

FIFTH EDITION

# CULTURAL Diversity

• A PRIMER FOR THE HUMAN SERVICES •



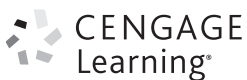
JERRY V. DILLER

# CULTURAL DIVERSITY

A Primer for the Human Services

FIFTH EDITION

**Jerry V. Diller**



Australia • Brazil • Japan • Korea • Mexico • Singapore • Spain • United Kingdom • United States

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***Cultural Diversity: A Primer  
for the Human Services, Fifth  
Edition***

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# PREFACE

The previous editions of *Cultural Diversity: A Primer for the Human Services* were well received by students and faculty alike. In them, I tried to speak honestly and directly to the reader about the kinds of knowledge, awareness, and skills necessary for effectively working with culturally diverse clients. The book's accessibility, personal style, anecdotal and clinical examples, and broad range of topics make it a popular introductory text for both students in training and professionals in the field. Especially popular were the interviews with providers from various ethnic groups about how to work with clients from their respective communities. The honest sharing of personal experiences, cultural knowledge, and clinical suggestions seemed to engage the reader and make the topic of becoming culturally competent come alive.

The second edition of the text included a number of changes and additions. Statistical demographics of the communities of color were updated to include data from the 2000 U.S. Census. Sections on the development of self-esteem in children of color and models of racial identity development were significantly expanded, as was the introductory culture-specific material that precedes each interview. The material on privilege and racial consciousness in Whites was moved to Chapter 3. Chapter 13, "Working with White Ethnic Clients: An Interview with the Author," which focused on clinical work with American Jews, was expanded to parallel the chapters on working with clients of color that preceded it. There was also a new concluding chapter, Chapter 15, entitled "Some Closing Thoughts," which served as a summary and compendium of suggestions of how to continue to pursue cultural competence. The second edition also contained a new glossary with definitions of italicized terms in the text, as well as a bibliography of suggested readings on various topics in diversity. Finally, with each text, students were given a free four-month subscription to InfoTrac® College Edition, an online library of hundreds of journals and periodicals.

The third edition of the text offered several substantial additions in response to the suggestions of instructors and students. First, I added summaries and suggested activities to all chapters to enhance learning and interaction with the material. I expanded Chapter 6, "Mental Health Issues," to include an important section on trauma, and added a new chapter, "Addressing Ethnic Conflict, Genocide, and Mass Violence," which explored healing in the aftermath of racial and ethnic strife. A conservative estimate holds that there are currently fifty-three wars and military conflicts taking place on our planet, most of which have strong ethnic or colonial components. There is a desperate need for research and intervention by skilled professional helpers who can offer culturally competent services to heal both the individual victims who have been traumatized and the societies that have been skewed

by hatred and the desire for revenge. I also significantly expanded Chapter 9, “Critical Issues in Working with Culturally Diverse Clients,” to include an in-depth conceptual analysis of cross-cultural therapeutic work, an expanded section on assessment, and two detailed, interactive case studies. Finally, two new interviews were added, one with Roberto Almanzan, a Mexican American counselor, and another with Veronique Thompson, an African American psychologist.

The fourth edition of the text grew in relation to the expansion of the field of cross-cultural helping and service delivery. The chapters were rearranged for great readability and better access to material. I added sections on racial microaggressions and their impact on therapeutic interaction, collective personality, and therapeutic intervention with individuals from collective family systems, the work of Pamela Hays on the ADDRESSING framework in assessment and diagnosis, a section on enforcing professional standards, and a major section on culturally sensitive treatment of children, with three examples of recent interventions with extensive case studies. A new interview chapter was added on working with Arab- and Muslim-American clients by Marwan Dwairy. And for the first time, an Instructor’s Manual and Test Bank was developed for the fourth edition.

In this, the fifth edition, I have attempted to integrate a variety of new and cutting-edge material, both theoretical and clinical, while at the same time retaining the readability, breadth, and currency that has made it especially accessible to the reader. I have been especially gratified to receive comments from students and faculty alike that it “reads more like a dialogue between professor and student than a textbook.”

There have been a number of structural changes, as well as substantive new ideas and approaches that have been added with this new edition. Chapter 3, “Working with Culturally Diverse Clients,” has been moved to earlier in the text, so as to provide newer clinicians in training practice some basic guidance for beginning to work cross-culturally. The topic of working with culturally diverse parents, families, and children has been broken into two chapters: Chapter 6, “Working with Culturally Diverse Parents and Families,” and Chapter 7, “Culturally Sensitive Treatment with Children.” And a new interview—in Chapter 16, “Working with South Asian American Clients: An Interview with Sumana Kaipa”—has been added. Substantively, the following new material and topics have been included:

- Talking about race and ethnicity with clients
- A personal reflection on exploring White privilege
- An expanded discussion of Hays’s ADDRESSING Framework
- Collective vs. individual treatment models of psychotherapy
- A case study of an exemplary community psychology approach to treatment, “Just Therapy,” as practiced by the Family Centre of Wellington, New Zealand
- The Social Science Testimony before the Supreme Court about school desegregation in 1952
- Working with complex trauma in children and adolescents
- The globalization of American mental health practices
- Refugees, immigrants, and a case study of the Center for Empowering Refugees and Immigrants (CERI), in Oakland, California

Finally, I am proud to acknowledge that a number of these sections were contributed by former Wright Institute students, summarizing their dissertation findings.

## A WORD ABOUT DIVERSITY

Human beings are diverse in a variety of ways: race, ethnicity, language, culture, gender, socioeconomic class, age, sexual orientation, religion, ablist and disability, and more. Each must be fully appreciated and accounted for in order to understand the complexity of human behavior. This is no small task, however, because each affects the individual

differently and operates by a unique set of rules and dynamics. No single text can adequately and comprehensively cover all forms of diversity. The present book focuses on working with clients from diverse racial and ethnic groups. Diversity within these groups is discussed throughout the book. The decision to highlight only race and ethnicity in this text is pragmatic and in no way minimizes the import of gender, class, age, sexual preference, and so on. Rather, it underlines the fact that each deserves its own text to do it justice. There are even those who argue that covering too many forms of diversity in a single treatment tends to be superficial and minimize the importance of each. For those who would like to read further on other forms of diversity, I have included a selected bibliography arranged by areas of diversity.

## ACKNOWLEDGMENTS

A book like this is not written in a vacuum. I would first like to thank my daughters, the lights of my life, Becca and Rachel, whose support kept me going and whose encouragement allowed me to complete the dream of writing this book. And to Carole Diller, for her help in supporting my escape to Berkeley, where this book was written.

A number of indispensable people made writing this book possible. Stuart W. Cook, Tom Vernon, Harrie Hess, Gil Davis, Zalman Schachter-Shalomi, Ed Diller, and Nevitt Sanford were early teachers who taught me about race, ethnicity, and my own Jewish tradition. More recent teachers include Bob Cohen, Manny Foreman, Martin Acker, Reuben Cota, Jack Lawson, and Guadalupe Quinn. In particular, Leland Robison shared with me the richness of his Rom tradition. Saul Siegel, Myrna Holden, Deb Johnson, and Carol Stone provided helpful feedback on early drafts of the work. And most recently, I would like to acknowledge the following people who made contributions to the fifth edition: Mona Afary and CERI, Sumana Kaipa, Swan Keyes, Deborah Ronay, Tracy Smith, Luana Coloma, Anastasia Kim, Mahtab Moaveni, and Harvey Peskin.

At Brooks/Cole, I am thankful for the help of the staff, who offered useful support, creative ideas, and enormous help in taking care of a variety of details and small but necessary tasks. Special thanks to the following people, who served as readers and reviewers of the text:

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Finally, special thanks to my colleagues: Roberto Almanzan, Marwan Dwairy, Dan Hocoy, Sumana Kaipa, Jack Lawson, and Veronique Thompson. They generously took time out from very busy schedules and lives to share their expertise as interviewees in the chapters on working with clients of color. I chose them as much for their very special human qualities as for their expert knowledge.

*Jerry V. Diller*



# INTRODUCTION

## CHAPTER

# 1

Much has happened in the field of cultural diversity and intergroup relations since *Cultural Diversity: A Primer for the Human Services* first appeared in print fifteen years ago. Ethnic populations in the United States have continued to grow at an astounding rate. There has been a significant move toward conservatism in politics and a worsening economic climate. Both have contributed to a backlash against immigration and efforts to promote equity and social justice. The terrorist attacks of September 11, 2001, and the wars in Iraq and Afghanistan have changed our perceptions of the world and our place in it, ushering in widespread suspicion and animosity toward Arab and Muslim peoples. These trends made the United States a more dangerous place for those who are culturally different.

With the election of Barack Obama, a biracial man of African descent, as the 44th U.S. president, many in the United States dared to hope that this event would mark the beginning of a new and more positive era of race relations. Although the deeply rooted effects of institutional and cultural racism are the most resistant to change, there were clearly discernable differences in the climate for ethnic identity formation and pride. The image of a Black man in the White House and the increasing number of individuals of color in powerful political positions, as well as the role models that these all offered, could not help but reinforce and strengthen the self-concept, ethnic identity, aspirations, and pride of children of color and other diverse populations. Their parents, in turn, have been heartened by these events and now dare to dream bigger dreams for their children's future. For these parents, something they had never conceived of as possible—a person of color in the White House—had taken place. The reaction of White America was mixed. For many, it shattered old stereotypes and normalized their perceptions of individuals of color in positions of power; for others, however, it only intensified their hatred.

Meanwhile, America has been experiencing the worst economic downturn and recession since the Great Depression and stock market crash of 1929. During such severe economic times, communities of color and other at-risk populations are always the hardest hit and most negatively affected. And the same is certainly true today. A recent study by the Kaiser Family Foundation (July 2009), for example,

found that Hispanics and Blacks in comparison to Whites were more likely to be unemployed, overrepresented in occupations with the highest unemployment rates, experiencing job-related problems such as getting a good paying job or losing their jobs, having difficulty affording aspects of their daily lives such as paying for housing and food, affording and accessing health coverage and care, and postponing or skipping health care due to cost.

Add to this the existence of longstanding practices by mortgage lenders of discrimination against Black and Hispanic loan applicants—estimated at 2.8 to 1 compared to White applicants—as well as the practice of *redlining* [refusing to make loans in poor neighborhoods (Morgenson and Rosner, 2011)], and one begins to appreciate the magnitude of the financial discrimination faced by individuals of color.

As if such practices weren't insidious enough, and faced with increasing federal regulation of lending practices, banks and other lenders did a “flip-flop” and began what has been called *predatory lending practices*—making loans to individuals who could not possibly afford them, and who would eventually face foreclosure and the loss of their homes and their “piece of the American dream.” Not surprisingly, buyers of color were disproportionately victims of such practices.

A final factor must be added to this emerging picture of race relations in the United States, and that is population growth among American minorities as witnessed in the recent reelection of Obama for a second term as president. In spite of a sagging economy and having his feet held to the fire because of it, President Obama won a decisive victory over his Republican opponent Mitt Romney, which has been widely attributed to increased voter turnout, especially Latinos, women, and younger voters. More will be said about the changing pattern of demographics in the United States in Chapter 2.

Thus, in the present, sometimes confusing climate of race relations in the United State today, with its simultaneous progression toward greater racial equality via more positive identification, social mobility, and population growth and regression by way of disproportionate economic harm to minority populations and fear of greater immigration numbers, the importance of training culturally competent *human service providers* is all the more critical. This is the goal of *Cultural Diversity: A Primer for the Human Services*.

I once worked at a university counseling center that was baffled by the fact that very few members of the university's rather sizable Asian student population ever sought treatment. In the hope of remedying the situation, the center invited Asian student leaders to visit the counseling center to learn about available services. After a very polite but unproductive meeting, I overheard one of the students commenting to another: “This place looks like a hospital. Why would anyone want to come here? This is where people come to die.” No one on the staff had ever considered that the remodeled health center, with its hospital-like rooms, might deter clients from seeking help, or that in some cultures, hospitals are places people go to die and are thus to be avoided.

Contained in this simple scenario is the crux of a serious problem that currently faces human service providers. How can one hope to offer competent services cross-culturally when one lacks basic knowledge about the people one hopes to serve? Ethical guidelines of all human services professions expressly forbid discriminating



against clients on the basis of race and ethnicity. However, although increasing efforts are being made in this direction, only now have professional organizations begun to define specifically what culturally competent and ethical sensitive services might look like, as well as develop bases for censuring those who provide services without the requisite skills. The reality is that most service providers regularly, although unknowingly, discriminate against culturally diverse clients by lacking the awareness, skills, and knowledge necessary to serve them competently.

