

Multicultural Practice Competencies Tool³



Child and Women's Health Diversity Program

3 Adapted from: The Multicultural Counseling Competencies developed by the Association of Multicultural Counseling and Development, A Division of the American Counseling Association, 1996

Multicultural Practice Competencies Tool

Introduction

Clinical practice in Alberta has evolved significantly as our community has become more diverse. Currently, many cultures exist that previously were unknown to our region and in some instances we have become the primary destination point in Canada for certain cultural groups.

The purpose of this Multicultural Practice Competencies tool is to assist professionals to move towards greater cultural competency. The tool can enable practitioners to examine their sensitivity, competency and skillfulness in practice. Additionally, it is intended to help individuals recognize their own biases and the impact of limitations in providing service to the ever expanding ethno-cultural community.

The Child & Women's Health Multicultural Committee⁴ and the Diversity Program Coordinator have been working towards the goal of helping health care professionals to become more responsive to, and inclusive of, families from diverse backgrounds. In 2003, 208 staff participated in a cultural competency self assessment developed by Carrie Bon Bernard and implemented by Linda Kongnetiman. This assessment focused on cultural sensitivity and awareness of staff in the Child and Women's Health Portfolio. This assessment was to determine the needs of staff regarding support for culturally competent practice. One of the recommendations was to develop a more in depth self assessment tool that extends beyond sensitivity and awareness to aid in the development of skilful practice.

After careful consideration a decision was made to adapt the Multicultural Counselling Self Assessment tool developed by the Association of Multicultural Counselling and Development (American Counselling Association, 1996) to support staff in their assessment of their own cultural competencies.

It is our hope that completing this tool will be helpful in the identification of areas for further growth in your attitudes, beliefs, knowledge and skill in the following domains:

- personal cultural values and biases
- personal awareness of client's worldview
- culturally appropriate intervention strategies

This document includes:

- working definitions
- instructions for completing the tool
- the self assessment tool
- case studies
- resources
- practice enhancement plan

This tool can be used to:

- Inform administrators of the Child and Women's Health portfolio regarding the incorporation of cultural competence as an educational tool to support staff in service provision through feedback in order to develop their Practice Enhancement plan
- Conduct a personal and practice related self-assessment
- Serve as part of a professional development plan
- Stimulate a team discussion re: cultural competency with the goal of skill development
- Develop new research projects
- Identify evidence-based practice

We thank you for taking the time to work through this document and to complete the tool. We look forward to your feedback which will assist in the further development of this tool.

⁴ Key contributors: Pamela Dos Ramos, Bev Berg and Lisa Semple

What is Cultural Competency?

Until the 1960s, Canada accepted immigrants predominantly from European countries. That trend has changed and Canada has become a haven where people from different ethnic backgrounds settle, integrate and become Canadian citizens. Over half of the current Canadian population is the result of international immigration (Statistics Canada, 2001). In Calgary, the ratio of visible minorities to Caucasians was 1 to 350 in 1959 (Calgary Network for Equity and Diversity, 2000). Currently, about 18.7%, almost 1 of 5 Calgarians, is from a non- European ethno-cultural background (Statistics Canada, 2001).

Considering the statistics above, these data fuel the need to support health care professionals in their interaction with culturally diverse families. The need for education about cross cultural issues is particularly important since many professional associations are moving towards incorporating cultural competence as part of their requirements for professional qualification. Historically cultural competence has not been required by most institutions.

As a culturally competent health care professional you should be able to adjust your assessments, interventions/ recommendations to the culture-specific needs of the families with whom you work. This means that you should look not only at the medical diagnosis, but also take into consideration all other components such as both the patient's and professional's culture and a cultural understanding of the medical diagnosis and procedures in the context of his/her culture as well as other institutions involved (adapted from Coleman, 2003).

In general, it is important to examine your own practice and the influence of your world views in working with clients from diverse backgrounds.

Definitions:

Multicultural Competency is a professional's ability to integrate into his/her theoretical and technical approach to assessment and intervention relevant human diversity factors that are important to the process and successful outcome of care. (Adapted from Fuertes & Ponterotto, 2003)

Human diversity is any salient group reference that is meaningful to the individual, and may include gender, socio-economic background, religion, race, ethnicity, regional/national origin, and sexual orientation, all or any of which may inform or shape individual identity behaviour world view, values, attitudes and beliefs. (Fuertes & Ponterotto, 2003).

Cultural competence is a continuous process of seeking cultural sensitivity, knowledge and skills to work effectively with individuals and families from diverse cultural communities and with their culturally diverse providers (Agger Gupta, 1995).

