

## A Brief Review of the Development of the Concept of Cultural Competence and Related Competencies

In a 2008 article, Gallegos, Tindall, and Gallegos state that the “term ‘cultural competence’...appeared first in social work literature...as well as in counseling psychology literature” (Gallegos, 2008). They cite several articles published in 1982. Their article includes a chart that compares and contrasts conceptualizations of cultural competence and related competencies in the social work and health care fields. The authors also state that during the 1990s articles began to appear in the literature espousing the importance of cultural competence for educators.

The same year Saha, Beach, and Cooper (Saha, 2008), reported developments in the medical health field. They cite a book published in 1978 that described the nature, benefits, and practice of what it called “transcultural nursing”. The authors also cite a journal article published the same year with the following title, “Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research”. In addition, they refer to a journal article published in 1983 with the following title, “A Teaching Framework for Cross-Cultural Health Care: Application in Family Practice”. They indicate that the term “cultural competence” began to be used regularly in healthcare literature in the early 1990s.

In March of 1989, The National Institute of Mental Health sponsored the work of the Georgetown University Child Development Center to develop a philosophical framework titled, *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed* (Cross, 1989). This work targeted the distinct needs and conditions of what it refers to as “America’s four sociocultural groups of color: African Americans, Asian Americans, Hispanic Americans, and Native Americans.” However, it explicitly points out that the model of cultural competence is relevant to every individual because each one of us is engaged with culture.

The philosophical framework detailed in this work has been adopted by and is being expanded and applied by the National Center for Cultural Competence established by Georgetown University about 20 years ago “to address growing diversity, persistent disparities, and to promote health and mental health equity” (National Center for Cultural Competence).

The 1989 document cites and builds on concerns raised in previous publications that mental health services for and social work practice with these "groups of color" were inadequate, largely because the distinctive characteristics, including strengths, of the various cultures were usually ignored. Some of the previous publications cited include:

- 1962 report on the implications of social organization in New York City's Chinatown for health and welfare,
- 1968 article in *Journal of Counseling and Clinical Psychology* titled, "Cultural Stereotyping amongst Psychotherapists",
- 1969 article in *Family Process* on conducting therapy in tribal and urban settings,
- 1972 article in *Social Work* on working with Mexican American families,
- 1974 article in *Journal of Education for Social Work* on educating social workers to be effective change agents in our culturally pluralistic society
- 1976 book: *Counseling Across Cultures*,
- 1978 article in *Community Mental Health Journal* on implications from applied anthropology and the concept of underdog for community mental health planning and evaluation,
- 1978 book: *Chicano Culture and Mental Health*,
- 1980 book on social and psychological issues among Asian Americans,
- 1980 book: *Handbook of Cross-Cultural Psychology*,
- 1980 article in *U. S. Social Science and Medicine*: "Problems in Designing and Implementing Culturally Relevant Mental Health Services for Latinos",
- 1981 paper: "Cross-Cultural Alcoholism Treatment",
- 1981 article in *Social Development Issues* titled, "Community Practice Related to Ethnicity",
- 1981 book: *Counseling the Culturally Different*,
- 1981 book: *The Ethnic Dilemma in Social Services*,
- 1981 book: *Cross-Cultural Counseling and Psychotherapy*,
- 1981 book: *Ethnically Sensitive Social Work Practice*,
- 1982 book: *Cultural Awareness in Human Services*,
- 1982 paper: "The Skills of Ethnic Competence",
- 1982 chapter on ethnically competent social workers in a book on education and training related to child welfare issues,
- 1983 book: *The Black Experience: Considerations for Health and Human Services*,
- 1984 book: *The Pluralistic Society: A Community Mental Health Perspective*,
- 1985 book: *Bridging Ethnocultural Diversities in Social Work and Health*,
- 1986 book: *Social Work Practice and People of Color: A Process-Stage Approach*,

This sequential sampling of publications, combined with references from the Gallegos and Saha articles, demonstrates at least three important issues related to the development of the concept of cultural competence:

- 1) by the late 1980s, the idea that skilled consideration of cultural distinctives is a crucial component of social work, mental health, and healthcare practice was well-established among many professionals,
- 2) awareness and skills for considering cultural distinctives in practice could be and should be part of professional development, and
- 3) growth in cultural competence is a process for which various stages can be identified.

Drawing from an article published the previous Fall (Cross, 1988), the Georgetown University monograph defines the "cultural competence model" as "a set of congruent behaviors, attitudes, and policies" that need to be combined in order for groups to be effective in "cross-cultural situations". Culture is defined as a group's "integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions". The document also states that a "culturally competent system of care acknowledges and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs."

