

Cultural Competency and Cultural Humility Training

North Los Angeles County Regional Center

FETA Project

Family Focus Resource Center, Department of Social Work and Department of Special Education
California State University, Northridge

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Cultural Competency Training

**Welcome &
Introductions**

Pre-Test

**Post-Test &
Wrap Up**



**Getting the
most from
this training**

**Training,
Activities &
Discussion
Groups**

WE DON'T SEE THINGS AS THEY
ARE. WE SEE THINGS AS WE ARE.

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Getting the Most Out of This Training

The goal of this training is to build on your working knowledge based on your lived experiences (both professionally and personally). In addition, this training is aimed at raising critical consciousness by increasing cultural humility when creating, organizing and delivering services to clients.

Our own lived experiences color the way in which we view the world. We all start the conversation about differences at a different level/degree based on who we are.

Note: The materials and activities utilized today may challenge you both inter and intra-personally.

- How do you manage discomfort? What is your default?

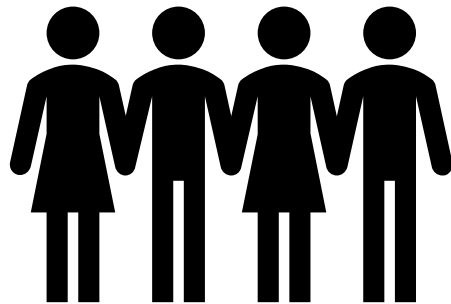
Cultural Competency & Cultural Humility

Cultural Competency: “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals; Enabling that system, agency, or those professionals to work effectively in cross cultural situations.” (Cross et al., 1989)

- *A way for people with various differences to work together effectively.*

Cultural Humility: “the ability to maintain an interpersonal stance that is other oriented, open to the other person we are interacting with in relation to aspects of cultural identity that are most important to that person.” (Hook et al., 2013)

- *We acknowledge to the other person that we are aware that we are different and that we are interested in who they are based on what parts of their identity they are open to sharing with us.*



Cultural Competency & Cultural Humility

- **Diversity – Dr. Wendy Ashley**
 - Race & Ethnicity
 - Religious & Spiritual
 - Sexual Orientation & Gender
 - Nationality
 - Disability
 - Socioeconomic Status & Class

Identity	Description	Example(s)
Sex/Gender	Biological sex; people's perception of another person's gender/sex	Man, male, woman, female, womyn
Gender Identity	An individual's perspective of their gender, which may or may not be congruent with bio sex	Cisgender, transgender, genderqueer, gender nonconforming
Race/Culture	Social construction used to categorize people based on phenotypical features (skin, eyes, etc), often associated with ethnicity	Asian, Multi-racial, White/Caucasian, Black/African-American, Latinx
Ability	Mental, physical and emotional capacity to navigate our socially and physically constructed environment	Able-bodied, person with a disability
Religion/ Spirituality	Set of values and or beliefs to which a person subscribes	Christian, Catholic, Muslim, Jewish, Atheist
Nationality	National origin – often where someone was born or grew up	American, Mexican, El Salvadorian
Sexuality	Describes mental, physical and emotional attraction	Gay, queer, asexual, bisexual
Class	Access to social capital, including wealth, power, education	Poor, working class, middle class, owning class

Consider: Are these identity factors visible or invisible?

