SERVICES TO MINORITY POPULATIONS: WHAT DOES IT MEAN TO BE A CULTURALLY COMPETENT PROFESSIONAL?

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In the last two decades there has been a movement in the mental health field toward improved services to children and families who are members of minority populations. Recognized as at risk and underserved, families of minority populations have repeatedly been the subjects of research and demonstration projects. Mental health professionals serving these children and families today are faced with the nagging question: "What constitutes appropriate services for minority clients?" Fortunately, the cumulative results of twenty years of work in this area are now becoming apparent. The knowledge base has grown and models for working cross-culturally have been developed and reviewed in the literature. These models have been given such labels as "ethnic-sensitive practice" (Devore & Schlesinger, 1981), "cross-cultural awareness practice" (Green, 1982)," ethnic competence" (Green, 1982), and "ethnic minority practice" (Lum, 1986). Each of these models has contributed to our understanding of the role of cultural difference in the helping process.

This article offers a frame work for understanding the knowledge and skills professionals serving minority children with serious emotional disabilities need. We use the term "cultural competence" and present five keys to the provision of professionally competent services when the client is an ethnic minority of color.

Sound cross-cultural practice begins with a commitment from the worker to provide culturally competent services. To succeed, workers need an awareness and acceptance of cultural differences, an awareness of their own cultural values, an understanding of the "dynamics of difference" in the helping process, basic knowledge about the client's culture, and the ability to adapt practice skills to fit the client's cultural context. Five essential elements for becoming a culturally competent helping professional are described below.

Awareness and Acceptance of Difference

The first task in developing cross-cultural skills is to acknowledge cultural differences and to become aware of how they affect the helping process. While all people share common basic needs, there are vast differences in how people of various cultures go about meeting those needs. These differences are as important as the similarities. Acceptance of the fact that each culture finds some behaviors, interactions, or values more important or desirable than others can help the mental health worker interact more successfully with members of different cultures. Awareness and acceptance of differences in communication, life view, and definitions of health and family are critical to successful outcomes. The worker develops a dual perspective (Gallegos, 1988). This perspective is dependent in part on understanding the role of culture in one's own life.

Self Awareness

To fully appreciate cultural differences, workers must recognize the influence of their own culture on how they think and act. 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. A purposeful self-examination of cultural influences can lead to a better understanding of the impact of culture on one's own life. Only then can the complexities of crosscultural interactions be fully appreciated.

Dynamics of Difference

What occurs in cross-cultural interactions might be called the "dynamics of difference." When a worker of one culture interacts with a client from another, both may misjudge the other's actions based on learned expectations. Both will bring to the interaction their own unique history with the other group and the influence of current political relationships between the two groups. Both will bring culturally prescribed patterns of communication, etiquette, and problem solving. Both may bring stereotypes with them or underlying feelings about working with someone who is "different." The minority client may exhibit behaviors that are adjustment reactions to dealing with a culturally foreign environment.

Without an understanding of their cultural differences, the dynamics most likely to occur between the two are misinterpretation or misjudgment. It is important to note that this misunderstanding is a two way process—thus the label "dynamics of difference." An example of this dynamic occurs when two people meet and shake hands. If someone from a culture in which a limp hand is offered as a symbol of humility and respect shakes hands with a mainstream American male (who judges a person's character by the firmness of his or her grip) each will walk away with an invalid impression of the other. These dynamics give the cross-cultural interaction a unique character that strongly influences the helping relationship. By incorporating an understanding of these dynamics and their origins into practice, workers enhance their chances for productive cross-cultural interventions.

Knowledge of the Client's Culture

Productive cross-cultural interventions are even more likely when mainstream workers make a conscious effort to understand the meaning of a client's behavior within his or her cultural context. For example, asking the question, "What does the client's behavior signify in his or her group?" helps the worker assess a client on the norms of his or her own society, not on those of the dominant culture. Specific knowledge about the client's culture adds a critical dimension to the helping process. Workers must know what symbols are meaningful, how health is defined, and how primary support networks are configured.

Information that will add to the worker's knowledge is vital but because of the diversity within groups the average worker cannot achieve comprehensive knowledge. Gaining enough knowledge to identify what information is needed as well as know who to ask for information is a desirable goal. The worker must be able to take the knowledge gained and use it to adapt the way in which services are delivered.

Adaptation of Skills

Each element described here builds a context for cross-culturally competent practice. The worker can adapt or adjust the helping approach to compensate for cultural differences. Styles of interviewing, who is included in "family" interventions, and treatment goals can be changed to meet cultural needs. Workers who understand the impact of oppression on mental health can develop empowering interventions. For example, minority children repeatedly receive negative messages from the media about their cultural groups. Treatment can incorporate alternative culturally enriching experiences that teach the origins of stereotypes and prejudices. Practitioners can begin to institutionalize cultural interventions as legitimate helping approaches by incorporating such interventions into treatment plans.

Practice will improve only as professionals examine their practices and articulate effective helping approaches. Each worker will add to the knowledge base, through both positive and negative experiences, and will develop his or her expertise overtime. Becoming culturally competent is a developmental process for each worker. It is not something that happens because one reads a book, attends a workshop, or happens to be a member of a minority group. It is a process born of a commitment to provide quality services to all and a willingness to risk. As more and more minority professionals around the country add to the knowledge base, the field grows in its understanding of what it means to provide culturally appropriate services.

This discussion has focused on the individual worker and his or her helping practices. It provides a framework for addressing the much larger questions: "What is a culturally competent agency?" and "What does a culturally competent system of care look like?" How those questions are answered and implemented will depend in part on the five basic elements described here. It would be a grave injustice if we continued to under serve minority children. As we learn more about improving services to minority children, services to all children will be improved.

References

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