This fact is reflected in research that consistently shows that community facilities and services are underutilized by culturally diverse clients, especially those of color. The following are a number of reasons for this:

- Mainstream agencies may inadvertently make clients feel uncomfortable or unwelcome, as in the abovementioned scenario.
- Clients may not trust the motives or abilities of providers because of past experiences they have had with the system.
- Clients may believe they will not be understood culturally or will not have their needs met in a helpful manner.
- Clients may be unfamiliar with the kinds of services available or come from a culture in which such services are perceived very differently.

Each of these possibilities is sufficient to deter culturally diverse clients, who as a group tend to have especially high mental health needs, from seeking treatment or help.

The purpose of this book is to sensitize providers and those learning to be providers to the complex issues involved in *cross-cultural service delivery*. Only when culturally sensitive services are routinely available will the utilization rates of public facilities among culturally diverse clients begin to approach those of mainstream White groups. As professionals, providers are expected to demonstrate expertise and competence in the services they offer. Cross-cultural service delivery should be no less an area to master. Only by gaining the requisite awareness, knowledge, and skills necessary to be “culturally competent” can human service providers hope to actualize their professional commitment to nondiscrimination and equal access for all clients.

Discrimination in this context involves more than merely refusing to offer services to those who are racially or ethnically diverse. It also includes the following:

- Being unaware of one’s own prejudices and how they may be communicated inadvertently to clients
- Being unaware of differences in cultural style, interactive patterns, and values, and realizing how these can lead to miscommunication
- Being unaware that many of the theories taught during training are culture-bound
- Being unaware of differences in cultural definitions of health and illness, as well as the existence of traditional cultural healing methods
- Being unaware of the necessity of matching treatment modalities to the cultural style of clients or of adapting practices to the specific cultural needs of clients

Of equal importance to effective cross-cultural service delivery is developing empathy and an appreciation for the life experiences of those who are culturally diverse

in the United States. Why do so many culturally diverse clients harbor fears and mistrust of providers and others who represent the system? Why are so many of them angry and frustrated? Why do many culturally diverse people tend to feel tenuous and conflicted about their traditional identities? Why is parenting such a major challenge for these clients? What is the source of the enormous stress that is the ongoing experience of many culturally diverse clients? And why do they so often feel that majority group members have very little awareness of or concern for the often-harsh realities of their daily lives? Without keen insight into the complex answers to these questions, well-meaning professionals cannot hope to serve their clients sensitively.

Through training, providers are familiar with the inner workings of the system and thus able to gain access to it on behalf of clients. However, special care must be taken in this regard. First, there is the danger that culturally diverse clients may—as a result of interacting with providers and the system—be unintentionally socialized into the ways of the dominant culture. For example, in working with women from traditional cultures, it is important for them to understand that becoming more independent and assertive—a frequent outcome of counseling with mainstream women—can prove highly problematic when they reenter the traditional world. Culturally competent providers educate their clients as to the service alternatives available—as well as the possible consequences—and then allow them to make informed choices. Such providers also consult and collaborate with traditional indigenous healers when such interaction is useful or supportive to the client.

A second danger is dependence. Culturally diverse clients are especially susceptible, given their more limited knowledge of mainstream culture. As the conduit to the system, providers may unknowingly perpetuate dependence rather than help these clients learn to function independently. Often, for example, it is easier and more expedient to make referrals for clients than teach them how to arrange them for themselves. Helping is most useful, however, when it facilitates clients' interactions with the system on their own terms and in light of their cultural values and needs. In the literature, this is called *empowerment*, and it involves supporting and encouraging clients to become their own advocates.

Providers and clients from culturally diverse backgrounds do not come together in a vacuum. Rather, each brings a certain amount of baggage about the ethnicity of the other. Clients, for example, may initially feel mistrust, anger, fear, suspicion, or deference in the presence of the provider. Providers, in turn, may respond with feelings of superiority, condescension, discomfort, fear, or inadequacy. Each may also perceive the other in terms of cultural stereotypes. Such reactions may be subtle or covered up, but one can be sure they will be there and, for a time at least, they will get in the way of forming a working alliance. Projections such as these fade with time as client and provider come to know each other as individuals instead of stereotypes. The least helpful thing that a provider can do at this point, however, is to take these reactions personally and respond defensively. A much better strategy is to acknowledge their existence and raise them as a topic for discussion. Research shows that clients of all backgrounds are most comfortable with professionals from their own culture. Unfortunately, there is a serious shortage of non-White providers, and clients of color find themselves working with dominant group professionals. This is where cultural competence comes in. It is my belief and experience

that basic trust can develop cross-culturally, but it is not easy. It requires the right skills, a sincere desire to help, a willingness to openly acknowledge and discuss racial and ethnic differences, and a healthy tolerance for being tested.

This book focuses on working with clients from diverse cultures. Its principles, however, are applicable in a variety of helping situations where provider and client come from qualitatively diverse backgrounds. This is even true for members of the same cultural group. Differences in class, gender, age, geography, social and political leanings, and abilism can lead to such diverse life experiences that members of the same group may feel that they have little in common.

For example, a middle-class White provider, having grown up in a major Eastern city, may experience difficulties similar to those just described when working with poor Whites from the rural South. Likewise, providers and clients from diverse cultural backgrounds who share similar demographics of class, gender, geography, and other elements may feel that they have much in common upon which they can build a working relationship.

I use a number of different terms in referring to culturally diverse clients, and do so consciously. Anyone familiar with this field is aware of the power of such terms. First of all, they possess subtle connotations and, at times, implicit value judgments. They have often been used as a means of oppressing and demeaning devalued groups, but they can also serve as powerful sources of empowerment and pride. It is not surprising that members of ethnic groups pay very serious attention to the ways in which they label themselves and are labeled by others. Finding out what term is preferable is a matter of respect, and if providers are in doubt, they should just ask clients what name they prefer. I have never seen anyone offended by that question. I have, however, repeatedly watched providers unintentionally alienate clients through their use of outdated and demeaning terms like “Orientals” or insensitive general references such as “you people.”

Consider the following terms used in this text:

- *Cultural diversity* refers to the array of differences among groups of people with definable and unique cultural backgrounds.
- *Culturally diverse* implies that the client and provider come from different cultures. It suggests no value judgment as to the superiority of one culture over the other—only that the two have been socialized in very different ways and may likely find communication problematic.
- *Culture* is viewed as a lens through which life is perceived. Each culture, through its differences (in language, values, personality and family patterns, worldview, sense of time and space, and rules of interaction), generates a phenomenologically different experience of reality. Thus, the same situation (e.g., an initial counseling session at a community mental health center) may be experienced and interpreted very differently depending on the cultural background of individual clients and providers.
- *Ethnic group* refers to any distinguishable people whose members share a common culture and see themselves as separate and different from the majority culture. The observable differences—whether physical, racial, cultural, or geographic—frequently serve as a basis for discrimination and unequal treatment of a minority ethnic group within the larger society.

- A *racial group*, or *race*, is a biologically isolated, inbreeding population with a distinctive genetic heritage. Socially, the concept of race has created many difficulties. In general, I avoid the concept of race as a definer of group differences (with the exception of talking about the development of racial awareness and consciousness in people of color). The distinction between race as a social and biological category is discussed in Chapter 4.
- *People of color* and *clients of color* refer to non-White clients.
- *Communities of color* are collectives of non-Whites who share certain physical (racial), cultural, language, or geographic origins/features. In naming specific communities of color, I try to use the term or referent that is most current and acceptable to members of that group (although there is always some debate within communities about what names are most acceptable). In relation to clients and communities of color, the following terms are generally used: African Americans, Latinos/as, Native Americans or Native Peoples, and Asian Americans or Asians. In quotes and references to research, terms are used as they appear in the original text.
- *Whites* refer to members of the dominant or majority group whose origins are Northern European.
- *White ethnics* refer to dominant or majority group members whose origins are not Northern European.

This book is written from a perspective that assumes there are certain psychological characteristics and experiences that all ethnically and culturally diverse clients share. First is the experience of belonging to a group that is socially stigmatized and the object of regular discrimination and derision. Second is the stress and harm that this causes to the psyche and the resulting adaptations—some healthy and empowering and others unhealthy and dysfunctional—that ethnic individuals and families must make in order to survive. Third is the stress and harm that result from problems regularly associated with prejudice and racism (e.g., poverty, insufficient health care, crime, and drug abuse). Not all cultures or individuals within cultures, however, experience these factors with equal intensity. Each society, in its inner workings, designates certain groups as primary scapegoats and others as secondary. In the United States, for example, people of color have traditionally been the primary objects of derision. In Europe, on the other hand, it has been Jews and the Rom (Gypsies). There, religion rather than race defined primary minority status. Fourth is the fact that problems in *ethnic* or *racial identification* are often evident in non-White and White ethnic clients. Ethnic and racial identification involves two related processes. First is the attachment that individuals feel toward their cultural group of origin. Second is the awareness or consciousness that individuals have of the impact that race or ethnicity has had on their lives. In one form or another, most clients from ethnic minorities exhibit some modicum of these four factors and thus share their dynamics.

It is also important that providers be aware of the diversity that exists both across and within ethnic groups. First of all, each group has a unique history in the United States. As a result, somewhat different problems have emerged for each around its status as a culturally diverse group. People of color, for example, are set apart primarily by the color of their skin and differences in racial features. As a

consequence, they may struggle with concerns over body image and the possibility of “passing” for White. Many Latinos/as and Asians have immigrated from traditional homelands and face ongoing dilemmas regarding assimilation, bilingualism, and the destruction of traditional family roles and values. Native Americans, as victims of *colonization* in their own land, have experienced the destruction of their traditional ways and identities and struggle to come to grips with these losses. African Americans have faced a similar psychological dislocation because of slavery. Whites in minority ethnic groups, in turn, find themselves suspended between worlds. They are culturally diverse, yet perceived—and often wish to be perceived—as part of the majority.

These ethnically specific circumstances shape and determine the kinds of problems for which clients seek help. Differences among clients in the same ethnic group (be it class, age, gender, ability, language, etc.) can also be extensive. The surest indicator of cultural insensitivity is the belief that all members of a particular group share all characteristics and circumstances. A recently arrived migrant worker from central Mexico, poor and barely able to speak English, faces very different life challenges from those of a similarly aged married man from a wealthy Chilean family, born in the United States, well educated, and working as a banker. The first task of any cross-cultural worker is to carefully assess the client’s demographic and cultural situation. Some of the following information may be critical in determining the situation and needs of a culturally diverse client: place of birth, number of generations in the United States, family roles and structure, language spoken at home, English fluency, economic situation and status, amount and type of education, amount of acculturation, traditions practiced in the home, familiarity and comfort with the Northern European lifestyle, religious affiliation, and community and friendship patterns. In order to address such *cultural myopia* I have introduced in Chapter 3 the ADDRESSING Framework, a tool developed by Pamela Hays in 2008 to help counselors and therapists track the cultural influences or identity dimensions at work within each client as well as within each therapist.

The culturally competent provider not only seeks such information but also is aware of its possible meaning. The migrant worker just described may be in need of financial help, unfamiliar with the system, homesick, fearful of authorities, traditional and macho in his attitudes. His Chilean counterpart is more likely to be concerned with issues of cultural rather than economic survival—how ethnicity is affecting him in the workplace, parental concern over his acculturation, changing roles with his wife and children, balancing success with retaining traditional ways.

I bring to this text both my own perspective on ethnicity and my experience as an American Jew and White ethnic. The autobiographical material that I share in Chapter 15 should make it quite clear that these are not merely academic issues for me. Like so many other racial and ethnic group members, I have struggled personally with conflicts over group belonging and identity.

This has taught me both the complexity of the issues that are the focus of this book and the fact that becoming culturally competent is indeed a lifelong process that needs constant monitoring. It is important for you to know, as someone beginning to learn about this field, that even those of us who have gained some competence in working cross-culturally never stop struggling with these issues. It is just part and parcel of the process of becoming culturally competent.

I have worked in intergroup relations for more than thirty years: teaching courses on multicultural issues in counseling, consulting with various public and private agencies and institutions, and doing clinical work with a wide range of ethnic populations. Yet, I still grow uneasy when I am put in the position of speaking about those who are culturally different from me. To this end, I have written the chapters dealing with the broader conceptual issues by drawing on both research and examples from my experience, and have invited experts from various minority and culturally diverse communities in the United States to discuss working with clients from their respective groups. I am still learning about my own culture and heritage, so how can I presume to speak authoritatively about the culture of others?