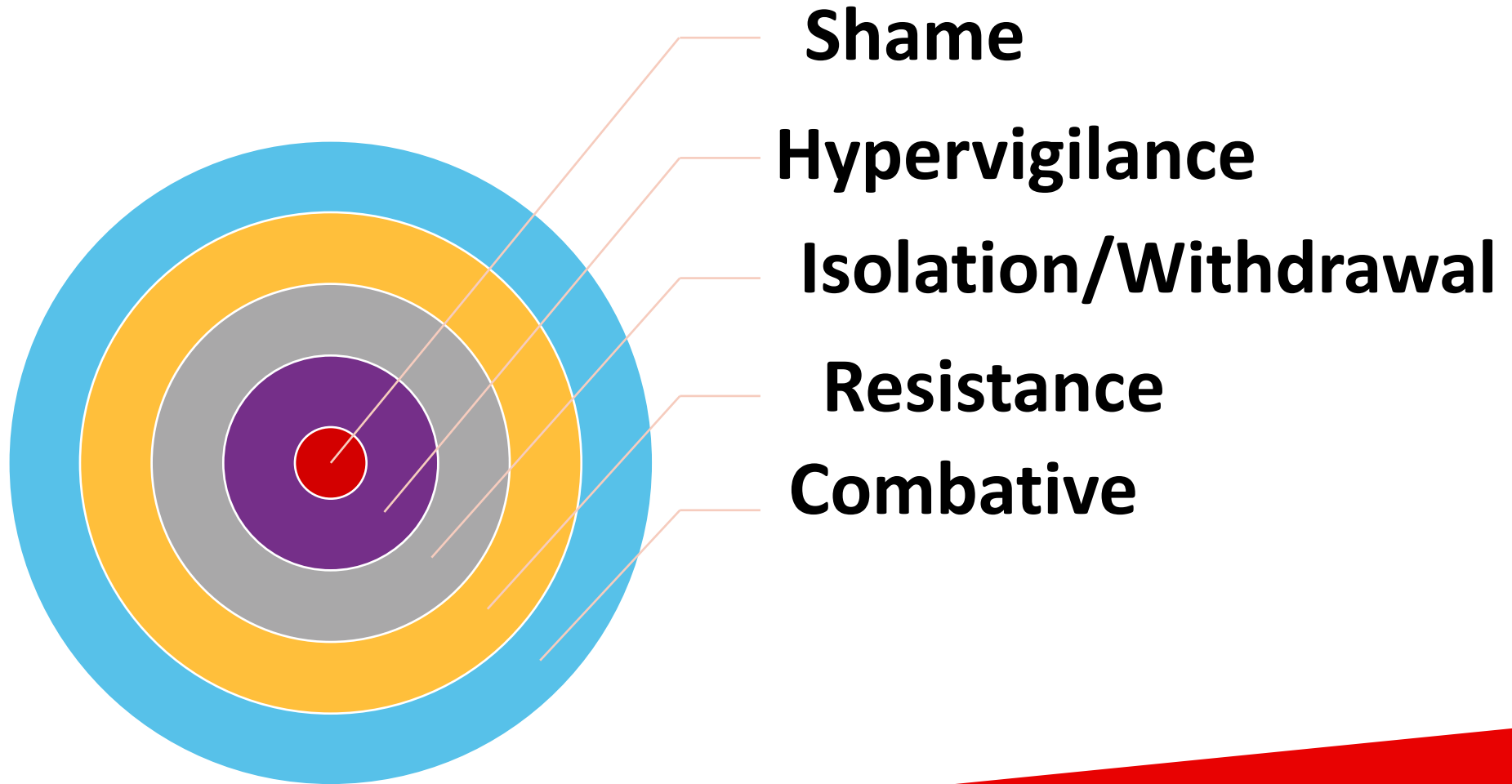


Cultural Competency & Cultural Humility

Dominant and Subordinated Group Patterns

- Dominant Groups: Have greater access to power, education, wealth and other resources; dominant groups make rules and define what is “normal,” “right,” and even “the truth.”
- Subordinated Groups: Often marginalized and have a limited to no amount of access to power, education, wealth and other resources; subordinated groups are often shown as lesser, inferior, or deficient in some way and can have their experiences questioned and truth invalidated.
- **People in Subordinated Groups:**
 - Often struggle with speaking up to challenges
 - Tend to accept professional opinions as unquestionable
 - May not question authority
- **People in Dominant Groups:**
 - Often unaware of their membership in the group & the privilege it brings
 - May be less aware of non-inclusive and discriminatory treatment of subordinated groups
 - Tend to have no problem challenging the establishment
- **Be aware that consumers aren't always as empowered to use the tools that make sense to providers.**

Common Responses to Subordination





Building Trust

We can choose to take some time to be culturally responsive at the beginning of the relationship in order to work with consumers more effectively OR we rush things and spend months on the back end cleaning up misperceptions and distrust.

It starts with how you view the world and those who are different from you. Begin by thinking others who have different:

- Appearances, traits, ways of speaking, interactions with family, and behaviors

ARE Different

But they are just as valuable as you and your perspective.

If you start with an expectation that your perspective is right or the only perspective without taking time to meet the family where they are at, any interventions you utilize will likely fail.



Building Trust

Never assume that every member of any culture holds the same beliefs and ideals that you associate with that culture.

Never assume! Always ask!

Ask people: “How do you self identify?” or “Tell me about yourself.” And specify culture, nationality, and whatever other information you desire.

Keep in mind that family members often have differing answers to this, so be sure to ask the different family members how they each self identify and be aware of those differences.

Cultural Competency & Cultural Humility

Activity 1

How do you identify?

Are your identity factors visible or invisible?

What lived experiences have shaped you?

Are there parts of you that you share with others, and other parts that you keep private?



Understanding Your Own Attitudes and Bias

The lenses through which we see others impact our behaviors and our perceptions, we are all responsible for our own judgements and biases we employ in relations to others. Each of us must confront our own attitudes, values, and bias that influence our success in communicating with others. Especially people of different backgrounds and lived experiences.



