# BEYOND THE RHETORIC: STRATEGIES FOR IMPLEMENTING CULTURALLY EFFECTIVE PRACTICE WITH CHILDREN, FAMILIES, AND COMMUNITIES

#### Anna R. McPhatter,

Morgan State University, Baltimore, MD

### Traci L. Ganaway,

Stevenson University, Stevenson, MD

With kind permission from Child Welfare League of America: *Child Welfare Journal of Policy, Practice, and Program Special Issue: Perspectives on Cultural Competence,* Beyond the Rhetoric: Strategies for Implementing Culturally Effective Practice with Children, Families, and Communities, Vol. 82(2), 2003, 103-124, McPhatter, A.R., & Ganaway, T.L, © 2003 Child Welfare League of America.

Abstract: Culturally effective practice remains elusive within child welfare agencies. Recognizing the hierarchical nature of becoming culturally competent, this article presents specific strategies that enhance cultural effectiveness at the individual, interprofessional, middle management, and upper management levels. The approaches evolve from a five-stage model of change: precontemplation, contemplation, preparation, action, and maintenance. Becoming culturally competent requires a clear assessment of where the individual practitioner and agency are on the change continuum. The article also explores barriers to culturally competent practice, with a focus on multilevel strategies that work within child welfare agencies.

Culturally competent practice has been on the agenda in child welfare and social work for more than two decades. Traditional approaches to practice with the widening multicultural U.S. population are insufficient. Discussion continues about what constitutes culturally competent practice. Garcia and VanSoest (1997) asserted that practice with people of color continues to be of marginal interest to social workers. Both practitioners and social work educators, despite values to the contrary, have limited awareness of and do not actively address issues of social justice and discrimination.

The debate centers on whether multicultural practice has been conceptually delineated from cultural diversity or cultural pluralism, as these are often used interchangeably as foundations to cultural competence. Atherton and Bolland (1997) suggested the multiculturalism debate is a mask for radical politics but conceded that social workers generally accept that the United States is a diverse society and that culture plays an important role in family and community dynamics. Fellin (2000) stated that although constructs that relate to culturally competent practice remain imprecise, multicultural practice is essential to social work.

In child welfare, researchers have made efforts to bring conceptual and practice clarity to cultural competence (Child Welfare League of America, 1993; Jackson & Brissett-Chapman, 1997; McPhatter, 1997; Nash, 1999). Agencies have begun developing training initiatives to meet the need for cultural competence, but social work education continues to lag in producing a labor force prepared to take on the complexities of culture, race, and ethnicity to maximize positive outcomes for children, families, and communities. Agency administrators regularly proclaim that graduating social workers are unprepared to work with diverse client populations and bemoan their inability to prepare workers efficiently and effectively to meet the expanding needs of diverse clients.

This article addresses strategies to move practitioners and organizations beyond the rhetoric of cultural competence. Child welfare professionals and agencies must move beyond the introductory activities of occasional workshops or initial discussions about cultural competence. Culturally effective practice must become an integral part of the organization and be manifested in each aspect of the organization's activities. Successful strategies in training on cultural competence derive from a multisystemic process that includes work with the individual, among practitioners (interprofessionally), and within the organization.

Cultural competence as a goal becomes reality when those who set policy and control resources commit to an outcomes-based organizational change process. Change as a process forms the basis of this frame work for moving practitioners and agencies from the rhetoric of cultural competence to a realistic process of attainment.

#### **GUIDING PRINCIPLES**

Cultural competence is the ability to transform knowledge and cultural awareness into health and/or psychosocial interventions that support and sustain healthy client-system functioning within the appropriate cultural context (McPhatter, 1997). Green (1995) indicated that the culturally competent practitioner works congruently with the behaviors and expectations that members of a culture recognize as appropriate among themselves. It is from this perspective that guiding principles derive:

- Culturally competent social work is a mandate that all practitioners and agencies must pursue.
- Achieving the goal of cultural competence is a multilevel, multisystemic effort.
- Becoming culturally competent requires commitment from the top level of the organization and must be reflected in the organization's mission, values, and fiscal and human resources. Just as agencies develop strategic plans for carrying out their overall missions with measurable outcomes, cultural competence must be held to a similar standard.