Ethno cultural refers to a group of people who shares a common distinctive ethnicity, heritage, culture, language, social patterns and a sense of belonging (Agger Gupta, 1995).

Visible minorities refer to people who are not White or Caucasians in ancestry (Agger Gupta, 1995).

Multicultural Practice Competencies Tool

Introduction to the Tool

This tool will take you through an exercise to explore your personal as well as your professional values related to culturally competent practice.

While completing this tool you may have a range of thoughts and feelings. It is natural that emotions and anxieties regarding your own beliefs and attitudes may surface. However, working through this discomfort can enhance this learning process.

In developing cultural competence, professionals need to examine their own beliefs and attitudes. This development of self awareness is essential to the delivery of culturally competent care. It is our personal and professional attitudes and beliefs that can facilitate or hinder an effective working relationship with a client from a diverse background.

It will take you approximately 1 hour to complete the tool.

There are three domains in the tool:

1. Professional Awareness of Own Cultural Values and Biases
2. Professional Awareness of Client's Worldview
3. Culturally Appropriate Intervention Strategies

Within the three domains are three competency areas supported by specific examples:

- A. Attitudes and Beliefs
- B. Knowledge
- C. Skills

You will be using a scale to rate yourself in these areas.

Following the completion of the tool, three case studies are presented for you to review.

We invite you to take your time with this reflective exercise.

Multicultural Practice Competencies Tool

Instructions: Rate yourself on each criteria. You will be rating yourself on a scale of 1-4.

1 = very well; 2 = well; 3 = fairly well; 4 = not at all

I. Professional Awareness of Own Cultural Values and Biases

A. Attitudes and Beliefs

1. Culturally skilled professionals believe that cultural self-awareness of one's own cultural heritage is essential.

I can identify the culture(s) to which I belong and the significance of that membership including the relationship of individuals in that group with individuals from other groups, institutionally, historically, educationally, etc.

1 2 3 4

2. Culturally skilled professionals are aware of how their own cultural background and experiences have influenced attitudes, values, and biases about psychosocial processes.

I can articulate the beliefs of my own cultural and religious groups around differences, such as world religion, and beliefs around health and illness, and the impact of these beliefs on a patient/professional relationship.

1 2 3 4

3. Culturally skilled professionals are able to recognize the limits of their multicultural competency and expertise.

I can recognize in a patient/professional relationship that the impact of my attitudes, beliefs and values may be interfering with providing the best service to patients.

1 2 3 4

4. Culturally skilled professionals recognize differences and similarities that exist between themselves and patients in terms of race, ethnicity and culture.

I can identify at least five specific cultural differences when caring for culturally diverse patients.

1 2 3 4

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I can identify the needs of culturally different patients.

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I can identify how these differences are handled in a helping relationship.

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B. Knowledge

1. Culturally skilled professionals have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definitions of biases against normality/abnormality and the process of caring for individuals.

I can recognize and discuss my family and cultural perspectives of what feels normal or what are unacceptable codes of conduct and how this may or may not vary from those of other cultures and families.

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2. Culturally skilled professionals possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them personally in their work. This allows individuals to acknowledge their own cultural bias, beliefs and feelings. Although this standard applies in groups, for Caucasian professionals it may mean that they understand how they may have directly or indirectly benefited from individual, institutional, and cultural racism.

I can specifically identify, name, and discuss privileges that I personally receive in society due to my race, socioeconomic background, gender, physical abilities, and sexual orientation.

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3. Culturally skilled professionals possess knowledge about their social impact upon others. They are knowledgeable about communication style differences, how their style may clash with or foster the therapeutic process with visible minorities or others different from themselves, and how to anticipate the impact it may have on others.

I can describe the behavioural impact on patients different from myself and their reaction to my communication style. (For example, the reaction of an older (60's) Vietnamese male, recent immigrant, to continuous eye contact from a young female professional.)

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C. Skills

1. Culturally skilled professionals 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 out to more qualified individuals or resources, or (d) engage in a combination of these.

I understand and communicate to the patient that the consultation and involvement from other culturally skilled practitioners is being made because of my professional limitations regarding my cultural competence rather than their fault.

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I actively consult regularly with other professionals regarding issues of culture in order to receive feedback about issues, situations and whether or where a referral may be necessary.

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1 = very well; 2 = well; 3 = fairly well; 4 = not at all

2. Culturally skilled professionals are constantly seeking to understand themselves as racial and cultural beings and are actively seeking a non-racist identity.

I maintain relationships (personal and professional) with individuals different from myself and actively engage in discussions allowing for feedback regarding my behaviour (personal and professional) concerning cross-cultural issues.

