

**North Sound Mental Health Administration
Regional Training Committee**

**CULTURAL COMPETENCY
TRAINING MODULE**

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Mental Health: Culture, Race and Ethnicity. A Supplement to
Mental Health: A Report of the Surgeon General.

Cultural Competency Training Module

The North Sound Mental Health Administration, in conjunction with our consumers, stakeholders, providers and the Washington State Mental Health Division, support the integration of Cultural Competency into all aspects of our service delivery.

Training Objectives

The aim of this training module is to familiarize all staff with cultural competency.

Objective 1: When working with others, all staff will promote cultural competency and cultural sensitivity.

Objective 2: When working with clients/consumers, clinicians will incorporate cultural competence and cultural sensitivity into service delivery.

1. What is cultural competency?

Cultural competence is the ability to work effectively within the cultural orientation values of others. Operationally defined, cultural competence is the integration or addition and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care, thereby producing better health outcomes (DHHS, 1999). Cultural competence emphasizes the idea of effectively operating in different cultural contexts.

Cultural Competence can also be seen as a set of congruent behaviors, attitudes, policies and procedures that come together in a system, agency, or among professionals and enables effective work relationships. A culturally competent system of care acknowledges and incorporates:

- The importance of culture and language
- The cultural strengths associated with people and communities
- The assessment of cross-cultural relations
- The expansion of cultural knowledge, and
- The adaptation of services to meet culturally and linguistically unique needs

2. Why is learning about cultural competency important?

Culture affects all aspects of life, including mental health, coping, and recovery. Cultural competence is important to providing quality services that promote individual and family strengths, dignity, and self-reliance. It broadens and enriches the delivery of behavioral health services by providing a holistic, relevant view of the world and the helping process.

3. What is culture?

Culture is broadly defined as a common heritage or set of beliefs, norms, and values (DHHS, 1999). It refers to the shared, and largely learned, attributes of a particular group of people. Anthropologists often describe culture as a system of shared meanings. People who are placed, either by census categories or through self-identification, into the same racial or ethnic group are often assumed to share the same culture. Yet this assumption is an over-generalization because not all members grouped together in a given category will share the same culture. A key aspect of any culture is that it is dynamic. Culture continually changes and is influenced both by people's beliefs and the demands of their environment.

The term "culture" is as applicable to Caucasians as it is to racial and ethnic minorities (DHHS, 1999). The dominant culture for much of United States history focused on the beliefs, norms, and values of European Americans. But today's America is unmistakably multicultural. And because there are a variety of ways to define a cultural group (e.g., by ethnicity, religion, geographic region, age group, sexual orientation, or profession), many people consider themselves as having multiple cultural identities. Many may identify with other social groups to which they feel a stronger tie such as being Catholic, a member of a gang, a divorcee, gay, Texan, alcoholic, teenaged, thespian, cancer survivor, victim of domestic violence, a client/consumer.

Culture is a concept not limited to clients/consumers (DHHS, 1999). It also applies to the professionals who treat them. Every group of professionals is a "culture" in the sense that they, too, have a shared set of beliefs, norms, and values.

Culture includes values, beliefs, customs, communication styles, behaviors, practices, and institutions. Visible aspects of culture include clothing, art, buildings, and food. Less visible aspects of culture include values, norms, worldviews, and expectations. There are many factors that influence cultural beliefs. These influences include age, family background, socioeconomic status, and educational background, urban vs. rural, origin/ geographic region, length of time in the United States, level of acculturation to the U.S., and lifestyle.

4. What is race?

Race can be defined as a classification of persons based on some identifiable physical characteristics such as hair texture or skin color (Leigh, 1998). Race is not a biological category, but it does have meaning as a social category. Different cultures classify people into racial groups according to a set of characteristics that are *socially* significant. The concept of race is especially strong when certain social groups are separated, treated as inferior or superior, and given differential access to power and other valued resources. This is the definition adopted by the Surgeon's General Supplement because of its significance in understanding the mental health of racial and ethnic minority groups in American society (DHHS, 1999).

5. What is ethnicity?

Ethnicity refers to a common heritage shared by a particular group (DHHS, 1999). Heritage includes similar history, language, rituals, and preferences for music and foods.

