English."
Seek Contradictions: "Actually, I've met dozens of immigrants who have learned English or are trying to learn. It's not an easy task."
Make It Individual: "Is there someone in particular you weren't able to communicate with? You sound frustrated."

11. Broaden to Universal Human Behavior

Sometimes people attribute a common human behavior to only one group, and then they stereotype the whole group, as if everyone in the group is identical. In this situation, you can broaden the description to humankind in general. That helps break through the stereotyping.

Example: "I don't think it's a gay thing. I mean I think that applies to everyone."

This technique is powerful - you can show the attribute isn't just about the stereotyped group by suggesting that the trait is universal human behavior. You can break through stereotypes by showing how the so-called trait of the stereotyped group really applies to many different people.

Or you can use an opposite technique to break through the stereotypes. Instead of broadening to human nature, you can narrow the focus down to one individual.

12. Use the "I" Voice / Classic Feedback Process

The last technique for giving feedback on demeaning, stereotypical, or discounting behavior is the classic feedback process. While feedback models vary, the key elements include - objectively
describe the SITUATION and the BEHAVIOR you observed, and give feedback on the IMPACT using the 'I' voice. In its simplest form, it sounds like: "When you made the 'fat' comment in the meeting, I felt humiliated."

This is also a great tool for more in-depth feedback. Using the classic feedback process, you would say:

"Sal, remember yesterday in the staff meeting when you introduced our new worker. You said, 'We finally got an African American and a male on our staff - we've been trying for a long time to be more diverse.' You didn't say anything about Sylvester's great experience and qualifications.

What I noticed, Sal, is that he seemed very uncomfortable with your introduction. To me, it felt like you were saying that that's why you hired Sylvester - for his race and gender, not for his talent. I think that had a negative effect on him."

You can use the above techniques one-on-one or within a group, in public or in private, at work or at home. You can use any one at any time. You can even come back later and address something that was said earlier. Some of the techniques will feel easier for you than others. Just choose the one or ones that are most comfortable for you. You don't have to sit silent when you want to speak up. You have the skill to do so and your voice will make a difference. So, go ahead, say "Ouch!" when it hurts. You CAN speak up -- effectively and with respect.

Part 9: Behavioral Expectations

Culturally Competent Workers:

- Invite those who are different from themselves to be their cultural guides, where the guide is the teacher and the social worker is the student;
- Learn as much as they can about an individual's or family's culture;
- Recognize how their own background influences how they view others;
- Work within each person's family structure, which may include grandparents, other relatives, and friends;
- Recognize, accept and, when appropriate, include the help of natural helpers. (Natural helpers aren't just medicine men, they can include grandmothers, aunts or uncles who are just great listeners and offer a chance for catharsis. Some peoples learn strategies for interacting with the world through the passing on of stories. Storytelling is one resource for communicating identity, values, and life skills);
- Respect traditions where gender and age may play an important role; for example, in many racial and ethnic groups, elders are highly respected;
- Include cultural leaders in neighborhood outreach efforts.

Five Key Characteristics of Culturally Competent Professional Behavior

- Validating: Acknowledges the cultural norms and practices of others as legitimate;
• **Taking a Comprehensive View**: Considers the whole person, takes a strength-based approach and engages families in shared decision-making;

• **Taking a Systemic Approach**: Works from law/policy/court orders, as well as social and historical realities of oppression, poverty, experiences of families, needed resources, etc.

• **Empowering**: Supports the development of families' enhanced self confidence, courage and the will to act; taps into motivation;

• **Transformative**: Builds positive relationships, has high expectations for families, understands the change process, helps families to develop effective skills, and has a proven track record of successful interventions; and

• **Emancipatory**: Mitigates institutionalized bias, supports pride and encourages self efficacy—a belief in one's ability to succeed.

From *Bridges to Engagement: Tools to Support Cultural Competence*, UJIMA Community Services 2006, Seattle, Washington

### Part 10: References


Berdie, Jane (2003). *From Me to We: A Curriculum on Working with Transitioning Youth from the Perspective of Culture*. Denver, CO: Institute for Families at the University of Denver.


Children's Services Practice Notes, Volume 4, Number 1. Chapel Hill, NC: North Carolina Division of Social Services.


Goode, Tawara D. and Jones, Wendy (modified 2004). National Center for Cultural Competence, Georgetown University Center for Child & Human Development
Gunn, Karen S. Community Psychology Practices for Culturally Competent Mental Health Services: presentation to Cultural Competence and Mental Health Summit VII, December 1, 1999. Oakland, CA


National Center for Chronic Disease Prevention, Centers for Disease Control and Prevention. A Discussion with Camara P. Jones, MD, MPH, PhD. Video Retrieved Friday, July 18, 2008 from http://www.citymatch.org/UR_tale.php