I have called this book a *primer*. According to Webster, a primer is a book of elementary or basic principles. This book's intention is to provide you with basic principles, sensitivities, and knowledge that will lay a foundation for becoming a culturally competent professional. The chapters that follow explore different aspects of cultural diversity:

- Chapter 2, “What It Means to Be Culturally Competent,” discusses the need for cultural competence, why one should become culturally competent, the skill areas involved in doing so, and the kind of benefits gained by providers who choose to pursue it.
- Chapter 3, “Working with Culturally Diverse Clients,” directs attention to the actual process of beginning to work with culturally diverse clients and provides a conceptualization of cross-cultural work, as well as guidelines and specific hands-on information for beginning to do so.
- Chapter 4, “Understanding Racism, Prejudice, and White Privilege,” describes the dynamics of racism and prejudice as they operate at individual, institutional, and cultural levels, and how they may impinge on the helping relationship. It also highlights the notion of White privilege, as well as ways in which Whites structure and protect their racial attitudes.
- Chapter 5, “Understanding Culture and Cultural Differences,” focuses on the elusive concept of *culture*—its various dimensions, how to make sense of and deal with cultural differences, and the meaning of multiculturalism.
- Chapter 6, “Working with Culturally Diverse Parents and Families,” in the first of five chapters that focus on the psychological experience of people of color and other diverse populations—or what has been called *ethnic psychology*. Chapter 6 explores the concept of Community Psychology and its relevance for ethnic children and parenting, the challenges of being an ethnic parent (creating a buffer zone, parenting for self-esteem, and preparing the child for racism), and issues related to biracial or bicultural families.
- Chapter 7, “Culturally Sensitive Treatment with Children,” discusses developmental issues peculiar to children from oppressed racial and ethnic backgrounds, working therapeutically with diverse children, and presents in-depth examples of clinical work with children suffering from *complex trauma*, two approaches to narrative treatment with children, and a school-based, social justice intervention program.

- Chapter 8, “Bias in Service Delivery,” explores various sources of bias in cross-cultural service delivery, as well as ways of adapting human service delivery to the specific cultural needs of clients.
- Chapter 9, “Mental Health Issues,” deals with various mental health factors that have particular relevance for culturally diverse clients. Included are discussions of racial and ethnic identity development in adults, acculturation, stress, trauma, and substance abuse.
- Chapter 10, “Treating Victims of Ethnic Conflict, Genocide, and Mass Violence,” looks at the extreme consequences of ethnic and racial hatred, as well as models for healing both the traumatized victim/survivor and the society in which such violence occurs. Included are sections on historic trauma and unresolved grief among Native Americans; South Africa and its Truth and Reconciliation Commission; Holocaust survivors and Nazis, and the treatment of traumatized Cambodian *immigrants* and *refugees*.
- Chapters 11–16 provide culturally specific information on six minority communities in the United States. In each, an expert indigenous to that community—Latinos/as (Chapter 11, “Working with Latino/a Clients: An Interview with Roberto Almanzan”), Native Americans (Chapter 12, “Working with Native American Clients: An Interview with Jack Lawson”), African Americans (Chapter 13, “Working with African American Clients: An Interview with Veronique Thompson”), Asian Americans (Chapter 14, “Working with Asian American Clients: An Interview with Dan Hocoy), Arab and Muslim Americans (Chapter 15, “Working with Arab and Muslim American Clients: An Interview with Marwan Dwairy), and South Asian Americans (Chapter 16, “Working with South Asian American Clients: An Interview with Sumana Kaipa)—highlights key issues and differences about which providers working with clients from these respective cultures should be aware. An interview format is used.
- Chapter 17, “Working with White Ethnic Clients: An Interview with the Author,” focuses attention on work with White ethnic clients, using American Jews as a case in point.
- Chapter 18, “Some Closing Thoughts,” summarizes basic notions about cultural competence and suggests ways in which the reader can continue learning about cross-cultural service delivery.





## CHAPTER

# 2

# WHAT IT MEANS TO BE CULTURALLY COMPETENT

## DEMOGRAPHICS

The demographics of the United States have been changing dramatically, and central to these changes is a significant increase in non-White populations. Atkinson, Morten, and Sue (1993) refer to this trend that began in the 1980s as the “diversification” of America. The statistics speak for themselves. Between 1980 and 1992, for example, the relative percentages of population increase for ethnic groups were as follows: Asian and Pacific Islander, 123.5 percent; Hispanic, 65.3 percent; Native American/Eskimo/Aleut, 30.7 percent; African American, 16.4 percent; and non-Hispanic White, 5.5 percent. These percentages represent not only a sizable increase in the actual numbers of people of color in the United States but also a significant decline in the relative percentage of Whites from almost 80 percent to less than 75 percent. Healey (1995) suggests that “if this trend continues, it will not take many generations before *non-Hispanic Whites* are a numerical minority of the population” (p. 12).

These same trends continue today and are clearly evident in the 2010 Census data (U.S. Bureau of the Census, 2011). Table 2-1 summarizes the U.S. population by Hispanic or Latino origin and by race for 2000 and 2010. Several statistics are of special note. The vast majority of population increases came from non-Whites. More than half of the total population growth for that ten-year period was due to increases among Hispanics, who grew from 35.3 million to 50.5 million. Asians grew faster than any single racial group, increasing by 43 percent from 10.2 million to 14.7 million, and Whites had the slowest rate of growth, 5.7 percent, from 211.5 million to 223.6 million. Multiracial individuals increased by 32 percent from 2000 to 2010, with population increases from 6.8 to 9 million.

Geographically, nearly 50 percent of the Western region of the United States had a “majority minority” population. California had the largest minority population, followed by Texas, New York, Florida, and Illinois. By 2010 District of Columbia, Hawaii, and New Mexico would join this grouping.



**TABLE 2-1** | PROJECTED PERCENTAGES OF ETHNIC GROUPS IN U.S. POPULATION

Group	2009 (%)	2050 (%)
Non-Hispanic Whites	66	46
Hispanics	15	30
African Americans	13	15
Asians	5	9
Native Americans	1.6	2.0

Note: Adapted from U.S. Census (August 14, 2008). An older and more diverse nation by midcentury. *U.S. Census Bureau News*. CB 08-123. Washington, DC: U.S. Government Press.

Estimates for the future also bear out Healey's predictions. Census projections for the next forty years, based on adjusted projections of the 2000 U.S. Census data, are summarized in Table 2-2. By 2042, barely a generation from now, racial minorities will make up a majority of the U.S. population, and this figure represents an increasingly accelerated rate from 2005 projections. By 2050, non-Hispanic Whites, today 66 percent of the population, will reduce to 46 percent of the population. Hispanics, the fastest-growing minority, will triple in number from 15 percent of the U.S. population to 30 percent. Asians will grow from 5 percent of the population to 9 percent; African Americans from 13 percent to 15 percent; and Native Americans from 1.6 percent to 2.0 percent. The Native Hawaiian and Pacific Islander population will double, and that of self-identified biracial people will triple. And the increases are even more dramatic among the young. By 2023, minority children under 18 years of age will become a majority, and by 2030, for example, half of all elementary school-age children in the United States will be children of color. By 2039, the majority of working-age Americans will be of color. In California (a clear pacesetter for diversity), such parity for children was reached in 1990, when one out of every four school-age children came from homes where English was not the primary language, and one out of every six was born outside the United States. And by 2020, four states—New Mexico, Hawaii, California, and Texas—and Washington, D.C., will have “minority majority” populations.

Two factors—immigration and birthrates—are particularly responsible for these dramatic changes. The last thirty years of the twentieth century saw an unprecedented wave of immigration to the United States, with yearly numbers rising to 1 million. Unlike earlier immigration patterns, however, the new arrivals were primarily non-European: approximately one-third from Asia and one-third from Central and South America. In 1998, for example, while 9 percent of all citizens in the United States were foreign-born, 63 percent of Asian American citizens and 35 percent of Hispanic citizens were foreign-born. Differential birthrates of ethnic groups in the United States are equally skewed. Birthrates of Hispanic populations tend to be approximately 1.7 times that of Whites, and Asian Americans anywhere from 3 to 7 times greater, depending on the specific subpopulation.

“Opportunity 2000,” a study of projections for the workforce in the year 2000, commissioned by the U.S. Department of Labor and carried out by the Hudson Institute (1988), showed similar trends. It accurately estimated that the labor market would grow smaller, older, and, most interesting for our purposes, significantly more diverse. Only 15 percent of new entrants into the job market are native-born White males, although this group has traditionally accounted for 47 percent of the workforce. People of color constitute 29 percent of the current workforce, women 42 percent, and immigrants 22 percent. Statistics for people of color entering the workforce in 2005 represented a twofold increase over the previous decade. Unfortunately, projections suggest that these growing numbers will be of little help to urban, African American, and Latino males, who may actually experience a decline in available jobs if their work-related skills do not keep up with the growing demand for increased technical knowledge.

And for the first time in the 2000 Census, there was an attempt to identify multiracial individuals. The result was that 6.8 million people, or 2.4 percent of the population of the United States, reported multiracial backgrounds. Of these, 93 percent reported only two races; 32 percent of this group reported being White and “Some Other Group”; 16 percent, White and American Indian or Alaska Native; 13 percent, White and Asian; and 11 percent, White and Black or African American (Jones and Smith, 2001).

## REACTIONS TO CHANGING DEMOGRAPHICS

What has been the reaction to this growing diversification? First, White America has clearly felt threatened by these changes. The sheer increase in non-White numbers has stimulated a widespread political backlash. Most prominent has been a rise in anti-immigrant sentiment and legislation and a strong push to repeal affirmative action practices, which were instituted over the last several decades to level the economic and social playing fields for people of color.

As economic times have worsened for White working and middle classes, frustration has increasingly been directed at non-White newcomers, who are blamed for “taking our jobs” and told to “go back to where you came from if you’re not willing to speak English.” In a similar vein, White supremacist, militia, and anti-government groups, playing on racial hatred and a return to “traditional values” and “law and order,” have attracted growing numbers. The result has been a society even further polarized along color lines. People of color, in turn, have sensed in their growing numbers an ultimatum to White America: “Soon, you won’t even have the numerical majority. How can you possibly continue to justify the enormous injustice and disparity against us?” For those in the helping professions, a major implication of these new demographics is a radically different client base. More and more, providers will be called on to serve clients from diverse cultures. Job announcements increasingly state: “Bilingual and bicultural professionals preferred” and “Cross-cultural experience and sensitivity a requirement.” At the same time, there is a growing awareness that it is insufficient to merely channel these new clients into the same old structures and programs or to hire a few token professionals of color. Rather, a radical reconceptualization of effective helping vis-à-vis

those who are culturally diverse and how it occurs is needed. At the center of such a renewed vision is the notion of *cultural competence*.

## WHY BECOME CULTURALLY COMPETENT?

In the past, gaining what is now called *cultural competence* was an ethical decision undertaken by practitioners with a particularly strong moral sense of what was right and fair. Usually, such individuals sought training with the express purpose of working with specific cultural groups, and they gravitated toward minority agencies. Mainstream providers, with their predominantly White client base, had little reason to pursue cultural competence. But today, the picture is quite different. All agencies are seeing more culturally diverse clients walk through their doors, and it may not be long before cultural competence becomes a professional imperative. In time, cultural competence may be a routine requirement for all jobs, not just those in the helping professions. If the “Opportunity 2000” projections (Hudson Institute, 1988) are correct and over 50 percent of the new entrants into the job market will be people of color, most Americans will find themselves in close working relationships with colleagues who are culturally diverse.

Whether it is a matter of working under a superior who is a person of color, supervising others from diverse backgrounds, or retaining good relations with colleagues who are culturally diverse, being skilled in cross-cultural communication will increasingly be an asset. Given the dramatic diversification currently under way in the United States, gaining cultural competence may someday reach a status comparable to that of computer literacy. Twenty-five years ago, computer skills were an isolated novelty, but today, it is difficult to compete successfully in any job market without them. The same may eventually become true of cultural competence.

## THE FEAR AND PAIN ASSOCIATED WITH MOVING TOWARD CULTURAL COMPETENCE

It is my experience that most people are apprehensive of learning about race and ethnicity, and they approach the topic with some reluctance, even dread. The same may be true for you. When I start a new class, the tension in the room is palpable. Students do not know what to expect. Race is a dangerous subject for everyone. People can come unglued in relation to it. White students wonder if they will be attacked, called racists, and made to feel guilty. Students of color wonder if the class is “going to be for real” or just another “exercise in political correctness.” Everyone wonders whether they will really be able to speak their minds, whether things might get out of control, and, if so, whether I will be able to handle it. Their concerns are understandable.