6. What are the characteristics of culture?

Many characteristics can be used to describe cultures, and there are at least five essential ethnic identifiers: **religion, language, racial characteristics, folk culture, and territorial identity**. A more extensive list of cultural characteristics includes (DSHS, 2002):

- Importance and structure of family- The relative importance of the immediate and the extended family; how family relationships are defined; authority and roles in the family.
- Important events in the life cycle- Examples include birth, baptism, circumcision, first menses for women, Quinceanera (an Hispanic girl's 15th birthday "coming out" celebration), entry into adulthood, confirmation/first communion, Bar/Bat Mitzvah, graduation from high school/college, first voter registration, marriage, divorce, birth of children, children leaving home, children's marriage, birth of grandchildren, retirement, and death.
- Roles of individual group members- How authority and roles of culture members are defined.
- Rules of interpersonal interaction- How are respectful behaviors defined? Is deferential treatment given on the basis of age, position, or some other source of status? Who may be called by his/her individual name (John, Marsha), role name (Mother, Dad) or family name (Mrs/Miss Martinez, Mr. Jones)?
- Communication and linguistic rules- Language rules; customs relating to eye contact, physical closeness and silence.

- Rules of decorum and discipline- What is considered proper behavior or attire? Knowing one's place.
- Religious beliefs- Beliefs concerning deity, the creation of the universe, salvation, life after death, definitions of right, wrong, and proper conduct, and the purpose of life. Religion may reduce anxiety and provide a rationale for life situations by explaining the unknown. Religious organizations may be instruments of "cultural transmission" for the young. They also may act as an agencies social control, enforcing norms and opposing radical changes. Religion also influences society through doctrine, moral beliefs and services such as counseling, recreation, and welfare activities.
- Standards for health and hygiene- How health and sickness are defined; norms concerning appropriate cleanliness; use of doctors, Curanderos, Shaman. What is considered normal health?
- Food preferences- Culturally associated foods and food preparation, e.g., Gyro, burrito, English meat pie or French *feuilleton*. Culturally prohibited foods such as shellfish, pork, and (for vegetarians) all animal products. Acceptable use and forms of alcohol.
- Dress and personal appearance- Normal styles of everyday and dressy clothing.
- History and traditions- Major events in the culture or group's history and their impact on values, attitudes, and group psyche.
- Holidays and celebration- Religious, civil, and social periods, which are generally celebrated as special by individuals (e.g., birthday, wedding anniversary or Quinceanera) or widely throughout a culture or group (e.g., Christmas, Rosh Hashanah, Muhammad's birthday, Guru Gadee, Lughnasad, July 4th, Cinco de Mayo, Juneteenth, Labor Day, Memorial Day, Oktoberfest).
- Education and teaching methods- Approaches to passing on information to the young.
- Perceptions of work and play- What is considered work and what is considered play? What is their relative importance?
- Perceptions of time and space- Is it seen as linear, circular, or intertwining? Is time measured by the clock, by the general progression of the day or in some other informal way.
- Explanations of natural phenomena- Natural phenomena may be explained scientifically, by divine action or in other ways.
- Attitudes toward animals and pets- Animals can be seen as superiors/teachers, equals or inferiors of humans. They may be viewed as fellow beings, as objects/resources or as reincarnated people.
- Artistic and musical values/preferences- Styles of music enjoyed; forms of art (wood carving, sculpture, painting, basketry) and styles of art preferred.
- Life expectations and aspirations- What are acceptable goals? What are reasonable expectations for life and afterlife (e.g., survival, the opportunity to be all one is capable of; suffering).

7. What is stereotyping?

Stereotyping is defined as creating an oversimplified, false, or generalized portrayal of a group of people (DSHS, 2002). Stereotyping does not allow for exceptions or for individual differences. Examples of this are “Southerners are rednecks”, “women are emotional”, and “men are insensitive.”

8. What is ethnocentrism?

Ethnocentrism refers to a common attitude whereby a person unconsciously perceives and values other cultures in light of his or her own culture. People usually regard their own culture as superior. In other words, ethnocentrism is a common practice where one judges another’s culture through the eyes of their own with the belief that ones culture is superior.

9. Why is it important to be familiar with these terms?

The process of cultural competency means that a person (1) learns to recognize and reject his or her preexisting beliefs, stereotypes, and ethnocentrisms (2) focuses on understanding information provided by individuals within the context at hand and (3) refrain from the temptation to classify or label persons with cultural names (DHHS, 1999). Cultural competency includes an ability to work with people from all cultural identities in a way that promotes respect and dignity.