Cultural competence is a protracted endeavor and should never be treated
as a one-time initiative or as an after-thought; failure to include cultural
competence as a priority sends a message to practitioners as well as clients
that cultural competence is not important. Even efforts by a few committed
individuals will fall short.

#### THEORETICAL FRAMEWORK

How does one become culturally competent, and how does an agency ensure that it provides culturally appropriate services? These questions continue to baffle. When do we arrive at an acceptable level of competence in working with multicultural populations? Becoming culturally competent is a comprehensive process of cognitive, affective, and skill restructuring, and individuals and organizations are at varying places on the cultural competence continuum. Some individuals have given only cursory thought to the need for culturally competent practice, whereas others have progressed to working toward the goal.

## **Cultural Competence Defined**

In McPhatter's (1997) model, achieving competence is a developmental process that occurs through several steps. Enlightened consciousness, which involves a reorientation of world view, is a deeply reflective process that frequently requires challenging well entrenched values and belief systems that place one's own culture as not only unique but superior to others. A grounded knowledge base acknowledges the legitimacy of information about others that is not often readily available through the typical education process. The knowledge base that is generally accepted among social work and child welfare professionals must be analyzed for relevance to culturally different groups.

The pursuit of knowledge about others demands the use of a range of information, often nonmainstream. Communities of color, key informants, and social and faith-based institutions are dynamic laboratories for knowledge building (see McPhatter, 1997, for an expanded category of essential knowledge for cultural competence). Finally, cumulative skill proficiency is a focused, systematic, reflective process that evolves from enlightened consciousness and a grounded knowledge base; the application of cognitive and affective learning enhances one's ability to enter the world of culturally different clients in a manner that understands and preserves the legitimacy of the culture and effectively meets their needs. Cross-cultural communication, multidimensional assessment, micro and macro intervention, and evaluation skills are essential to the child welfare practitioner.

Becoming culturally competent is a daunting task for both the practitioner and organization. Any endeavor that requires such extensive change must be viewed within the context of the developmental change process. Prochaska and DiClemente (1992), in studying theories of change, presented a five-stage model that is useful in assessing where individual practitioners and the agency are in the change

process. Observations demonstrate that organizations and practitioners vary greatly relative to the stages of change. For example, some workers fail to see the need for education and training on cultural diversity and are resistant to such efforts. Other agencies have placed a priority on cultural competence and are initiating training for staff, but may not include agency administrators and key decision makers in the training. For substantial progress to be made in achieving cultural competence, both organizations and practitioners must commit to an overall change process that begins with a realistic assessment about where each currently exists on the change continuum.

The Prochaska and DiClemente model (1982), although developed in response to therapeutic interventions, has been applied to a variety of psychosocial issues. The model is a framework for establishing a realistic plan and appropriate expectations when pursuing any change goal. The model stages include:

- Precontemplation. Individuals lack awareness of a need for change. In cultural competence training, these participants attend due to pressure or requirements from supervisors.
- Contemplation. Individuals or organizations are aware that a need exists and maybe giving serious consideration to a response but have not yet committed to doing so.
- **Preparation.** Participants express clear intentions to change and make some efforts. Activities in this stage are in the planning mode.
- Action. Participants' expressed commitment to change turns into observable activities, with time, energy, and resources being expended.
- **Maintenance.** Participants incorporate actions and behavioral change into normal individual or organizational patterns; the changes become routine, and structures are put in place to stabilize and solidify change efforts.

Although the stages are presented as discrete phases, change rarely moves straight to accomplishment. A practitioner or organization may function in more than one stage at a time and often regresses to a prior phase before being motivated to move forward. Ongoing assessment is essential to determine appropriate mechanisms to move the change process forward effectively. For example, requiring staff to attend training on cultural competence without clearly establishing cultural competence as an organizational goal, sets up change expectations that may yield minimal benefit. At the practitioner level, having a few individuals committed to the goal and beginning the work, with others lagging in precontemplation, presents interprofessional barriers that often result in negative consequences. Change involves engaging in processes at the right time with appropriate negative consequences. Change involves engaging in processes at the right time with appropriate support at all levels in the agency.