What is more familiar in such discussions are accusations and attacks, name-calling, and long, endless diatribes about racial profiling, affirmative action, anti-immigrant legislation, and differing perspectives on terrorism.

What one does not hear about or talk about, and what must become a focus of attention if there is ever going to be any positive change in this arena, is the

psychological pain and suffering caused by racism and the ways in which everyone is touched by it. I cannot help but think of these past students and their stories:

- The young White woman who was traumatized as a young child when her mother found her innocently touching the face of their African American maid and freaked out.
- The Latina girl who was never the same after being accused of stealing the new bike that her parents had scrimped and saved to buy for her.
- The Jewish man who discovered at the age of 25 that his parents had been hiding from him the fact that they were Jews.
- The Asian woman, adopted at birth by White parents, who could not talk to them about how difficult it was for her living in an a predominantly White world.
- The White woman consumed by guilt because of what she felt to be an irrational fear of African American and Latino men.

There is clearly as much fear and nervousness about letting out such feelings as there is about the unknowns of working with clients from other cultures.

I try to alleviate the anxiety by reviewing the ground rules and assumptions that define how we will interact in class. My intention is to create a safety zone where students can talk about race in ways that cannot be talked about in normal daily life. The following guidelines are clearly spelled out at the beginning of the course:

- There will be no name-calling, labeling, or blaming one another. There are no heroes or villains in this drama; no good people or bad. Each of us harbors negative reactions toward those who are different. It is impossible to grow up in a society and not take on its prejudices. So, it is not a matter of whether one is a racist or not. We all are. Rather, it is a question of what negative racial attitudes one has learned so far and, from this moment on, what one is willing to do about them.
- Everything that is said and divulged in this classroom is confidential, and it is not to be talked about with anyone outside of here. Students often censor, measure their words, and are less than honest in what they say out of fear of either looking bad or having their personal disclosures treated insensitively or as gossip.
- As much as possible, everyone will personalize his or her discussion and talk about personal experiences. There is much denial around racism that serves as a mechanism for avoiding responsibility. Only by personalizing the subject and speaking in the first person, rather than the third, can this be avoided.
- You can say whatever you believe. This may, in turn, lead to conflict with others. That is OK. But you must be willing to look at what you say, take responsibility for your words, and learn from what ensues. Anything that happens during class is a learning opportunity. It can and may be analyzed as part of the process. The class is a microcosm of the outer racial world with all its problems, and as such, honest interaction in class can shed valuable light on the dynamics of intergroup conflict.

Most students have serious questions about race and ethnicity that need to be answered, or experiences in relation to these elements that must be processed and better

understood. Significant learning about race and ethnicity cannot proceed without this happening. Opportunities to do so are rare, but only through such occasions can growth and healing begin. Once a degree of safety has been established, the flood-gates open, and students become emboldened by the frank comments of others to share what is really on their minds. These are the kind of concerns that emerge:

- Why do so many immigrants to the United States refuse to learn English? If they want to live here and reap the benefits, the least they should be willing to do is learn our language. My parents came over from Italy. They were dirt poor but made successful lives for themselves. They didn't have all this help. I really don't understand why it should be any different for people of color.
- This is all really new to me. I grew up in a small town in rural Oregon. There was one Black family, but they stayed to themselves mostly. It's confusing, and to be perfectly honest, it's also pretty scary. There's just so much anger. If I had a client of color, I'm not sure I would know what to say or do.
- My biggest issues are with Black men. I try to be supportive of them and understand the difficulties they face. But when I see them always with White women, overlooking me and my sisters and all we have to offer, I get really angry.
- To be perfectly honest, I hate being White. I feel extremely guilty about what we have done to people of color and don't know how to make up for it. I don't feel I have any culture of my own. We used to joke about being "Heinz 57-variety" Americans. And I envy people of color for all their culture and togetherness. We tried practicing some Native American ways, but that didn't seem exactly right, and besides, we were never made to feel very welcome.
- I've come to realize how much racial hatred there was in my family while I was growing up, and this disturbs me greatly. I find it very hard to see my parents in this negative light and don't know what to do with all this.
- It's gotten pretty hard being a White male these days. You've always got to watch what you say, and as far as getting a job, forget it. There's a whole line of women and minorities and disabled in front of you. I guess I sort of understand the idea of affirmative action, but just because I'm White doesn't mean I have it made. I find it very difficult just getting by financially. I don't see where all this privilege is.
- I just can't buy all this cultural stuff. People are just people, and I treat everyone the same. I grew up in an integrated neighborhood. I always had a lot of Black and Latino friends and never saw them as different. Frankly, I think all this focus on differences is creating the problem.
- I'm Jewish but am finding it hard to discover where I fit in all of this. I don't feel White, but everyone treats me and classifies Jews as White. I was very involved in the civil rights movement a number of years ago; even worked down in the South for a summer registering voters. But that seems so far away, and now Blacks hate Jews. What did we do?
- I'm in this class because I have to be. I don't need to take a class on racism. I've lived it all my life. White people don't get it. They just don't want to see, and no class is going to open their eyes. What I'm not willing to do is be a token person of color in here.

Moving toward cultural competence is hard, emotional work. Personal issues such as those just described have to be given voice and worked through. Students need good answers to their questions and support in finding solutions to personal conflicts with the material. It is as if a whole new dimension of reality—that of culture—has been introduced into a student’s phenomenological world. Old beliefs about oneself, others, and what one does and does not have in common must be examined and adjusted where necessary. There are, in addition, vast amounts of information to learn and new cultural worlds to explore. Perhaps most exciting, however, are the ways in which one’s mind has to stretch and grow to incorporate the implications of culture. Students who have progressed in their learning about cultural matters often speak of a transformation that occurs in the ways they think about themselves and the world.

Bennett (1993) has tried to describe these cognitive changes. Of particular interest is the qualitative shift that occurs in a person’s frame of reference—what Bennett describes as movement from *ethnocentrism* to *ethnorelativism*. In typical ethnocentric thinking, culturally diverse behavior is assessed in relation to one’s own cultural standards; it is good or bad in terms of its similarity to how things are done in one’s own culture. In ethnorelative thinking, “cultures can only be understood relative to one another and ... particular behavior can only be understood within a cultural context ... cultural difference is neither good nor bad, it is just different ...” (p. 26). People who make this shift increase their empathic ability and experience greater ease in adopting a process orientation toward living. When the actions of others are not assessed or judged but are just allowed to exist, it is far easier to enter into their felt experience and thereby empathize with them. Similarly, realizing that behavior, values, and identity itself are not absolute, but rather are constructed by culture, frees one to appreciate more fully the ongoing process of living life as opposed to focusing entirely on its content or where one is going or has been. These skills not only transform how people think but also prepare them for working more effectively with culturally diverse clients.

## **SPEAKING PERSONALLY ABOUT CULTURAL COMPETENCE**

An old adage states: “You get as much out of something as you put into it.” The same is true for pursuing cultural competence and using this book as a beginning. There is much useful information in the pages that follow that cannot help but contribute to your growth as a provider of cross-cultural services. And that is certainly worth the “price of admission.” But it can also be the start of a journey that can change you in deep and unpredictable ways. As suggested earlier, engaging in the serious pursuit of cultural competence can be transformational, not so much in a religious sense as a perceptual one.

Black-and-white thinking will eventually be replaced by relational and process thinking. In time, you will think very differently than you do now. I can also guarantee that if you pursue a deeper understanding of culture, you will at times find yourself disturbed and disoriented, feeling very lost and alone. I can remember the first time I experienced cultural relativity and realized that what I had taken for my

entire life as absolute reality—the underpinnings of my world—was actually relative. It came from reading the books of Alan Watts on Zen Buddhism and beginning to explore meditation. What I found so disturbing and unsettling was the realization that there was more than one way to understand reality. I was never quite the same again, as if the center of my consciousness had shifted somewhat and everything looked a little different. It is an unhinging aspect of the journey that will often be repeated in miniature as one continues to delve into cultural material.

Two qualities will make a difference in how you relate to this book, and ultimately in your pursuit of cultural competence. The first is self-honesty. There is an aspect of ethnocentrism that is self-delusional. It seeks to hide the fact that human experience can be relative and that there might be “another show in town.” As will become evident in Chapter 3, we all have a strong tendency to deny and hide from consciousness the negative feelings that we hold about race, ethnicity, and cultural differences. Together, these tendencies conspire to keep us in the dark. Only by pushing oneself to engage critically the concepts and material of this book and to discover precisely how they have played themselves out in the confines of one’s life can the power of cultural competence be truly appreciated.

The second quality is a sustained commitment. The kind of learning that leads to cultural competence takes place over the long term. It consists as much of process as content, tends to be cumulative in nature, and is—as Cross et al. (1989), Sue, Arredondo, and McDavis (1992), and Bennett (1993) jointly point out—highly developmental. This means that you may go through various predictable stages of growth, emotion, and change. This book is only a beginning. What happens next—what additional cultural learning experiences you seek and the extent to which you seriously engage in providing services cross-culturally—is up to you.

## **A MODEL OF CULTURAL COMPETENCE**

In its broadest context, cultural competence is the ability to provide effective services cross-culturally. According to Cross (1988), it is a “set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations” (p. 13). It is not a new idea. It has been called “ethnic sensitive practice” (Devore and Schlesinger, 1981), “crosscultural awareness practice” and “ethnic competence” (Green, 1982), and “ethnic minority practice” (Lum 1986) by human service providers. It has been referred to as “intercultural communication” (Hoopes, 1972) by those working in international relations and “cross-cultural counseling” (Petersen et al., 1989) and “multicultural counseling” (Ponterotto et al., 1995) in the field of counseling psychology. What is new, however, is the projected demand for such services and the urgent need for a comprehensive model of effective service delivery.

The work of Cross et al. (1989) on cultural competence offers a good example of such an evolving model. Cross is the executive director of the National Indian Child Welfare Association in Portland, Oregon. For many years he and his associates have attempted to articulate an effective, reality-based, and comprehensive approach to cross-cultural service delivery.



Cross et al. begin by asserting that cultural competence, whether in a system, agency, or individual professional, is an ideal goal toward which one strives. It does not occur as the result of a single day of training, a few consultations with experts, reading a book, or even taking a course. Rather, it is a developmental process that depends on the continual acquisition of knowledge, the development of new and more advanced skills, and an ongoing self-evaluation of progress. Cross et al. further believe that a culturally competent care system must rest on a set of unifying values—or what might be called *assumptions*—about how services are best delivered to people of color. These values share the notions that being different is positive, that services must be responsive to specific cultural needs, and that they must be delivered in a way that empowers the client. According to Cross et al., a culturally competent care system does the following:

- Respects the unique, culturally defined needs of various client populations
- Acknowledges culture as a predominant force in shaping behaviors, values, and institutions
- Views natural systems (family, community, church, healers, etc.) as primary mechanisms of support for minority populations
- Starts with the “family,” as defined by each culture, as the primary and preferred point of intervention
- Acknowledges that minority people are served in varying degrees by the natural system
- Recognizes that the concepts of “family,” “community,” and the like are different for various cultures, and even for subgroups within cultures
- Believes that diversity within cultures is as important as diversity between cultures
- Functions with the awareness that the dignity of the person is not guaranteed unless the dignity of his or her people is preserved
- Understands that minority clients are usually best served by persons who are part of or in tune with their culture
- Acknowledges and accepts that cultural differences exist and have an impact on service delivery
- Treats clients in the context of their minority status, which creates unique mental health issues for minority individuals, including issues related to self-esteem, identity formation, isolation, and role assumption
- Advocates for effective services on the basis that the absence of cultural competence anywhere is a threat to competent services everywhere
- Respects the family as indispensable to understanding the individual because the family provides the context within which the person functions and is the primary support network of its members
- Recognizes that the thought patterns of non-Western peoples, though different, are equally valid and influence how clients view problems and solutions
- Respects cultural preferences that value process rather than product and harmony, or balance within one’s life rather than achievement
- Acknowledges that when working with minority clients, process is as important as product
- Recognizes that taking the best of both worlds enhances the capacity of all



- Recognizes that minority people have to be at least bicultural, which in turn creates its own set of mental health issues, such as identity conflicts resulting from assimilation
- Functions with the knowledge that behaviors exist that are adjustments to being different
- Understands when values of minority groups are in conflict with dominant society values

(From *Towards a Culturally System of Care* by T. L. Cross, B. J. Bazron, K. W. Dennis, and M. R. Isaacs, pp. 22–24. Georgetown University Child Development Center, Washington, DC. Reprinted by permission of the author.)