According to the Surgeon General report, Mental Health: Culture, Race, and Ethnicity, cultural competence emphasizes the recognition of clients’/consumers’ cultures. Culture has an influence upon whether people even seek help, what types of help they seek, what coping styles and social supports they have, and how much stigma they attach to mental illness. In addition, culture can influence how an individual experiences and explains his or her symptoms. For example, depression may be discussed as physical, rather than with sadness. These may include (DSM-IV):

- “Nerves” and headaches (Latino and Mediterranean cultures)
- Weakness, tiredness, or “imbalance” (Chinese and Asian cultures)
- Problems of the heart (middle Eastern cultures)
- Being “heartbroken” (Hopi)

10. What is a Cultural Survey?

Cultural competency seeks to identify and understand the needs and help-seeking behaviors of individuals and families. A Cultural Survey is one tool that can be used to gather information concerning an individual's culture. Seeking information about an individual's culture can serve to improve understanding. An example of a Cultural Survey is attached.

11. What is Cultural Sensitivity?

Cultural sensitivity refers to knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences. Cultural respect begins with acknowledging that differences in social class, lifestyle, perspective, or expectations are potentially significant. Respect and familiarity with cultural norms governing the "private" social space (e.g., homes, kitchens, family occasions) and personal space are essential if one is to be ethno culturally accessible and not merely physically available to people of the other cultures. Time must be allotted for establishing relationships. Attention must be paid to the norms of socializing and accepting foods. Taking time to establish one's own family background and to share "trivial" conversations shows respect for another person's culture. Building trust can be difficult. There may be lengthy periods of testing during which delivering on promises is seen as evidence of our trustworthiness.

Culture is a vital consideration because America increasingly is a pluralistic society. Statistically, we are more and more a nation of many cultures, and our minority populations are growing more rapidly than the majority population. Consequently, it is important to understand the effects of culture prejudice on personality formation, level of stress, mental health and access to social supports and other resources that promote health and everyday well-being.

Because many minority group members are latecomers to formal systems of care, they tend to be inadequately served. Access to services may be reduced by certain cultural barriers, such as the historical experience of discrimination and oppression; language differences; gender role differences; and differences of traditions, customs, and folkways. Overcoming these barriers requires becoming aware of how individual and agency practice must change to accommodate the history, culture, life-styles, and experiences of people. The five key elements in becoming more competent when working with persons from other cultures are:

1. Valuing diversity
2. Having the capacity for cultural self-assessment
3. Being conscious of inherent dynamics when cultures interact
4. Continually expanding cultural knowledge and resources
5. Being able to adapt one's practices to better meet the individual's needs.

12. What are some General Guidelines for Cultural Sensitivity?

1. Providing good care requires sensitivity to differences in styles of emotional expression, eye contact, and body language, which vary across cultures. What may be acceptable in one culture may be considered rude in another, i.e., firm handshakes, eye contact, "getting down to business."
2. Cultural concepts of illness and health should be understood and included in treatment.
3. Remember that an individual's behavior is based, in part, on cultural factors.
4. Learn about the other person's culture. Admit what you do not know and show an honest interest in learning.
5. Work **with** the culture, never against it.
6. Be aware of any tendency you may have to stereotype. Remember that all people of any cultural group are not alike.
7. Work to build trust:
 - Treat others with respect.
 - Be direct and straightforward.
 - Welcome expressive thoughts and behaviors.
 - If you suspect that race/ethnicity is an issue, address it non-defensively.
 - Avoid presenting yourself as "the system," yet express your professional concern.
 - Avoid authoritative posture.
8. Call clients by their correct names and with the degree of formality expected in their culture. If in doubt, ask.
9. Concentrate on what the client sees as "real life" problems.
10. Be prepared to involve family, including extended family.
11. Be alert to clues indicating inter-generational conflict.
12. Prepare clients for culturally unfamiliar services.
13. Consider assistance with transportation arrangements.
14. Do not stand in the way of clients and family members who want to use indigenous healers/helpers. Be respectful.
15. Teach/encourage self-advocacy.
16. Become familiar with the places where community members congregate; attend activities, festivals, and ceremonies.
17. Religious beliefs should be understood and supported.
18. Develop relationships with cultural informants (people who can explain cultural differences)
19. Remember that sometimes age-based conflict may be misinterpreted as cultural or ethnic conflict.
20. Be patient.

Cultural Survey¹

Client Name _____

What do you like to be called? _____

Date _____

Clinician _____

1. Where did you spend your growing up years? Get as specific as possible. What country, region of the U.S., state, town?
2. What is your native language? What language(s) did you speak as a child and what languages do you use now?
3. How do you identify your race(s) and ethnicity? If you have more than one, is there one that is most prominent or significant to you?
4. How would you identify the culture(s) you grow up in?
5. How would you identify the culture(s) you belong to now?
6. Would you like support or assistance with any cultural issues? If so, what? And from whom?