#### BARRIERS TO CHANGE

## **Organizational Barriers**

Organizational barriers to cultural competence represent the most formidable challenge at the multisystem level. Leaders and key decision makers set the tone for how an organization functions. In essence, they decide what the agency's priorities are and how resources will be used to meet the agency's goals. If CEOs and agency administrators are lukewarm about cultural competence, their commitment to the goal will be also. The physical, psychological, and social tone of the organization will follow the leaders' examples.

Unfortunately, often a few staff, usually practitioners of color, press the issue alone, with perfunctory responses. Agency heads express a variety of obstacles to their interest in moving toward cultural competence. These include a lack of adequate funding, lack of internal expertise on diversity, staffing shortages that prevent them from releasing workers to attend training, a poorly prepared professional labor force, and a belief that an occasional work shop is sufficient to prepare staff to work with culturally diverse clients.

Agencies often harbor a collective fear about addressing difficult issues that may engender hostility and tense working relationships. For example, on one occasion at the conclusion of a three-day cultural competence training, a worker expressed her concern that the workshop had "opened up areas for us that will make it difficult to work with coworkers once you [the workshop leaders] are gone. "She believed it was better not to raise issues of race despite the obvious tenuousness of interprofessional relationships that existed within the agency.

Some workers, on the other hand, experience a great deal of shame, guilt, and fear; moreover, they lack the skills to address these issues with colleagues with whom they spend considerable time. They simply engage in cordial light talk without ever venturing across the racial divide with culturally diverse colleagues, which both hinders cultural competence and stymies professional growth. Cultural competence is not likely to move beyond the awareness phase without a comprehensive change process sanctioned and initiated by agency heads.

## **Interprofessional Barriers**

Child welfare practice by its very nature is a collaborative endeavor; it simply could not happen without the collective activities and practice wisdom of front-line social workers. Similarly, cultural competence cannot be achieved without interprofessional dialogue and the resulting understanding and work. Interprofessional barriers are most often manifested in the composition of the workforce.

Child welfare colleagues often do not adequately represent the racial or cultural diversity of the families and communities they serve; despite the well-known over-representation of African and Latino Americans in the child welfare system, practitioners and administrators continue to be predominantly white.

According to Garcia and Van Soest (1997), 71% of students in a master's of social work student sample reported that their own white privilege posed a barrier for them in confronting oppression. They expressed an inherent blindness to the presence of racism and were reluctant to give up advantages they enjoyed by being white. White privilege sets up a dynamic in which it is not necessary to think about the effect of oppression on others and others' daily confrontation with race, ethnicity, or cultural differences.

White workers often say they are tired of hearing about racism. They believe their coworkers of color are simply hypersensitive, hostile, and overreactive about race. This pervasive feeling, in the face of strong opposite reactions from practitioners of color, presents challenges to achieving cultural competence. Interprofessional relationships often rest on fragile connections that can quickly escalate into counterproductive responses through seemingly minor events. When workers hold such divergent views of intense issues and do not have the commitment or skill necessary to address them, relationships will remain restricted to surface areas and effectively stall cultural competence.

#### **Individual Barriers**

Child welfare is one of the most stressful and complex areas of social work practice. Practitioners daily confront longstanding, unrelenting social problems experienced by the families with whom they work. Practice is carried out within a context of public scrutiny without adequate support to respond. Workers are asked to perform miracles with very few resources. They often see the demands of becoming culturally competent as baggage that they have little time or energy to pursue. For example, during a mandatory training on cultural competence, several workers' offices required them to maintain contact through pagers, and the workers often left sessions to return phone calls or address emergencies. It was clear their attention was divided, and they received minimal benefit from this mandatory training. This example is characteristic of organizations that are addressing cultural competence due to external pressure rather than engaging in a comprehensive plan for developing culturally competent staff. Other barriers that frequently occur for individual practitioners include:

- Workers may believe society is colorblind or a melting pot, and "therefore, we are all members of the human race." Workers often use this in training as justification for the uselessness of cultural diversity training.
- Workers may lack knowledge about others' histories, cultures, lifestyles, customs, traditions, family structures, and so on.
- Workers may lack understanding of the dynamics of oppression and how they are manifested in individual and institutional racism. This vacuum prevents individuals from developing empathy or appropriate intervention skills for the people who carry the brunt of oppression both externally and internally.