Taken together, these assumptions provide the psychological underpinnings of a truly cross-cultural model of service delivery. First, they are based on the experience of people of color and those who have worked intimately with them. Second, they take seriously notions that are not typically included in dominant culture service models. These notions include the impact of cultural differences on mental health, the family and community as a beginning point for treatment, agency accountability to its constituent community, and biculturalism as an ongoing life experience for people of color. Third, they provide a yardstick against which existing agencies can measure their own treatment philosophies and assumptions.

## **ASSESSING AGENCY CULTURAL COMPETENCE**

Cross et al. (1989) have also defined a developmental continuum along which agencies differ and can be assessed according to their ability to deal effectively with cultural differences in their clients. Table 2-2 offers a summary of the six levels of this continuum. At one extreme are agencies that they describe as exhibiting cultural destructiveness. Included are those whose policies and practices are actively destructive to cultures and their members. Although it is difficult to find examples of such blatant practices today, it is important to realize that “historically, some agencies have been actively involved in services that have denied people of color access to their natural helpers and healers, removed children of color from their families on the basis of race, or purposely risked the well-being of minority individuals in social and medical experiments without their knowledge or consent” (Cross et al., 1989, p. 14).

Cultural incapacity is the designation given to the next set of agencies along the continuum. These providers, although not intentionally destructive, lack the capacity to help people of color and their communities. In the process of doing their work, they routinely perpetuate societal biases, beliefs in racial inferiority, and paternalism. In addition, they tend to discriminate in hiring practices, send messages that people of color are not valued or welcome, and usually have lower expectations for these clients.

Agencies exhibiting cultural blindness, the third group of providers, try to be unbiased in their approach, but they do so by asserting that race and culture make no difference in how they provide services and then proceed to apply a dominant cultural approach to all clients. They routinely ignore the cultural strengths and uniqueness of people of color, encourage assimilation, and tend to blame victims rather than society for their problems.

**TABLE 2-2** | CONTINUUM OF CULTURAL COMPETENCE IN AGENCIES

Level of Cultural Competence	Typical Characteristics
Cultural destructiveness	Policies and practices are actively destructive of communities and individuals of color.
Cultural incapacity	Policies and practices unintentionally promote cultural and racial bias; discriminate in hiring; do not welcome, devalue, and hold lower expectations for clients of color.
Cultural blindness	Attempt to avoid bias by ignoring racial and cultural differences (i.e., all clients are treated the same), yet adopt a mainstream approach to service delivery. Ignore cultural strengths of clients, encourage assimilation, and participate in victim blame.
Cultural pre-competence	Have failed at attempts toward greater cultural competence due to limited vision of what is necessary. Either hold false sense of accomplishment or overwhelmed by failure. Tend to depend on tokenism and overestimate impact of isolated staff of color.
Basic cultural competence	Incorporate five basic skill areas into ongoing process of agency. Work to hire unbiased staff, consult with communities of color, and actively assess who they can realistically serve.
Cultural proficiency	Exhibit basic cultural competence, advocate for multiculturalism throughout the health care system, carry out original research on how to better serve clients of color, and disseminate findings.

Note: Adapted from *Towards a Culturally Competent System of Care* by Cross et al., 1989. Washington, DC: Georgetown University Child Development Center.

More to the positive end of the continuum, providers move into a phase that Cross et al. call *cultural pre-competence*. Such agencies are sincere in their efforts to become more multicultural but have had difficulty in making progress. They realize that they have problems in serving minority ethnic group clients and have discovered this fact through ineffectual efforts at serving a single ethnic population. They tend to lack a realistic picture of what is involved in becoming culturally competent and often succumb to either a false sense of accomplishment or a particularly difficult and discouraging failure. In addition, they tend to fall prey to tokenism and put unrealistic hopes in the hiring of one or two professionals of color, whose cultural competence they tend to overestimate. It is probably fair to say that the majority of human service agencies today are culturally pre-competent, with some still functioning at the level of cultural incapacity.

The last two points on the continuum, which are still probably more hypothetical than real in today's service world, represent increasing levels of cultural competence. Agencies that possess basic cultural competence are well versed in the five skill areas believed to be essential to competent cross-cultural service delivery (to be described shortly). Such agencies also “work to hire unbiased employees, seek advice and consultation from the minority community, and actively decide what they are and are not capable of providing minority clients” (Cross et al., 1989, p. 17). Finally, cultural proficiency, the positive endpoint of the continuum, refers to providers who, in addition to those qualities exhibited in basic cultural competence, advocate more broadly for multiculturalism within the general health care system and are engaged in original research on how to serve culturally diverse clients better and its dissemination.

Having defined this continuum, Cross et al. are quick to point out that movement from one stage to the next takes significant effort. It requires a determined reshuffling of agency attitudes, policies, and practices; the implementation of skill development for all staff; and the serious involvement of all agency personnel: board members, policymakers, administrators, practitioners, and consumers alike. You may find it useful to consider where agencies with which you are familiar might be placed on this continuum and why.

## **INDIVIDUAL CULTURAL COMPETENCE SKILL AREAS**

Turning their attention to the development of cultural competence in individual practitioners, Cross et al. (1989) define five basic skill areas necessary for effective cross-cultural service delivery. Each can be assessed on its own continuum, although growth in one tends to support positive movement in the others. It is believed that these skills must infuse not only the provider's work but also the general climate of agencies and the health care system as a whole. These five individual skill areas are summarized in Table 2-3.

These skill areas must be taught, supported, and, even more basically, introduced as underlying dimensions of everyday functioning within agencies. The first skill area, for example, involves being aware of and accepting differences. For providers, this means respecting differences in their clients. At an agency level, however, a similar commitment to accepting and valuing diversity must also be evident in the clinical practices that are adopted, in the philosophy that is shared, and in the relationship between colleagues and with associates from other parts of the care system.

**Awareness and Acceptance of Differences.** A first step toward cultural competence involves developing an awareness of the ways in which cultures differ and realizing that these differences affect the helping process. While all people strive to meet the same basic psychological needs, they differ greatly in how they have learned to do so. Cultural differences exist in values, styles of communication, perception of time, how health is defined, community, and so on. In attuning one's efforts to work with clients from other cultures, acknowledging and looking at differences are as important as highlighting similarities. The discovery of exactly what

**TABLE 2-3** | SUMMARY OF INDIVIDUAL CULTURAL COMPETENCE SKILL AREAS

Skill Area	Definition
Awareness and acceptance	Culturally competent providers are aware of the existence of cultural differences, accept their reality and value, and actively and creatively use them in the service of helping.
Self-awareness	Culturally competent providers appreciate the impact of their own ethnicity and racial attitudes on potential clients and actively work to limit the impact of such factors.
Dynamics of difference	Culturally competent providers are aware of likely areas of potential cross-cultural miscommunication, misinterpretation, and misjudgment; anticipate their occurrence; and have the skills to set them right.
Knowledge of client’s culture	Culturally competent providers actively educate themselves with regard to a client’s culture in order to understand behavior in its cultural context. They also actively seek consultation with indigenous experts when necessary.
Adaptation of skills	Culturally competent providers adapt and adjust generic helping practices to accommodate cultural differences to meet the needs and goals of culturally different clients better.

Note: Adapted from *Towards a Culturally Competent System of Care* by Cross et al., 1989. Washington, DC: Georgetown University Child Development Center.

dimensions of living vary with culture is an ever-evolving drama. Each individual begins life with a singular experience of culture that is taken for reality itself. Only with exposure to additional and differing cultural realities does one begin to develop an appreciation for the diversity in human behavior.

Equally critical to becoming aware of differences is accepting them. Rokeach (1960), in his analysis of the sources of prejudice, goes so far as to suggest that differences in beliefs and cultural views—rather than a reaction to race per se—are at the heart of racial antipathy. Most difficult is accepting cultural ways and values that are at odds with our own. For instance, as a success-oriented, hyperpunctual client of Northern European ancestry, I might find it very difficult to accept the perpetual lateness of individuals who belong to cultures where time is viewed as flexible and inexact. What eventually emerges in providers who are moving toward cultural competence, however, is a broadening of perspective that acknowledges the simultaneous existence of differing realities that requires neither comparison nor judgment. All exist in their own right and are different. Further along the continuum is a position where differences are not merely accepted, but are truly valued for the richness, perspective, and complexity that they offer. A culturally competent practitioner actively and creatively uses these differences in the service of the helping process.

**Self-Awareness.** It is impossible to appreciate the impact of culture on the lives of others, particularly clients, if one is out of touch with his or her own cultural

background. Culture is a mold that gives shape to life experience, promoting certain values and experiences as optimal and defining what is possible. As a skill area, self-awareness involves understanding the myriad ways that culture affects human behavior. As Cross (1988) says, “Many people never acknowledge how their day-to-day behaviors have been shaped by cultural norms and values and reinforced by families, peers, and social institutions. How one defines ‘family,’ identifies desirable life goals, views problems, and even says hello are all influenced by the culture in which one functions” (p. 2).

In addition, the skill of self-awareness requires sufficient self-knowledge to anticipate when one’s own cultural limits are likely to be pushed, foreseeing potential areas of tension and conflict with specific client groups and accommodating them. If my day is tightly scheduled, as is the case in most agencies, and it is in the nature of my clients’ culture to be late, I must find a strategy for meeting with them that allows me to remain true to my cultural values and concurrently allows them to do the same. Cultural self-awareness is an especially difficult task for many White providers, who grew up in households where intact cultural pasts have been lost. What remains instead are bits and pieces of cultural identity and personal history that were long ago cut loose from extended family, traditions, and community and, as a result, lack meaning. Without such a felt sense of the role of culture in the lives of people of color, certain areas of client experience become difficult to empathize with and understand.

**Dynamics of Difference.** Related to self-awareness is what Cross et al. (1989) call the “dynamics of difference.” When client and provider come from different cultures, there is a strong likelihood that sooner or later, they will miscommunicate by misinterpreting or misjudging the other’s behavior. An awareness of the dynamics of difference involves knowing what can go wrong in cross-cultural communication and knowing how to set it right. Cultural miscommunication has two general sources: experiences either the client or practitioner has had with members of the other’s group and the nature of current political relations between groups. Mexican immigrants, for example, tend to be hypervigilant in relation to anyone who is perceived as either White or authoritative. Or, given tensions between African Americans and Jews in the United States that emerged in the 1960s and 1970s, a helping relationship between an African American provider and a Jewish client (or vice versa) might initially prove problematic. Dynamics of difference also involve differences in cultural style. If a teacher from a culture that interprets direct eye contact as a sign of respect works with a student who has been taught culturally to avert eye contact as a sign of deference, there is a good chance that the teacher will come away from the interaction with erroneous impressions of the student. If providers are prepared for the possibility of such cross-cultural miscommunication, they are better able to diagnose a problem immediately and more quickly set things back on track.

**Knowledge of the Client’s Culture.** Cross et al. (1989) also believe that it is critical for providers to familiarize themselves with a client’s culture so that behavior may be understood within its cultural context. Many serious mistakes can be avoided if only the provider would preface each attempt at analyzing client

motivation or behavior by considering what it might mean within the context of the client's cultural group. Similarly, other kinds of cultural information can be clinically useful. "Workers must know what symbols are meaningful, how health is defined, and how primary support networks are configured" (Cross, 1988, p. 4). Interpreting the behavior of someone who is culturally diverse without considering cultural context or ethnocentricity (i.e., from one's own cultural perspective) is fraught with danger, as the following anecdote amply demonstrates.

Several years ago, during a period of particularly heavy immigration from Southeast Asia, Children's Protective Services received a rash of abuse reports on Vietnamese parents whose children had come to school with red marks all over their bodies. A bit of cultural detective work quickly turned up the fact that the children had been given an ancient remedy for colds called *cupping*, which involves placing heated glass cups on the skin, leaving harmless red marks for about a day. The resulting fallout was a group of irate Vietnamese parents, always hyperattentive to the needs of their children, being deeply insulted by accusations of bad parenting, and several workers feeling rather foolish about their cultural ignorance. Given the variety of populations that must be served and the diversity that exists within each of them, it is not reasonable to expect any single provider to be conversant in the ways of all cultures and subcultures. However, it is possible to learn to identify the kind of information that is required to understand what is going on in the helping situation and have available the use of cultural experts with whom one can consult.