When I receive feedback regarding my culturally-related interventions I demonstrate receptivity and willingness to learn.

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II. Professional Awareness of Client's Worldview

A. Attitudes and Beliefs

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

I can identify my common emotional reactions to individuals and groups different from myself and observe my own reactions in encounters. (for example, do I feel fear when approaching a group of three young African Canadian males? Do I assume that the Asian Canadian patients for whom I provide care do well in math?)

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

I recognize my stereotyped reactions to people different from myself (e.g., silently articulating my awareness of a negative stereotypical reaction . . . "I noticed that I locked my car doors when that African Canadian teenager walked by").

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I can give specific examples of how my stereotypes (including “positive” ones), impact my professional-patient relationship.

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B. Knowledge

1. Culturally skilled professionals possess specific knowledge and information about the particular group that they are working with. They are aware of the life experiences, cultural heritage, and historical background of their culturally different patients.

I can articulate (accurately) differences in nonverbal and verbal behavior of the five major different cultural groups most frequently seen in my work experience.

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I understand and can explain the historical point of contact with mainstream society for various ethnic groups and the impact of the type of contact (enslaved, refugee, seeking economic opportunities, conquest, etc.) on current diversity issues in society.

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I can identify within-group differences and assess various aspects of individual clients to determine individual as well as cultural differences. (For example, I am aware of differences between 3rd and 4th generation Chinese Canadians because the Chinese community has been here since the mid to late 1800's.)

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2. Culturally skilled professionals understand how race, culture and ethnicity may affect personality formation, vocational choices, manifestation of psychological disorders, help - seeking behaviour, and the appropriateness or inappropriateness of professional approaches.

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I can distinguish cultural differences and expectations regarding roles and responsibilities in families, participation of family in seeking help, appropriate family members to be involved, culturally acceptable means of expressing emotion and anxiety, etc.

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3. Culturally skilled professionals understand and have knowledge about socio-political influences that impinge upon the life of racial and ethnic minorities. Immigration issues, poverty, racism, stereotyping, and powerlessness may impact self-esteem and self-concept which in turn influence the professional process.

I can identify implications of concepts such as internalized oppression, institutional racism, privilege, and the historical and current political climate regarding immigration, poverty, welfare (social assistance).

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I can explain dynamics of at least two cultures and how factors such as poverty and powerlessness have influenced the current conditions of individuals of those cultural groups.

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C. Skills

1. Culturally skilled professionals familiarize themselves with relevant research and the latest findings regarding mental health, epidemiology, culture and pain, child rearing practices, feeding practices, etc. that affect various ethnic and racial groups. They actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills for more effective professional behaviour and service provision.

I can identify at least five multicultural educational experiences in which I have professionally participated within the past 3 years.

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1 = very well; 2 = well; 3 = fairly well; 4 = not at all

I can describe in concrete terms how I applied various information gained through current research in mental health, education and career choices.

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2. Culturally skilled professionals become actively involved with minority individuals outside the professional setting (community events, social and political functions, celebrations, friendships, neighbourhood groups, and so forth) so that their perspective of minorities is more than an academic or professional exercise.

I actively plan experiences and activities that will contradict negative stereotypes and preconceived notions I may hold.

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III. Culturally Appropriate Intervention Strategies

1. Culturally skilled professionals respect patients' religious and/or spiritual beliefs and values, including attributions and taboos, because they affect worldview, psychosocial functioning and expressions of distress.

I can identify the positive aspects of spirituality (in general) in terms of wellness and healing aspects.

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2. Culturally skilled professionals value multilingualism and do not view other languages as an impediment to health care.

I communicate to patients and colleagues the value and assets of multilingualism (if patient is multilingual).

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B. Knowledge

1. Culturally skilled professionals have a clear and explicit knowledge and understanding of the generic characteristics of the Western health care model and how these may differ from the cultural values of various cultural groups.

I recognize the predominant theories being used within my professional organization and educate colleagues regarding the aspects of those theories, assessments, recommendations and interventions that may differ with the cultural values of various cultural and racial minority groups.

1 2 3 4

2. Culturally skilled professionals are aware of institutional barriers that prevent minorities from using health care services.

I can describe concrete examples of institutional barriers within my organization that prevent visible minorities from using health services and share those examples with colleagues and decision making bodies within the institution.

1 2 3 4

I recognize and draw attention to patterns of usage (or non usage) of health services in relation to specific populations.

1 2 3 4

I can identify and communicate possible alternatives that would reduce or eliminate existing barriers within my institution and within local, provincial, and national decision making bodies.