## **ORGANIZATIONAL STRATEGIES**

Precontemplation Stage
In the precontemplation phase, organizations are unaware or under-aware of cultural competence or the effects of cultural incompetence (see Table 1).

Table 1: Organizational Change Strategies	
Change Stage/Goal	Implementation Tasks
Precontemplation Increase agency leaders' awareness of issues related to culturally competent organizations.	Precontemplation  Educate decision makers on role of culture in organization, services, and client population.  Commit resources to begin process.
Contemplation Understand how cultural competence affects the agency and developmental nature of cultural competence attainment.	Contemplation Clarify conceptual and practical meaning of cultural competence. Introduce change process model. Explore cost/benefit of culturally competent organization.
Preparation  Develop organizational plan for achieving cultural competence goals.	Preparation Revisit policies/procedures to reflect cultural competence. Appoint key leader to oversee plan. Establish work groups to structure organizational activities. Assess organization's diversity. Develop plan for community outreach. Create multicultural physical environment. Develop training plan for all staff.
Action Implement observable activities with cultural competence goals.	Action Make organization's mission, policies, procedures reflect goals. Complete self-assessment. Put committee structure in place. Allocate fiscal resources. Develop evaluation tools. Initiate community-building activities with diverse population. Assess workforce diversity. Put long-term training plan in place.
Maintenance Engage activities to solidify change process. Anticipate obstacles to goal achievement. Prevent a relapse to culturally ineffective service delivery.	Maintenance Use cultural competence consultants. Initiate a system of reinforcement. Incorporate human and fiscal resources for cultural competence into agency standard operations.

Others maybe aware of the problem, but organization leaders have spent little, if any, time trying to understand the issues. Specific organizational leaders have spent little, if any time trying to understand the issue. Specific responses include:

- Increase knowledge and awareness of board members, CEOs, and key decision makers about cultural diversity and what happens to clients when practitioners are not culturally competent.
- Educate leaders about the roles of culture, race, and ethnicity in the organization and for the clients served by it.
- Facilitate open discussion in an environment of safety on the role leaders play in developing a culturally competent organization.
- Explore mechanisms for beginning to take on the goal of achieving cultural competence.
- Commit resources, time, and people to beginning the process.

## **Contemplation Stage**

At the stage of contemplation, organizations acknowledge that a problem or need exists related to cultural competence. Agency leaders begin open dialogue about their role in finding solutions and enacting change. Specific areas of exploration include:

- Understand what happens as a result of becoming a culturally competent organization.
- Understand ramifications for culturally ineffective organizations, including potential liabilities and threats to credibility, integrity, and overall mission.
- Introduce the change process model.
- Explore essential components and activities for developing a culturally competent organization and workforce.
- Be explicit about how the organization benefits from culturally effective practice and service delivery.

## **Preparation Stage**

The organization must prepare a road map for the new direction for achieving cultural competence. Essential but not exhaustive activities include:

 Revisit the mission statement and agency policies and procedures to ensure they reflect culturally competent goals. The Child Welfare League of America has developed a cultural competence self-assessment instrument (1993)

that provides a comprehensive review of the agency's mission, policies, governance, and service delivery that can be effectively used in this stage of preparation.

- Appoint a key decision maker within the organization as the leader who will be held accountable for developing and achieving cultural competence goals.
- Establish a financial plan commensurate to the cultural competence goals.
- Develop a cultural competence committee, task force, or work group to further structure and oversee the organization's efforts toward goal achievement.
- Engage cultural competence experts externally and internally.
- Assess the organization's labor force diversity and explore remedies for change if necessary.
- Reach out to culturally diverse groups, including grassroots organizations, neighborhood associations, civic and faithbased groups, and educational institutions, such as historically black colleges and Hispanic-serving institutions.
- Assess and modify the physical environment to reflect an acceptance and celebration of the multicultural nature of society such as art, music, magazines, literature, and colors.
- Develop ongoing education and training plans for all staff on cultural competence.