**Adaptation of Skills.** The fifth skill area involves adapting and adjusting generic helping practices (that in reality, as we shall see, have their roots in the dominant cultural paradigm) to accommodate cultural differences. Such adaptations can take a variety of forms. Treatment goals can be altered to fit cultural values better. For example, a Chinese family may not feel comfortable working toward an outcome that involves greater assertiveness in their children. The style of interaction in which the helping process is carried out can be adjusted to something that is more familiar to the client. In many cultures, for instance, healing practices are highly authoritative and directive, with advice freely given by experts. Some clients respond to healers only by showing deference.

The definition of who is a family member—and thus should be included in treatment—can also vary greatly from culture to culture. Family therapy with African Americans, for instance, usually involves the inclusion of multiple generations as well as nonbiological family members, such as good friends and neighbors. The time and place of meetings can be modified to fit the needs of those who could not ordinarily be available during traditional hours or would find it difficult or threatening to come to a professional office far from their community. Finally, treatment topics can be expanded to include issues that are unique to culturally diverse clients. Dealing with racism, resolving conflicts around assimilation and acculturation, and clarifying issues of ethnic identity are three examples.

## DEFINING PROFESSIONAL STANDARDS

Arredondo et al. (1996) offer a somewhat different approach to defining individual cultural competence. Building on the work of Sue, Arredondo, and McDavis

(1992), they describe a set of professional multicultural competencies that it is hoped will “become a standard for curriculum reform and training of helping professionals” (p. 477).

As yet, however, no professional helping association has formally accepted such specific standards as part of their ethical guidelines, thereby defining and compelling “ethical responsibility.” What currently exist vis-à-vis standards of cultural competence in professional codes, such as that of the American Counseling Association (1995), are general prescriptions of “nondiscrimination” and “respecting differences” (Section A.2), as well as “boundaries of competence” (Section C.2). But without specific guidelines as to what cultural competence specifically looks like, how is one to achieve, assess, or enforce it? According to Sue, Arredondo, and McDavis (1992), this problem “represents one of the major shortcomings of our profession” (p. 481).

The framework that the two groups have developed defines three areas of characteristics of culturally skilled counselors, borrowed from Sue and Sue (1999). First, such counselors “understand their own worldviews, how they are the product of their cultural conditioning, and how it may be reflected in their counseling and work with racial and ethnic minorities” (p. 481). Second, they “understand and share the worldviews of their culturally diverse clients with respect and appreciation” (p. 481). Third, they “use modalities and define goals consistent with the life experiences and cultural values of clients” (p. 481). Next, each of these three general characteristics—counselor awareness of his or her own assumptions, values, and biases; understanding the worldview of the culturally diverse client; and developing appropriate intervention strategies and techniques—is broken down into three dimensions that underlie them: attitudes and beliefs, knowledge, and skills. Nine competence areas (three characteristics by three dimensions) are thus defined as basic to a culturally skilled counselor or helper. The specific characteristics of the three dimensions of professional standards are presented in Tables 2-4, 2-5, and 2-6.

## TRAINING PROGRAMS AND ETHICAL STANDARDS

It is also important to acknowledge that in addition to Human Services professional organizations monitoring the cultural competence of their members, Human Services training programs play an important role in teaching and sensitizing their students about diversity, culture, and cultural competence. Although such programs generally do not have stand-alone policies regarding diversity education, such requirements more typically are folded into the training guidelines and standards of educational monitoring groups. For example, take the Council for Standards in Human Service Education (CSHSE). In its National Standards for Master’s Degree in Human Services (October 2009), cultural competency requirements are folded into three of their standards as follows:

- *Standard 10:* The curriculum shall include knowledge and theory of the interaction of human systems including: individual, interpersonal, group, family, organizational, community, and societal.... Demonstrate broad conceptual mastery of the philosophical and theoretical underpinnings of the profession through ... Emphasis on context and the role of diversity



**TABLE 2-4** | PROFESSIONAL MULTICULTURAL COMPETENCIES I

<p><b>Counselor Awareness of Own Cultural Values and Biases</b></p> <p><b>Beliefs and Attitudes</b></p> <p>Culturally skilled counselors believe that cultural awareness and sensitivity to one’s own cultural heritage is essential.</p> <p>Culturally skilled counselors are aware of how their own cultural background and experiences, attitudes, and values and biases influence psychological processes.</p> <p>Culturally skilled counselors are able to recognize the limits of their multicultural competency and expertise.</p> <p>Culturally skilled counselors recognize their sources of discomfort with differences that exist between themselves and clients in terms of race, ethnicity, and culture.</p> <p><b>Knowledge</b></p> <p>Culturally skilled counselors have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions and biases of normality-abnormality and the process of counseling.</p> <p>Culturally skilled counselors possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally and in their work. This allows individuals to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White counselors, it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism as outlined in White identity development models.</p> <p>Culturally skilled counselors possess knowledge about their social impact upon others. They are knowledgeable about communication style differences, how their style may clash or foster the counseling process with persons of color or others different from themselves, and how to anticipate the impact that all this may have on others.</p> <p><b>Skills</b></p> <p>Culturally skilled counselors seek out educational, consultative, and training experiences to improve their understanding and effectiveness in working with culturally different populations. Being able to recognize the limits of their competencies, they (a) seek consultation, (b) seek further training or education, (c) refer cases to more qualified individuals or resources, or (d) engage in a combination of these strategies.</p> <p>Culturally skilled counselors are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a nonracist identity.</p>
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- (including, but not limited to ethnicity, culture, gender, sexual orientation, age, learning style, ability, and socioeconomic status) in determining and meeting human needs.
- *Standard 17:* The curriculum shall incorporate human service values and attitudes and promote understanding of human services ethnics and their application in practice.... Demonstrate broad conceptual mastery of the philosophical and theoretical underpinnings of the profession through ... Recognition of the



**TABLE 2-5** | PROFESSIONAL MULTICULTURAL COMPETENCIES II

### Counselor Awareness of Client's Worldview

#### Attitudes and Beliefs

Culturally skilled counselors are aware of their negative and positive emotional reactions toward other racial and ethnic groups that may prove detrimental to the counseling relationship. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.

Culturally skilled counselors are aware of the stereotypes and preconceived notions that they may hold toward other racial and ethnic minority groups.

#### Knowledge

Culturally skilled counselors possess specific knowledge and information about the particular group with which they are working. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the minority identity development models available in the literature.

Culturally skilled counselors understand how race, culture, ethnicity, and other background elements may affect personality formation, vocational choices, manifestation of psychological disorders, help-seeking behavior, and the appropriateness or inappropriateness of counseling approaches.

Culturally skilled counselors understand and have knowledge about sociopolitical influences that impinge upon the life of racial and ethnic minorities.

Culturally skilled counselors understand how immigration issues, poverty, racism, stereotyping, and powerlessness may affect self-esteem and self-concept in the counseling process.

#### Skills

Culturally skilled counselors should familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders that affect various ethnic and racial groups. They should actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills for more effective counseling behavior.

Culturally skilled counselors become actively involved with minority individuals outside the counseling setting (e.g., community events, social and political functions, celebrations, friendships, neighborhood groups) so their perspective of minorities is more than an academic or helping exercise.

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- worth and uniqueness of the individual including ethnicity, culture, gender, sexual orientation, age, learning style, ability, and socioeconomic status.
- *Standard 18:* The program shall provide experiences and support to enable students to develop awareness of their own values, personalities, reaction patterns, interpersonal styles, and limitations ... Demonstrate broad conceptual mastery of the philosophical and theoretical underpinnings of the profession through ... awareness of diversity.

**TABLE 2-6** | PROFESSIONAL MULTICULTURAL COMPETENCIES III

**Culturally Appropriate Intervention Strategies**

**Attitudes and Beliefs**

Culturally skilled counselors respect clients’ religious and/or spiritual beliefs and values, including attributions and taboos, because these affect worldview, psychosocial functioning, and expressions of distress.

Culturally skilled counselors respect indigenous helping practices and respect help-giving networks among communities of color.

Culturally skilled counselors value bilingualism and do not view another language as an impediment to counseling (monolingualism may be the culprit here).

**Knowledge**

Culturally skilled counselors have a clear and explicit knowledge and understanding of the generic characteristics of counseling and therapy (culture-bound, class-bound, and monolingual) and how they may clash with the cultural values of various cultural groups.

Culturally skilled counselors are aware of institutional barriers that prevent minorities from using mental health services.

Culturally skilled counselors have knowledge of the potential bias in assessment instruments and use procedures and interpret findings in a way that recognizes the cultural and linguistic characteristics of the clients.

Culturally skilled counselors have knowledge of family structures, hierarchies, values, and beliefs from various cultural perspectives. They are knowledgeable about the community where a particular cultural group may reside and the resources in the community.

Culturally skilled counselors should be aware of relevant discriminatory practices at the social and community level that may be affecting the psychological welfare of the population being served.

**Skills**

Culturally skilled counselors are able to engage in a variety of verbal and nonverbal helping responses. They are able to send and receive both verbal and nonverbal messages accurately and appropriately. They are not tied down to only one method or approach to helping, but recognize that helping styles and approaches may be culture-bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and modify it.

Culturally skilled counselors are able to exercise institutional skills on behalf of their clients. They can help clients determine whether a “problem” stems from racism or bias in others (the concept of healthy paranoia) so clients do not inappropriately personalize problems.

Culturally skilled counselors are not averse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.

Culturally skilled counselors take responsibility for interacting in the language requested by the client and, if not feasible, make appropriate referrals. A serious problem arises when the linguistic skills of the counselor do not match the language of the client. This being the case, counselors should (a) seek a translator with cultural knowledge and appropriate professional background or (b) refer to a knowledgeable and competent bilingual counselor.

Culturally skilled counselors have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments, but also are aware of the cultural limitations. This allows them to use test instruments for the welfare of the culturally different clients.

Culturally skilled counselors should attend to as well as work to eliminate biases, prejudices, and discriminatory contexts in conducting evaluations and providing interventions and should develop sensitivity to issues of oppression, sexism, heterosexism, elitism, and racism.

Culturally skilled counselors take responsibility for educating their clients to the processes of psychological intervention, such as goals, expectations, legal rights, and the counselor's orientation.

Note: From *Operationalization of the Multicultural Counseling Competencies* by P. Arredondo et al., *Journal of Multicultural Counseling and Development*, 3, 42–78 (1996). Reprinted with permission.

## ENFORCING PROFESSIONAL STANDARDS

In the 2002 revision of its Ethics Code, the American Psychological Association (APA; American Psychological Association, 2002) has moved even further in its efforts to monitor and police the profession vis-à-vis culture. This has occurred in several different ways. First, in its Standards on Competence, the APA specifically includes a section that requires the following acquisition of knowledge related to issues of diversity. It reads as follows:

2.01 Boundaries of Competence: (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have to obtain the training, experience, consultation, or supervision necessary to ensure competence of their services or they make appropriate referrals.

Similarly, in its *Guidelines on Multicultural Education, Training, Research, and Organizational Change for Psychologists* (American Psychological Association, 2003), the APA defined a broad range of professional activities for careful scrutiny regarding issues of diversity and culture. The following guidelines provide a sense of the breadth of coverage:

- “Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.

- “Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals.
- “As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.
- “Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.
- “Psychologists strive to apply culturally appropriate skills in clinical and other applied psychological practices.
- “Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.”

Even more specific and far-reaching is Celia Fisher’s (2009) definition and enumeration of “multicultural ethical competence.” Fisher, who is the director of the Fordham University Center for Ethics Education, chaired the APA Ethics Code Task Force that created the 2002 revision. According to her, multicultural ethical competence is comprised of three related processes: multicultural ethical commitment, multicultural ethical awareness, and goodness-of-fit ethics and multicultural ethical decision making. *Multicultural ethical commitment* implies the desire to understand how culture interacts with the resolution of ethical problems and “moves psychologists to explore cultural differences and creatively apply the APA Ethics Code to each cultural context.” It also implies a recognition of the harmful effects that practitioners can unknowingly create for culturally diverse individuals and groups “by invalidating their life experiences, defining their cultural values or differences as deviant, and imposing the values of Dominant culture upon them.” *Multicultural ethical awareness* implies that commitment itself is not enough but must be accompanied by the requisite knowledge “about cultural differences and how they may affect the expression of and solution of ethical problems.” Finally, *goodness-of fit ethics and multicultural ethical decision making* implies that culturally based ethical challenges are always new and unique. Variables such as the particular culture involved, “the salience of the culture for a particular individual in a particular context, other within-culture individual differences, the environment in which the psychological activity occurs, and the goals of that activity” generate such complexity that each new ethical challenge requires a somewhat different ethical decision-making process adjusted to both the cultural context and the practitioner’s work setting and goals, thereby requiring “a process of co-learning that ensures this fit.” In Table 2-7, the specific content areas of each of these three aspects of multicultural ethical competence are defined more fully.