¹ Adapted from Giddings, Linda F., Cultural Competency Curriculum, Turtle Island Institute, Tacoma, WA 1996. Used by permission.

7. Who do you consider as being a support for you (natural supports such as, family, friends, extended family, pastor, neighbor etc.)? Would you like to have them involved in your treatment? If so, how would you like them involved?

8. Do you belong to, practice or believe in a spiritual, religious tradition? Ask for specifics.

9. Are there people or events from your cultural and/or religious community (ies) you'd like to go to?
 - For fun, recreation

 - If you are sick, having an emergency, dying

10. What do I as a clinician need to know to support or help you maintain your connection, relationship with your culture(s)?
 - a. Holidays or celebrations (Cinco de Mayo, Gay Pride Days, Juneteenth, Passover, Pow Wows, Tet, Chinese New Year, etc.)

 - b. Foods- you like to have and foods you cannot eat for cultural or religious reasons.

 - c. Special/ Ceremonial/ Holiday Clothing

 - d. Room decorations, Important items in your room

 - e. Music

North Sound Mental Health Administration
Regional Training Committee

CULTURAL COMPETENCY TRAINING MODULE

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CULTURAL COMPETENCY TRAINING MODULE POST-TEST

Name _____

Date _____

1. Match the term in the left column with the definition:

- | | |
|-------------------|---|
| ___ Culture | 1. A classification of persons based on some identifiable physical characteristics. |
| ___ Stereotyping | 2. A common heritage or set of beliefs, norms, and values. |
| ___ Ethnicity | 3. An oversimplified, false, or generalized portrayal of a group of people. |
| unconsciously | 4. A common attitude whereby a person |
| ___ Race | perceives and values other cultures in light of his or her own culture. |
| ___ Ethnocentrism | 5. A common heritage shared by a particular group. |

2. Which of the following are key concepts of cultural competency?

(Check **all** that apply)

- A) How a person experiences and explains his/her symptoms can be influenced by their culture.
- B) Religious beliefs should be ignored.
- C) Emotional expression, body language, and eye contact vary across cultures.
- D) Behavior that is considered to be normal and customary in one culture may be perceived as abnormal in another culture.

3. Which of the following are general guidelines for cultural sensitivity?

(Check **all** that apply)

- A) Work with the culture, never against it.
- B) Refer to clients by their correct names and with the formality expected in their culture.
- C) Be interested in learning about another person's culture.
- D) Do not allow clients and family members to use native healers.
- E) Involve family and extended family if the client requests.

4. Which of the following are key elements in becoming more competent when working with persons from other cultures? (Check **all** that apply)

- A) Awareness of inherent dynamics when cultures interact
- B) Being able to alter the clients customs to better meet clinician needs
- C) Valuing diversity
- D) Continuously expanding cultural knowledge and resources
- E) Having the capacity for cultural self-assessment

5. The characteristics used to describe cultures are limited to five identifiers: religion, language, racial characteristics, folk culture, and territorial identity.

- True
- False

6. Cultural competence stresses working within the cultural orientation of others.

- True
- False

Name _____

Mailstop _____

PLEASE NOTE: This section will not be scored, but will be reviewed by your supervisor.

A. How can you use these concepts of Cultural Competency in your work with clients?

B. How can you communicate these values of Cultural Competency to your clients?

C. How do you understand your role as a professional in Cultural Competency?

Additional Recommended Reading may be found online at:
www.surgeongeneral.gov/sgoffice.htm



Culture, Race, and Ethnicity

A Supplement to Mental Health: A Report of the Surgeon General

U.S. Department of Health and Human Services, Office of the Surgeon General, SAMHSA

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Mental Health: Culture, Race, and Ethnicity

A Supplement to Mental Health: A Report of the Surgeon General

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Ordering

To order a printed copy of the report, [select here](#) or call 1-800-789-2647, Monday through Friday, 8:30 A.M. to 5:00 P.M., Eastern Time, and request Inventory Number SMA-01-3613.

Resources

For more information and resources on mental health, please visit:

- www.healthfinder.gov (en español)
- www.mentalhealth.org (en español)
- [culturally specific resources on this site](#)

Accessibility

The Executive Summary is in HTML format. The full report is in both HTML and Adobe® Acrobat® formats; to view the PDF version, you must have the [Adobe® Acrobat® Reader](#).