## **Action Stage**

In the action phase, the organization participates in observable activities in sync with goals established in the previous phases:

- Reflect cultural competence goals in the organization's mission, policies, and procedures.
- Complete organizational cultural competence self-assessment.
- Put committee structure in place and implement tasks relevant to goals.
- Make funds for goal attainment in cultural competence available.
- Develop and use evaluation tools and a system of checks and balances.
- Begin community-building activities with diverse populations served by the organization, such as Native Americans, Asian Americans, African Americans, and Latino Americans.
- Assess staff diversity and activities to ensure diverse representation is in process.

• Follow the education and training activities plan established in the preparation phase.

## Maintenance Stage

The primary purpose of this phase is to: (a) engage activities that solidify changes in the organization, (b) anticipate obstacles to goal achievement, and (c) prevent relapses that are counterproductive to culturally competent service delivery:

- Continue to use consultation when problems surface or setbacks occur.
- Support positive changes through a variety of reinforcement mechanisms, such as incentives, rewards, retreats, morale boosters, and special recognition.
- Fully incorporate human and financial resources for cultural competence in to agency operations, such as ongoing training, consultation, and community-building activities.

#### INTERPROFESSIONAL STRATEGIES

## **Precontemplation Stage**

Interventions between and among child welfare professionals at the precontemplation stage focus on establishing the existence of a need and heightening awareness about the nature of the problem (see Table 2). It is crucial for professional colleagues to open dialogue with each other as they struggle with simply acknowledging the need. Great emphasis should be placed on creating an environment of safety in which honesty prevails rather than hostility or defensiveness.

Table 2: Interprofessional Change Strategies

Change Stage/Goal	Implementation Tasks
Precontemplation Increase awareness of the need for culturally competent services.	Precontemplation  Open a dialogue in an environment of safety with colleagues.  Explore how culture affects workers, clients.
Contemplation Understand and acknowledge seriousness and value of culturally competent practice and change process model.	Contemplation Continue a nondefensive dialogue. Acknowledge professional role in problem resolution. Assess where participants are in the change process.

Table 2: Interprofessional Change Strategies

Change Stage/Goal	Implementation Tasks
Preparation  Make collective commitment to become culturally competent.	Preparation Continue open, honest dialogue. Clarify conceptual and practical meaning of cultural competence. Institute format for meetings on cultural competence. Establish support network with diverse internal and external colleagues.
Action Institute behavioral indicators that lead to achievement of cultural competence goals.	Action Participate in education and training. Participate in competence committees. Provide mutual support and constructive feedback to colleagues who facilitate goal achievement. Provide leadership and accountability on cultural competence. Model culturally competent service delivery. Evaluate progress toward goals.
Maintenance Support and enhance organizational and individual practitioners' efforts toward cultural competence.	Maintenance Explore potential impasses. Advocate, problem solve, and use change agent role to achieve cultural competence. Take a leadership role in process. Recognize, reward, and support colleagues.

Although social workers presumably have been introduced to content on cultural diversity and oppression, in many instances, the knowledge and skills yielded are insufficient for culturally effective practice. Practitioners often need to have the same consciousness raising and education as others in the precontemplation stage. It is important that some time is spent exploring how culture affects the worker as well as others.

## Contemplation Stage

Child welfare professionals must recognize and acknowledge the existence and seriousness of practice effectiveness with culturally diverse families and communities. Furthermore, they must

- begin open, honest, nondefensive dialogue with colleagues about the nature of the problem;
- acknowledge their professional role in both problem identification and problem resolution; and

 understand the change process and assess where they are on the change continuum.

## **Preparation Stage**

Interprofessional activities in the preparation stage reflect collective intention to begin activities that lead to culturally effective practice. This includes

- committing to open, continuous dialogue to further clarify solutions to achieving cultural competence;
- instituting format and structure for regular meetings on cultural competence;
- establishing a support network with colleagues inside and outside the agency;
- modeling openness, honesty, willingness to engage; and
- committing to an interprofessional change process.

## **Action Stage**

In the action stage, behavioral indicators become manifest between professionals as they

- participate in education and training activities;
- participate in cultural competence committees and work groups;
- provide mutual support and constructive feedback;
- provide leadership and accountability in cultural competence to colleagues; and
- monitor and evaluate progress toward goals.