1 2 3 4

3. Culturally skilled professionals have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients.

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I understand the limitations as well as the importance of using language that includes culturally relevant connotations and idioms.

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4. Culturally skilled professionals have knowledge of family structure, 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.

I adequately understand patient's religious and spiritual belief to know when and what topics are or are not appropriate to discuss regarding perspectives on health and illness.

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I understand and respect cultural and family influences and participation in decision making.

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5. Culturally skilled professionals are aware of relevant discriminatory practices at the social and community level that may be affecting the psychosocial welfare of the population being served.

I am aware of legal issues that impact various communities and populations.

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C. Skills

1. Culturally skilled professionals 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 culturally - specific. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and modify it.

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1 = very well; 2 = well; 3 = fairly well; 4 = not at all

I can articulate what, when, why and how I apply different verbal and nonverbal helping responses.

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I can identify and describe services within the organization which provide support to patients with minimal English language skills.

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2. Culturally skilled professionals are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a “problem” stems from racism or bias in others so that patients do not inappropriately personalize problems.

I can advocate on behalf of patients who feel as if they were discriminated against in our organization.

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3. Culturally skilled professionals are not averse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally diverse patients when appropriate.

I participate or gather information regarding indigenous or community helping resources to make appropriate referrals.

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

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I am familiar with resources that provide services in languages appropriate to clients.

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I seek out whenever necessary, services in languages appropriate to clients.

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When working within an organization, I actively advocate for the hiring of multilingual professionals relevant to the patient population.

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

I understand that although an assessment instrument may be translated into another language, the translation may be literal without an accurate contextual translation including culturally relevant connotations and idioms.

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6. Culturally skilled professionals 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.

I recognize incidents in which clients, patients, students and others are being treated unfairly based on race, ethnicity, and physical disability, and take action by directly addressing the incident or perpetrator, or filing an informal or formal complaint.

1 2 3 4

I work at an organizational level to address, change, and eliminate policies that discriminate, create barriers, and so forth.

1 2 3 4

7. I take responsibility to educate patients in the processes of intervention, such as goals, expectations, legal rights, and the professional's orientation.

1 2 3 4

Case Scenario #1

You are asked to conduct a parenting assessment of a 21 year old Vietnamese woman with limited English speaking abilities. There is a question regarding cognitive abilities including her understanding and insight into her own behaviour and her ability to learn about and generalize positive parenting principles. This case presents with a number of challenges including differentiating whether current parenting practices could be attributed to cultural, language, acculturation, and /or cognitive issues.

1. In order to conduct the assessment, identify the resources and guidance you will require.
2. Who would you consult?

Case Scenario # 2

A 10 year old boy of mixed ethnicity presents in your clinical area and in the course of treatment he makes self derogatory statements about the color of his skin.

1. What is your first response?
2. How would you proceed to support the child and address this issue?

Case Scenario # 3

In your clinical area a critically ill infant requires treatment. You become aware that the mother is adhering to strict dietary regulations determined by her religion while caring for and nursing her child. You are concerned about the mother and baby's well being.

1. How do you approach the mother with your concerns?
2. Would you involve other health care professionals?
3. Would you involve her faith community or leader?
4. How would you involve the mother's faith community or leader?

Thank you for taking the time to complete this self assessment. We would appreciate your feedback on this exercise.

Please provide your comments regarding your experience in completing this assessment.

To: Linda Kongnetiman
Child and Women's Health
Diversity Program Coordinator
Family and Community Resource Centre
Alberta Children's Hospital

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Phone: (403) 955-7742

Alberta Health Services Resources

The following resource information is to assist in enhancing your professional relationship with families from diverse cultural backgrounds.

Child & Women Health Portfolio, Diversity Program, located at the Alberta Children's Hospital is available for clinical consultations, resources and training. A Cultural Competency Resource Kit is also available to support Health care Providers. Contact the Coordinator at 955-7742.

Alberta Health Services Mental Health Diversity Program supports Mental Health Care Professionals in caring for families from diverse backgrounds who are experiencing mental health issues. For consultation contact the Coordinator at 944-0235.

Alberta Health Services Healthy Diverse Populations, 943-0205

Alberta Health Services Interpretation and Translation Services employ certified health care interpreters. To arrange interpretation call 944-0202.

Please complete the following Multicultural practice enhancement plan and forward a copy to Linda Kongnetiman.

MULTICULTURAL PRACTICE ENHANCEMENT PLAN

Action Plan:

List of activities for achieving your Multicultural Practice Learning Goal

	Timelines	Completion Date
1.		
2.		
3.		
4.		