A key element of the monograph's framing of cultural competence is its description of a developmental continuum that includes "at least six possibilities between...two extremes...: Cultural Destructiveness; Cultural Incapacity; Cultural Blindness; Cultural Pre-Competence; Cultural Competence; and Cultural Proficiency."

Cultural Destructiveness – deliberate efforts to eradicate a culture; may be motivated by perceptions that target culture(s) is inferior and/or a threat

Cultural Incapacity – intentions to sustain the disempowerment of a culture through oppressive discrimination

Cultural Blindness – universal application of models and approaches designed to serve dominant culture(s) in expression of the claim that cultural distinctives either are nonexistent, irrelevant, or inappropriate

Cultural Pre-Competence – initial efforts to be responsive that may fall short of needed change and settle for tokenism

Cultural Competence – actions that reflect acceptance and respect for cultural distinctives and ongoing effort to grow in this area and affect related policy

Cultural Proficiency – advanced level that highly esteems culture and seeks to create and disseminate new knowledge regarding cultural competence

Interestingly, some of the particular challenges of operating at the level of cultural proficiency to create and disseminate new knowledge regarding cultural competence are highlighted in *Multicultural Health Evaluation: Overview of Multicultural and Culturally Competent Program Evaluation Issues, Challenges and Opportunities* (Hopson, 2003), published in the Fall of 2003 by The California Endowment. The author states that “cultural differences are not merely surface variations in style, preference and behavior, *but fundamental differences in how people experience social life, evaluate information, decide what is true, attribute causes to social phenomena and understand their place in the world.*” (*italics from original*) One of the critical consequences of this awareness, according to the author, is that evaluators must learn to recognize what he refers to as “epistemological ethnocentrism” which “privileges the dominant worldview and values of the White middle class.”

Hopson, the author of The California Endowment’s 2003 publication, cites a 1985 book by Michael Patton as addressing the question for Western-oriented evaluators of the consequences of applying their dominant cultural features to evaluations with other cultures. Hopson also states that, since the early 1970s, many educational research scholars have brought attention to the question of how culture affects the educational process. He mentions several examples from psychology literature as well. And he also cites a book by Anna-Marie Madison published in 1992 as “seminal” in highlighting the necessity for cultural sensitivity of evaluations in American settings because of growing cultural diversity.

Hopson lists what he calls “five basic tenets of multicultural/culturally competent evaluation”. They are:

Evaluators must be aware of their own cultural distinctives, how they differ from those who are the subjects and/or users of the evaluation results, and how they influence the evaluators’ perceptions and conclusions,

Evaluators are obligated to look for and act to remedy power imbalances,

Evaluators must become “fluent in multiple cultural perspectives” and continuously collaborate across cultural borders

Evaluators must ensure that constructs and methods are validated for relevant cultures

Fundamental alterations are needed in the conceptualization, design, implementation, interpretation, and application of evaluation with different cultures

Similarly, the 1989 Georgetown University document describes five elements that it presents as essential to capacity for growth in cultural competence. They include: valuing diversity, ability to assess one's own culture, awareness of what occurs when cultures interact with each other, maintenance of reservoir of knowledge about culture, and adapting to diversity. These elements and the tenets outlined by Hopson may offer suggestions for conceptualizing key competencies crucial to cultural competence.

The 1989 monograph also lists several important values and principles that characterize what it calls a "culturally competent system of care". Included are statements that cultural competence is evident when:

- service providers work with "natural, informal support and helping networks within the minority community, e.g., neighborhoods, churches, spiritual leaders, healers, etc.",

- the community is fully engaged in helping to determine for itself the needs to be addressed and solutions to be implemented, and

- the availability, quality, and delivery of services are equal for all groups and responsive to each.

Weaver also found (Weaver, 2004) in a review of literature that cultural competence is seen as including knowledge of a client's culture, self-awareness and respect for diversity, and integration of this knowledge and these attitudes with relevant skills. It may be helpful to note that Weaver defines culture as "values, beliefs, and world views held in common" by members of a group. The author emphasizes that the culturally competent worker confronts oppression and actively works for social justice.

Two years before the California Endowment publication, in 2001, the National Association of Social Workers adopted Standards for Cultural Competence in Social Work Practice (NASW, 2001). The document in which they describe the standards references a decision during the 1996 NASW Delegate Assembly to adopt a statement that social workers need to be culturally competent. It describes policy statements from 2000 that responded to this decision, and presents the standards document as the first attempt to execute the policy. The ten standards adopted are related to "Ethics and Values....Self-Awareness....Cross-Cultural Knowledge....Cross-Cultural Skills....Service

Delivery....Empowerment and Advocacy....Diverse Workforce....Professional Education....Language Diversity....Cross-Cultural Leadership”.