## Maintenance Stage

Interprofessional maintenance activities support organizational and individual practitioners' efforts in meeting cultural competence objectives by

- using the interprofessional structure to explore potential problem areas;
- advocating to achieve cultural competence;
- leading in continuing the change process by anticipating barriers and finding solutions; and
- identifying positive change and recognize, reward, and support colleagues.

#### INDIVIDUAL STRATEGIES

Individual practitioners, either through a lack of knowledge and awareness or general disinterest, express little, if any, desire to examine the role of culture, ethnicity, and race in the lives of their clients or the organization in which they work (see Table 3). Garcia and Van Soest (1997) indicated that

- a) practice with ethnic minorities is of marginal interest for the profession,
- b) practice tends to focus on individual intervention without involvement in social change and social justice activities, c) racism, sexism, and homophobia are present among social workers and social work educators, and d) social workers have limited awareness of these manifestations of discrimination and do not act on them in their work settings (p.119).

In addition, in their study exploring master's of social work students' perceptions of cultural diversity and oppression, students reported the discussions related to cultural and racial diversity aroused strong emotions and strained interactions. This is complicated by educators who have not achieved comfort and competence with the issues of cultural diversity. These factors result in practitioners' emerging in to practice with fear or disinterest.

## **Precontemplation Stage**

The goal of precontemplation for the individual is to bring the problem into awareness and establish a beginning level of understanding about how culturally ineffective practice affects the worker and the people the worker serves. The individual practitioner must

- begin a dialogue with professional colleagues about their role in providing culturally competent services;
- acquire research-based information that highlights the effect of culturally ineffective practice; and
- gain an understanding of issues and concerns related to cultural diversity.

## Contemplation Stage

At the contemplation phase, practitioners acknowledge issues of culturally competent practice. They begin to

- reflect on their level of practice effectiveness with diverse client families;
- examine their own racial, ethnic, and social identities;
- further explore the effects of culturally incompetent practice on diverse clients:

- begin to identify voids in their knowledge base; and
- explore ways of filling the void.

## **Preparation Stage**

Practitioners clearly state an intention to begin the process of becoming culturally competent and make a commitment to pursue this organizational goal. In addition, they begin to

Table 3: Individual Change Strategies

Change Stage/Goal	Implementation Tasks
Precontemplation Increase awareness and understanding about the effect of culturally ineffective practice on clients and workers.	Precontemplation  Explore the role of culture in service delivery.  Acquire research-based information on culturally competent practice.  Identify issues related to culturally competence practice.
Contemplation Acknowledge need for culturally effective practice.	Contemplation Assess own level of practice effectiveness with diverse clients. Examine own racial, ethnic, social identity. Explore effect of culturally incompetent practice on diverse populations. Identify voids in knowledge. Explore avenues for filling voids in practice effectiveness.
Preparation Clearly state intention to become culturally competent. Commit to becoming culturally competent.	Preparation  Explore own values about cultural diversity.  Explore own socialization related to beliefs about racially, culturally, ethnically diverse others.  Develop individual education plan for acquiring multicultural practice skills.  Establish support network, consultation on cultural competence, and ongoing supervision.  Institute process for self-care.  Develop outreach plan to connect with community leaders and cultural guides.  Increase awareness about own responses to change.

Table 3: Individual Change Strategies

Change Stage/Goal	Implementation Tasks
Action Institute behavioral indicators of cultural competence.	Action Initiate education activities, discussions on diversity, seminars, research, and study. Expand connections with diverse colleagues and community-based organizations that reflect population. Establish expert consultation and supervision. Establish mechanism for professional accountability with colleagues regarding diversity issues. Assess cultural competence plan relative to
Maintenance Implement systems of reinforcement to solidify behaviorally oriented culturally effective practice.	own practice effectiveness. Engage in self-care activities.  Maintenance Identify situational and personal factors that impede competence attainment. Assess emotional reactions to cultural competence goals and barriers. Evaluate behavioral responses to cultural competence goals. Engage in productive problem resolution when barriers surface. Assess progress in working with diverse colleagues and clients.