Understanding Your Own Attitudes and Bias

With New Consumers:

- Take the time to learn more about their identities when you meet them.
- Ask about their cultural background & perceptions.
- Ask how their experiences impact their challenges.

Your Goal is:

- Not to learn the history of their culture.
- To learn their experiences of that culture, and how it is relevant for them and the work you will do together.

Keep an Open Mind:

- Ask questions and remain curious.
- If you are curious, people will connect with you.
- We need connection to effectively intervene with consumers and families.

Committing to Life-Long Learning is Key:

- Culture changes over time.
- Be curious, create opportunities, and relationships in cultures other than your own.
- Recognize your responsibility to evolve with the culture.



Understanding Your Own Attitudes and Bias

Note Your Own Areas of Discomfort:

- How do you feel when you encounter differences in race, color, religion, sexual orientation, language, & ethnicity?
- Why do you feel that way?
- If uncomfortable, what can you do to change those feelings?

Acknowledge Uncomfortable Feelings:

- Move to a place of new understanding.
- Initiate an active strategic plan to confront and manage them consistently.
- Counter first impressions.
- Connect with the real people in front of you.

Accept Ambiguity:

- Uncertainty can make you anxious.
- Learn to slow down, gather information in smaller pieces.
- Respond only when you have real understanding of what the other person is saying or thinking.

Self-Assessment - Activity 2

One Up, One Down Positioning

Social Identity Group	One Up/Dominant	One Down/Subordinant
Gender		
Sexual Orientation		
Gender Identity		
Age		
Religion		
Race/Culture		
Class		
Education		
Marital Status		
Able Bodied		
Mental Functioning		
Physical Appearance		
RATIO		



Cultural Competence Strategies

Effective Communication:

- Address communication barriers prior to meeting with the consumer
- Use inclusive language; always ask how the person wishes to be addressed
- Be mindful of language that reflects a certain level of education or financial means
- Avoid jargon or slang
- Challenge your first perception of others
- Remember & practice the consumer-centered model
- Be precise in communicating your expectations & boundaries
- Lead with a “People First” mindset
- Avoid group generalization, stereotypes, and bias
- Assess your own attitudes & cultural identity to recognize & improve cross-cultural interaction skills
- Implement effective communication skills to help consumers in a respectful, supportive and professional manner

“Listen with the intent to understand, not
the intent to reply.”

Stephen Covey

Case Study 1

Amanda and her husband emigrated to the US from the Philippines about 14 years ago and are parents to two children: Jayden, a 9 year old boy who is a Regional Center consumer and his older sister Sofia. Jayden has no Regional Center services at this time. The family does not use respite care. Amanda feels that her son's disability is a punishment from God for disobeying her mother and family in marrying her husband. In Amanda's culture it is shameful and humiliating to have a disability, and therefore she seldom leaves the house or interacts with others. The combination of guilt and shame makes Amanda feel isolated and reinforces the idea that she needs to do everything alone and not seek help. Amanda's social worker Rebecca, a white woman, tells her that she needs to get over this feeling of guilt and get services for her son and family, such as respite. This makes Amanda feel more guilt.

Q1: Was cultural humility exemplified by Rebecca the social worker? If not, what could she do?

Q2: Discuss the concepts of dominant group and subordinated group patterns as it relates to this case.

Q3: What are some strategies a social worker could use to approach this case in order to help the situation while maintaining respect for Amanda's personal beliefs?

Case Study 2

Tamara is a 40 year old black mother living in Van Nuys. She is a single parent with 6 children, ages 8 months to 16. One of her children receives Early Start services, and her baby is being evaluated for Early Start as well. Recently, Tamara's apartment building had a severe bed bug infestation and a lot of Tamara's furnishings were infested, leading to bites on the children. It is important to Tamara to be in a clean home so she moved her family to a new apartment and discarded all their mattresses and their sofa because they were infested. She used all of her available funds for the move and security deposit. The kids sleep on sleeping bags for now, and Tamara plans to purchase new mattresses and furniture a little at a time as her budget allows. Her children's service provider Jackie was upset that the children don't have beds to sleep on and made a report to DCFS. Tamara is upset that Jackie didn't talk to her about it first. Now she doesn't know if she wants to continue with Jackie as her children's service provider.

Q1. Discuss the concept of privilege and bias in relation to this case.

Q2. Do you think Jackie was right to make the report to DCFS? Did she have alternatives? What are some of the assumptions that Jackie made?

Q3. What are some strategies that Jackie can use to try to repair this relationship?

Conclusion

Post-test

Take home package of training materials

Training videos and links to full videos is available on our website at www.csun.edu/family-focus-resource-center

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