A comparison of the models of Cross et al. (1989), Arredondo et al. (1996), and the American Psychological Association (2002) shows considerable overlap in the kinds of development and learning that each model sees as essential for those who hope to move toward cultural competence. You may find it valuable to consider the specific categories of these different models and assess where you might currently fall. Of late, there has been a significant increase in the availability of good training programs and courses designed to develop such skill areas. These learning experiences use a variety of process and interactive techniques, including

**TABLE 2-7** | MULTICULTURAL ETHICAL COMPETENCE

Ethical decision making in diverse cultural venues must be sensitive to cultural attitudes toward individual autonomy and communal responsibility, historical and contemporary discrimination within society and psychology as a discipline, sociopolitical factors influencing definitions of race and ethnicity, and variations in immigration history, acculturation, cultural/ethnic identity, language, and mixed race/ethnic heritage (Lyon and Coder, 2007; Ponterotto et al., 2001; Sue and Sue, 2003; Trimble and Fisher, 2006). Multicultural responsibility requires “a fusion of personal and professional commitments to consider culture during ethical encounters” (Ridley et al., 2001, p. 176).

### **Multicultural Ethical Commitment**

Multicultural ethical commitment requires a strong desire to understand how culture is relevant to the identification and resolution of ethical problems. It demands a moral disposition and emotional responsiveness that moves psychologists to explore cultural differences and creatively apply the APA Ethics Code to each cultural context. Cultivation of these competencies thus includes motivation to consider the influence of culture in psychologists’ work conscientiously, prudently, and with caring discernment.

The desire to ensure that cultural sensitivity is integrated into ethical decision making requires a willingness to reflect on how one’s own cultural values and cultural identity influence the way that one conceives of ethics as a psychologist (Arredondo, 1999; Helms, 1993). Furthermore, multicultural ethical competence entails recognition of harms that psychology can exert on culturally diverse groups by invalidating their life experiences, defining their cultural values or differences as deviant, and imposing the values of dominant culture upon them (Fisher, 1999; Fisher et al, 2002; Fowers and Davidov, 2006; Prilleltensky, 1997; Trimble and Fisher, 2006).

In psychological research and practice, multicultural ethical commitment involves motivation to

- Critically examine the moral premises in the discipline that may largely reflect Eurocentric conceptions of the good
- Question “deficit” and “ethnic group comparative” approaches to understanding cultural differences
- Address the reality and impact of racial discrimination in the lives of cultural minorities
- Recognize that socially constructed racial labels can strip participants of their personal identity by responding to them only in terms of racial or ethnic categorizations
- Avoid conceptually grouping members of ethnic minority groups into categories that may not reflect how individuals see themselves
- Engage in self-examination of how institutional racism may have influenced each psychologist’s own role, status, and motivation to develop professional identities that are free of these influences
- Develop the flexibility required to respond to rapid cultural diversification and fluid definitions of culture, ethnicity, and race

### Multicultural Ethical Awareness

Multicultural ethical commitment is just the first step toward multicultural ethical competence. Good intentions are insufficient if psychologists fail to acquire relevant knowledge about cultural differences and how they may affect the expression of and solutions for ethical problems. Psychologists must be familiar with research, theory, and practice guidelines that are relevant to their work with diverse populations. This may include an understanding of the following:

- The history of ethical abuses of cultural minorities in the United States and how this may exacerbate disparities in mental health care, employment, criminal justice, and involvement in psychological research
- The impact on mental health of historical and contemporary discrimination in employment, education, housing, and other areas
- Cultural and contextual factors that may facilitate or interfere with psychological well-being or responsiveness to treatment
- Scientific, social, and political factors influencing the definitions of race, ethnicity, and culture and how these may serve as barriers to conducting psychological activities that protect individuals' rights and welfare
- Within-group as well as between-group differences that may be obscured by cultural stereotypes in society and within the discipline of psychology
- Knowledge and skills in constructing and implementing culturally valid and language-appropriate assessments, treatments, research procedures, teaching strategies, and consulting and organizational evaluation techniques
- Knowledge of relevant ethical standards in the APA Ethics Code and organizational guidelines relevant to multicultural ethical competence in research and practice
- Knowledge of federal and state antidiscrimination laws that are relevant to the contexts in which psychologists work

### Goodness-of-Fit Ethics and Multicultural Ethical Decision Making

Multicultural ethical commitment and ethical awareness are essential but insufficient to ensure ethical resolution of multicultural challenges. Given the dynamic nature of individual, institutional, and sociopolitical concepts of race, culture, and ethnicity, ethical decision making across different cultural contexts can be informed but may not be resolved by previous approaches to ethical problems. Many multicultural ethical challenges are unique to the culture, the salience of the culture for a particular individual in a particular context, other within-culture individual differences, the environment in which the psychological activity occurs, and the goals of that activity. In applying the steps for ethical decision making described in Chapter 3, multicultural ethical decision making includes (a) creating a goodness of fit between the cultural context and the psychologist's work setting and goals; and (b) engaging in a process of colearning that ensures this fit (Fisher and Ragsdale, 2006).

- Address the reality and impact of racial discrimination in the lives of cultural minorities
- Recognize that socially constructed racial labels can strip participants of their personal identity by responding to them only in terms of racial or ethnic categorizations

- Avoid conceptually grouping members of ethnic minority groups into categories that may not reflect how individuals see themselves
- Engage in self-examination of how institutional racism may have influenced each psychologist's own role, status, and motivation to develop professional identities free from these influences
- Develop the flexibility required to respond to rapid cultural diversification and fluid definitions of culture, ethnicity, and race

Note: From C. B. Fisher (2009), *Decoding the ethics code: A practical guide for psychologists*. Thousand Oaks, CA: Sage Publishing (pp. 87–89). Reprinted with permission.

self-exploratory and self-assessment exercises (such as those included in the “Activities” sections of each chapter of this book), immersion in alternative cultural environments, and observation and on-the-job training in culturally competent agencies.

## SUMMARY

We are currently experiencing a diversification of American society. This includes both a sizable increase in the actual numbers of people of color in the United States and a decline in the relative percentage of Whites. Projections suggest that these trends will only increase. By 2060, for example, non-Hispanic Whites will represent less than 50 percent of the population. Two factors are primarily responsible for these changes in demographics: immigration rates and birthrates. The implications for our human services and mental health systems are staggering. Increasingly, we will be asked to provide services to individuals from non-majority cultures, those born outside the United States, and those for whom English is not the primary language. Adequately serving these populations requires more than merely color-coding or applying bandages to a system designed for a monocultural White population. In its place, we must establish a new vision of service delivery based on the notion of cultural competence.

Moving toward cultural competence is an emotionally demanding process that does not occur overnight or with a single course or workshop. There are few places in which it is safe to speak openly and honestly about ethnicity and race. Everyone has been personally hurt by prejudice and racism—Whites as well as people of color. Developing cultural competence requires looking at the pain and suffering that racism has caused, as well as examining one's own attitudes and beliefs. Gaining cultural competence can also provide enormous personal growth in the form of increased self-awareness, cultural sensitivity, nonjudgmental thinking, and broadened consciousness.

Cultural competence is the ability to provide effective helping services cross-culturally. It can reside in individual practitioners, in agencies, and in a system of care. It is generally defined by an integrated series of awarenesses and attitudes, knowledge areas, and skills. Cross et al. (1989) offer a comprehensive model of effective cross-cultural service delivery. They define the underlying assumptions of such a model, levels of agency competence, and individual practitioner competence

skill areas. The latter includes awareness and acceptance of difference, self-awareness, understanding the dynamics of difference, knowledge of the individual's culture, and ability to adapt the provider's skills to changing cultural needs and demands. Arredondo et al. (1996) define a series of professional multicultural competencies revolving around three themes: counselor awareness of his or her own cultural values and biases, counselor awareness of the client's worldview, and culturally appropriate intervention strategies. Human Services training programs and their educational monitoring groups such as the CSHSE also play an important role in teaching and sensitizing students to issues of diversity, culture, and cultural competence by referring to them in the National Standards for Training. The American Psychological Association (2002) offers a set of comprehensive guidelines for multicultural practice among psychologists, and more recently, Fisher (2009) defines and enumerates specific "multicultural ethnical competencies." Becoming culturally competent is increasingly a professional imperative and will eventually become a basis for hiring. Increasingly, human service practitioners will find themselves working with clients and colleagues who are culturally diverse.

## ACTIVITIES

This and subsequent chapters of this book end with various activities that will help you understand the chapter's material in deeper and more personal ways. Some of these are self-assessment exercises and activities. A theme that reverberates through the beginning chapters of this book is the critical nature of self-awareness. Again, it is not a question of whether you hold racist attitudes and stereotypes or if you are involved with practices of institutional or cultural racism. We all are and do. Rather, the issue is discovering in what ways your thinking as a provider is slanted racially, how this affects your role as helper, and what you can do to change it. The exercises in this book are meant to stimulate increased self-awareness. They are useful in counteracting natural tendencies toward denial, avoidance, and rationalization in matters of race and ethnicity. They will be productive to the extent that you take them seriously, give sufficient time to process and complete each thoroughly, and approach them with honesty and candor.

1. *Keep a cultural journal.* As you study about race, culture, and ethnicity, you will begin to notice these issues more broadly in school, at work, and in your personal life. It is a matter of becoming aware of what has always been there. One method of optimizing such learning is to keep a journal of your observations throughout the term or semester and regularly review past entries. Also, you probably will notice that observations stimulate questions. Make note of these as well, and consider how you will go about answering these questions.
2. *Observe and analyze an organization's cultural competence.* This exercise will help you identify the dynamics and aspects of racism and cultural insensitivity in organizations and agencies. Choose an agency or organization with which you are familiar. It may be one in which you are currently working or volunteering or one you are familiar with from the past. Answer the following questions, some of which may require you to do research or seek additional information.



- a. How many people of color or other minority ethnic group members work in this organization, and what kind of jobs do they have?
- b. How are people hired or brought into the organization? Is there anything about this process or what might be required that may affect people of color or other ethnic group members differentially?
- c. Does the organization promote cultural diversity? Do any mission statements, plans, or projections in this area exist? Can you discern any unwritten feelings or attitudes that prevail around race and ethnicity within the organization? Has it done anything specific to promote greater diversity?
- d. How would you describe the organizational culture? Do you feel that members of various communities of color would be comfortable entering and being a part of it? Specify your answers by ethnic group and explain in detail. How do you think your coworkers or fellow volunteers would react to the entry of a person of color?
- e. How is the organization run? Who has the power? Who makes decisions? Is there anything about the organization's structure that makes it accessible or inaccessible to people of color?
- f. What does it feel like working or volunteering in this organization? Are there unique or unusual rules, policies, and styles of working? Would you say that the organization's culture is predominantly Euro-American? Explain.
- g. If it is a service organization or agency, who are its clients? Are there any efforts being made (or have any efforts ever been made) to broaden the racial and ethnic composition of the clientele?

You may find it particularly informative to have coworkers or fellow volunteers answer these questions and then compare answers or use the questions as stimuli for discussing the cultural competence of the organization.



## CHAPTER

# 3

## WORKING WITH CULTURALLY DIVERSE CLIENTS

In subsequent chapters of this text, you will be introduced to a variety of conceptual issues intimately related to working with culturally diverse clients. We will explore the meanings of prejudice, racism, and White privilege—especially as these relate to and affect clients and providers—and come to understand culture, cultural differences, and worldview, as well as the cultural limits of the helping models that have shaped most providers' thinking. In addition, you will learn about a number of psychological factors and aspects of service delivery that are unique to the experience of ethnically diverse clients and critical to an understanding of their behavior. These will include aspects of child development and parenting, differences in family structure and biracial/bicultural families, and various areas of psychological difficulty and disturbance that especially challenge clients of color. Material to be covered will include conflicts in identity development, problems with assimilation and acculturation, and higher levels of stress, traumatic experience, and use and abuse of alcohol and drugs. There will also be chapters that discuss bias in service delivery and working with collective trauma.