- explore and understand their own belief systems as they relate to cultural diversity;
- explore their socialization related to the development of stereotypes and biases about racially, ethnically, and culturally different people;
- develop an individual education plan for acquiring knowledge and skills in multicultural practice;
- establish a support network, such as ongoing supervision and consultation;
- establish a self-care process, such as stress management;
- develop mutually beneficial connections with key community leaders and cultural guides; and
- explore their own ways of responding to stress and change.

Defenses play an important role in how people respond to physical, psychological, and social challenges. Denial, intellectualization, rationalization are frequently

used when a gap exists between one's own values and the reality of others. Defenses may play a role in preventing movement toward cultural competence goals.

## **Action Stage**

The individual practitioner must

- participate in ongoing professional development activities, such as education, training, seminars, research, and discussions on cultural diversity;
- expand connections with culturally diverse professional and communitybased groups and activities;
- actively pursue expert consultation on supervision relative to cultural competence goals;
- establish professional accountability with colleagues to address challenges of diversity issues;
- assess the cultural competence plan relative to his or her own practice effectiveness; and
- engage in self-care activities, such as stress management and burnout prevention.

## Maintenance Stage

To maintain changes and prevent relapses, systems of reinforcement need to be implemented. In addition, it is necessary to anticipate situational and personal factors that may become problematic in furthering the cultural competence work. It is important for the practitioner at the maintenance stage to

- examine problems that may have surfaced and become barriers to cultural competence;
- assess emotional reactions to cultural competence goals and organizational barriers;
- evaluate productive and nonproductive behavioral responses to cultural competence goals, that is, what prevents movement, what needs to happen to move forward; and
- assess progress and level of competence in working with culturally diverse colleagues and clients.

#### **DISCUSSION AND SUMMARY**

The concepts and proposed change model will catapult organizations and child welfare professionals forward in addressing multicultural practice and service delivery. The goal is to reconceptualize the notion of achieving cultural competence

as an ongoing change process, with the clear understanding that a realistic plan needs to be in place. The proposed plan is not comprehensive or exhaustive. It is a frame work for furthering the cultural competence goal. Organizations must make cultural competence a priority. They must assign and hold administrators, key decision makers, and staff accountable for achieving observable, measurable outcomes throughout the organization.

Components of the proposed change model have been implemented in a number of social and human service agencies with which the authors have been affiliated, with varying degrees of success. Incremental changes that began with good intentions often were not sustained when not embraced throughout the organization.

Ultimately, organizations must ask, What will be the payoff for culturally competent practice and service delivery? This question can only be answered within the context of the benefit and value for children, families, and communities. Cultural competence enhances practice effectiveness and sets up a process where by the agency successfully serves culturally diverse clients. Likewise, child welfare practitioners experience success and pride while affecting the lives of others. In addition, the organization itself achieves its mission and positively affects the larger community. Will child welfare professionals allow another two decades to pass while they stagnate in the precontemplation or contemplation stages while children, families, and communities pay the price?

#### References

- Atherton, C.R., & Bolland, K.A. (1997). The multiculturalism debate and social work education: A response to Dorothy Van Soest. *Journal of Social Work Education*, 33, 143-150.
- Child Welfare League of America. (1993). *Cultural competence self-assessment instrument.* Washington DC: Author.
- Fellin, P. (2000). Revisting multiculturalism in social work. *Journal of Social Work Education*, 36, 119-129.
- Garcia, B., Van Soest, D. (1997). Changing in perceptions of diversity and oppression: MSW students discuss the effects of a required course. *Journal of Social Work Education*, 33, 119-120.
- Green, J. W. (1995). *Cultural awareness in human services: A multi-ethnic approach.* Boston: Allyn and Bacon.
- Jackson, S., & Brissett-Chapman, S. (1997). Introduction. Child Welfare, 76, 3-8.

- McPhatter, A. (1997). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? *Child Welfare*, 76, 255-276.
- Nash, K.A. (1999). *Cultural Competence: A guide for human service agencies*. Washington, DC: CWLA Press.
- Prochaska, J. O., & DiClemente, C.C. (1982). Transtheoretical therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice*, 20, 161-173.
- Prochaska, J.O., & DiClemente, C.C. (1992). In search of how people change: Application to addictive behaviors. *American Psychologist*, 47, 1102-1114.