At this point, however, I would like to provide readers—and especially those who are or will be enrolled in practicum settings where they will be beginning to do hands-on counseling work—some basic ideas and tools that will be helpful (as well as anxiety-reducing) in getting started. We will begin this chapter by exploring how cross-cultural service delivery differs from mono-cultural work and then proceed to develop an understanding of the psychological dynamics that play themselves out in situations where the therapist and client are ethnically different. The work of Elaine Pinderhughes (1989) and Pamela Hays (2008) and her ADDRESSING framework will be especially useful here. Next, you will learn how to assess and diagnose culturally diverse individuals, receive tips on establishing rapport, learn how to maximize productivity in your initial contacts with culturally different clients, and finally

learn how to sensitively raise and talk about the issues of race and ethnicity with clients. At the end of this chapter, you will be given an opportunity to analyze two case studies of hypothetical clients of color as a means of beginning to assess your cross-cultural knowledge and skills.

## HOW IS CROSS-CULTURAL HELPING DIFFERENT?

There is general agreement among practitioners that cross-cultural helping is more demanding, challenging, and energy-draining than work with same-culture clients. According to Draguns (1981), for example, it tends to be more “experiential, free-wheeling, and bilateral” (p. 17).

- By “experiential,” he means that it is more likely to affect the provider directly and emotionally. Draguns likens it to culture shock, where providers are immersed in a foreign culture in which familiar patterns of behavior are no longer useful and new means of acting and relating must be discovered. It has also been described as more labor-intensive and more likely to result in fatigue.
- The term *freewheeling* refers to the fact that the helping process must be continually adapted to the specific cultural needs of differing clients. As suggested earlier, the only constant is the shared humanity. Standard approaches are overwhelmingly culture-bound and Northern European in nature, and even efforts to catalog cultural similarities among racially related ethnic groups must be tentative and ever-mindful of enormous intragroup diversity. To this end, Draguns suggests:

Be prepared to adapt your techniques (e.g., general activity level, mode of verbal intervention, content of remarks, tone of voice) to the cultural background of the client; communicate acceptance of and respect for the client in terms that make sense within his or her cultural frame of reference; and be open to the possibility of more direct intervention in the life of the client than the traditional ethos of the counseling profession would dictate or permit. (p. 16)

- Finally, “bilateral” implies collaboration. By the very nature of cross-cultural work, the provider is more dependent on the client for help in defining the process itself. For example, although it is common practice for providers to collaborate with clients in setting treatment goals, doing this is even more imperative in cross-cultural work. Providers need direct and continuing client input on what is culturally valued so that goals are culturally appropriate and useful, and minimize ethnocentric projection. Because provider and client begin at very different cultural places, it is reasonable to expect some mutual movement in each other’s direction. Culturally competent professionals adapt and adjust their efforts to the cultural milieu of the client. At the same time, by entering the helping process, culturally diverse clients cannot help but gain some knowledge and insight into the workings of mainstream culture and its worldview.

## CONCEPTUALIZING CROSS-CULTURAL WORK

Cross-cultural work is challenging in yet another respect, and that has to do with the complexity of emotional and psychological dynamics at work in the lives of ethnic individuals. As pointed out earlier, for example, ethnic children must negotiate

not only the same developmental challenges that all other children face but also a series of issues resulting from race, ethnicity, and minority status. Keeping track of these various psychological phenomena, sorting them out, and addressing them is our job as human services providers. One might say that this is yet another aspect of cultural competence.

Pinderhughes (1989) suggests four different systems of psychological dynamics that especially define cross-cultural work and the relationship between client and practitioner. Included are the psychologies of difference, ethnicity, race, and power. The task of the practitioner is to not only to understand how these four systems shape the behavior and experience of the client but also to see how they play themselves out in the way the practitioner perceives and relates to the culturally diverse client. As stressed throughout this text, self-awareness is a critical aspect of cultural competence.

Pinderhughes describes ethnicity as follows:

Involving individual psychological dynamics and socially inherited definitions of self, ethnicity is connected to processes, both conscious and unconscious, that satisfy a fundamental need for historical connection and security.... It thus embraces notions of both the group and the self that are, in turn, influenced by the value society places on the group. Societal definition and assigned value, among other factors, help determine whether ethnic meaning for a given group or individual becomes positive, or negative, which then has great significance for how they behave. (p. 39)

Race, in turn, refers to an acquired social meaning in which

biological differences, via the mechanism of stereotyping, have become markers for status assignment within the social system. The status assignment based on skin color identity has evolved into complex social structures that promote a power differential between Whites and various people-of-color. These power-assigning social structures in the form of institutional racism affect the life opportunities, life-styles, and quality of life for both Whites and people-of-color. In so doing they compound, exaggerate and distort biological and behavioral differences and reinforce misconceptions, myths, and distortions on the part of both groups about one another and themselves. (p. 71)

The psychologies of difference and power, less widely understood or acknowledged, deserve additional attention.

## UNDERSTANDING DIFFERENCE

According to Pinderhughes (1989), how the provider responds to being different and what it means to him or her are issues that are rarely attended to in preparing people for culturally diverse work:

Yet the experience of the self as different from another is important.... And the feelings, attitudes, perceptions, and behaviors that are mobilized can play a prominent part in the work they do. Because these responses are more frequently than not negative and driven by anxiety, they can interfere with successful therapeutic outcome.... Unconscious distancing and defensive maneuvers are only a few of the unhelpful responses practitioners as well as clients may manifest in relation to perceptions of themselves as different from one another. (p. 21)

Feelings generated by the experience of being different tend to be negative and can include the reactions of confusion, hurt, pain, anger, and fear, as well as envy, guilt, pity, sympathy, and privilege. Interpersonally, these reactions can lead to a sense of distance from others, loneliness, isolation, rejection, and abandonment. All these reactions influence the helping situation. As Pinderhughes (1989) points out by way of example:

A client may seek to ease his [*sic*] discomfort over differences by resisting involvement in treatment. A practitioner may react to similar discomfort by devaluing, ignoring, or misperceiving the cultural identity and values of the client. And these responses may be compounded when the source of discomfort lies in early developmental struggles. (p. 39)

## UNDERSTANDING POWER

*Power* is the capacity to produce desired effects on others. *Powerlessness*, in turn, is the inability to influence others. The helping relationship is by nature a power imbalance in favor of the practitioner; therefore, the client is in a potentially vulnerable situation in which practitioners may seek to use their power to meet personal needs. According to Pinderhughes (1989):

In the cross-cultural helping relationship the compounding of the power differential that exists between helper and client due to their respective cultural identities and group connections can mean that helpers may be doubling vulnerable to invoking the power inherent in the role for their own needs. (p. 110)

This is especially likely when the helper is unaware of or uncomfortable with his or her ethnic or racial identity or unaware of or uncomfortable with those aspects of the cross-cultural client. Pinderhughes suggests that there are two very important ways that power and powerlessness can be valuably explored and used in treatment.

First, powerlessness can be an unpleasant and painful psychological experience, and people respond to it “in ways that will neutralize their pain with strategies that enable them to turn that powerlessness into a sense of power” (p. 124). Such responses can be very positive and productive, as in the case of those who gain power through self-development, achievement, and personal mastery. Alternatively, a false sense of power can be gained by putting down others, “powering over them,” inspiring fear, and/or manipulating them. Even accommodation and dependency can be seen as strategies for overcoming powerlessness. Often, such maladaptive practices are related to problems in clients’ lives, and exploring them in treatment and developing alternative behavioral reactions can be very freeing and empowering. A second strategy offered by Pinderhughes is to introduce practices within the therapeutic structure that equalize or reverse the power relationship between a practitioner and culturally diverse client. She refers to the latter as “taking a one-down” position. For example, the client may take on the role of cultural expert, teaching the practitioner, who is ignorant in the ways of the client’s culture. Through such strategies, clients can learn to become more comfortable in this new role and empowered by the acquisition of new behaviors in relation to it. Pinderhughes seems to be suggesting that a basic component of working with clients whose life experience is defined by powerlessness is reducing the power relationship between himself or herself and the client.

## HAYS'S ADDRESSING FRAMEWORK

Just as attending to Pinderhughes's four levels of psychological dynamics at work in cross-cultural service delivery helps us to appreciate the complexity of such work, so too does acknowledging the inner diversity of individual clients help us to avoid oversimplifying, overcategorizing, or stereotyping them. Too often, we tend to underemphasize the variety of cultural influences that affect any given individual, making him or her the unique person he or she is. For example, by identifying an individual by race or ethnicity alone—because it seems most salient or central to them or to us—we unintentionally turn them into stereotypes and one-dimensional beings, losing the full complexity of their cultural experiences and limiting our understanding of them as complex individuals. In so doing, we not only privilege a particular aspect of their cultural identity over others but can also unwittingly set various aspects of identity in opposition to each other.

To overcome this pitfall, Pamela Hays (2008) has created what she calls the ADDRESSING framework, a list of cultural influences or identity dimensions that human services providers need to address in their work as therapists. The framework includes the following:

- Age and generational influence
- Developmental disabilities
- Disabilities acquired later in life
- Religion and spiritual orientation
- Ethnic and racial identity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin
- Gender

According to Hays, she uses the first letter of each of these influences to create an acronym and as a

starting point for what I call the ADDRESSING framework, a practitioner-oriented approach that conceptualizes cross-cultural work in two broad categories. The first category, Personal Work, involves the therapist's introspection, self-exploration, and an understanding of the influences of culture on one's own belief system and worldview. The second category, Interpersonal Work, focuses on the therapist's learning about and from other cultures, which usually involves interpersonal experiences. The importance of both the personal and interpersonal aspects of cross-cultural learning has been emphasized throughout the multicultural literature. (pp. 4–5)

**Using the ADDRESSING Framework as a Clinical Tool.** The ADDRESSING framework is offered as a guide to assessment and personal data collection for both the self-awareness of the therapist and a fuller understanding of a client and the various identity influences that currently affect him or her. Specific information regarding the status of knowledge about each of these cultural dimensions of identity should be inquired about at intake and supplemented as new information comes out during each session. What will emerge over time is an increasingly complex

enumeration and description of the cultural influences and identifications at work within each of the ADDRESSING dimensions. By looking within and across these various cultural influences, hypotheses about the meaning of cultural influences and identity, as well as possible sources of client problems and concerns, are likely to emerge. Consider, for example, Hays's exploration of the possible meaning of age and generation in the following seventy-two-year-old Japanese American male:

Calculating the client's date of birth immediately leads to questions about the client's personal history in relation to historical events. A general knowledge of the dominant cultural attitudes toward Japanese Americans during World War II, the probable internment of the client's family, and the socioeconomic losses of Japanese Americans after the war would lead the therapist to make hypotheses about the impact of the war on the client that are different from those the therapist might make about an older European American man. (p. 110)

In a similar manner, hypotheses regarding the other aspects of the ADDRESSING framework can be usefully explored and delved into. Table 3-1 provides an example of a therapist's self-assessment according to the ADDRESSING framework, while Table 3-2 provides an example of an ADDRESSING framework for a client's cultural influences and identities.

Hays suggests that therapists actively carry out their own cultural self-assessment using the ADDRESSING framework as a learning tool and points out a number of important dynamics to be aware of:

- Exploring the influence of one's own cultural heritage and identity on the personal values, beliefs, and views that one brings into therapy is an important first step in cross-cultural learning because it highlights potential areas of personal prejudice, lack of knowledge, and misinformation that can unknowingly become major disconnects for culturally different clients.
- It is critical to recognize in which ADDRESSING cultural identities one holds privilege as a therapist, and in which, one is a minority and thus on the down side of power. This is critical because privilege tends to cut us off from knowledge and experiences related to specific minority groups, leaving us less aware and knowledgeable about them. Also, one must be aware that privilege is contextual, and that a privileged identity in one culture might not be considered privileged in another.
- Psychology itself is a privileged profession that reinforces many dominant cultural values and themes, and the personal beliefs and lifestyles of most therapists tend to be reflected in their values concerning therapy. A good example is *individualism*. In contemporary psychotherapy in the United States, one-to-one, individualistic modes of treatment are disproportionately favored over group and collective work. Thus, it is important to realize that because of certain background and value preferences, culturally different clients may find themselves in foreign and unfamiliar territory, and culturally sensitive therapists must be aware of this fact and find ways of leveling the playing field.
- While the preference of many of us in learning about "cultural differences" tends to be individually oriented work (e.g., introspection, self-questioning, reading, or some form of research), it is not in and of itself sufficient for developing cross-cultural competence. Of equal importance is a willingness to