In the NASW publication the nature of cultural diversity is pointedly described as including, but not limited to, race and ethnicity. The document states that “cultural competence in social work practice implies a heightened consciousness of how clients experience their uniqueness and deal with their differences and similarities within a larger social context.” The following definitions are provided in the publication and described as having been formally adopted by the NASW Board of Directors:

Culture – “the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a...social group.... the totality of ways being passed on from generation to generation”

Competence – “the capacity to function effectively within the context of culturally integrated patterns of human behavior defined by the group”

Cultural Competence – “the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each....the integration 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 services, thereby producing better outcomes”

The NASW publication goes into considerable detail to describe the meaning and implications of each of the ten standards. And, interestingly, it makes the following statement regarding the ultimate accomplishment of cultural competence: “Cultural competence is never fully realized, achieved, or completed, but rather cultural competence is a lifelong process for social workers who will always encounter diverse clients and new situations in their practice. Supervisors and workers should have the expectation that cultural competence is an ongoing learning process integral and central to daily supervision.”

In 2003, in an effort to apply the concept of cultural competence to the health care field, the same year The California Endowment published the work on evaluation by Hopson, there was an article published in *Public Health Reports* titled, “Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care” (Betancourt, 2003). This article states that cultural competence in health care gained attention because of a belief that disparities in quality of care were partly due to differences in how patients from different cultures view their conditions

and the necessity of formal medical care, and the availability of providers with whom they can communicate. The authors conducted a review of literature in order to define cultural competence and how it needs to be applied to health care. They concluded that cultural competence in health care systems involves “understanding the importance of social and cultural influences on patients’ health beliefs and behaviors; considering how these factors interact at multiple levels of the health care system...; and, finally, devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations”. These factors must be employed in bringing about changes in health care organizations, structures, and clinical interventions.

Just a few months earlier, in December 2002, the Department of Mental Health of the County of Los Angeles released its “Parameters for the Delivery of Culturally Competent Clinical Services”. This publication states that the California Department of Mental Health defines cultural competence “as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among providers and professionals that enables that system, agency, or those professionals and consumer providers to work effectively in cross-cultural situations.” This, as is apparent, draws primarily from Cross’ earlier work. The document continues by stating that the county’s mental health department “defines organizational cultural competency as personal characteristics and organizational structure and practices causally related to the effective provision of culturally and linguistically appropriate services, where differences are acknowledged, valued, respected, and embraced.” It also defines what it calls clinical cultural competence as follows: “the ability to relate to diverse individuals and to shape clinical assessment and interventions by awareness, knowledge and understanding of relevant personal, cultural, ethnic, language, and racial characteristics of consumers.”

The following year, the county’s Department of Health Services issued its “Cultural and Linguistic Competency Standards” (Agger-Gupta, 2003). This document echoes what has been described above. It defines cultural competency as “a set of congruent behaviors, attitudes, policies, practices and beliefs that create and foster a professional and organizational culture that enables health care providers and organizations to:

- Recognize and acknowledge the diverse groups within the service population;
- Understand the role of diverse values, norms, practices, attitudes and beliefs about disease and treatment in program and policy development and health services planning;
- Enhance accessibility to services by diverse groups by improving cultural and linguistic competencies and availability;
- Take a holistic view of health, inclusive of cultural health beliefs and practices, and the physical, mental and emotional aspects of diverse groups;

- Respect and support the dignity and perspectives of the client, patient, family and staff to best address the health interests of the patient;
- Ensure systems of recruitment, evaluation, staff development and retention that support an organizational culture and staff that are better able to provide health services that meet the cultural and linguistic needs of the community;
- Measurably improve the health status of the populations and communities served.”

In 2006, staff of the Los Angeles County Commission on Human Relations created a presentation of the cultural competence continuum for training purposes that applied the concept to how the policies and practices of organizations and the values and behaviors of individuals look at differences. This presentation included the six points on the continuum developed by Cross and described them as follows, using material from a book by Lindsey, Graham, Westphal, and Jew (Lindsey, 2007):

Cultural Destructiveness: See the Difference, stomp it out

Cultural Incapacity: See the Difference, make it wrong

Cultural Blindness: See the Difference, act like you don't

Cultural Pre-Competence: See the Difference, respond to it inappropriately

Cultural Competence: See the Difference, commit to continue to understand and value it

Cultural Proficiency: See the Difference, respond appropriately in a variety of environments

The following year, the NASW published its Indicators for the Achievement of the NASW Standards for Cultural Competence in Social Work Practice (NASW, 2007). As with its 2001 publication, this document highlighted an understanding of cultural diversity as including more than race or ethnicity. It states that “diversity is taking on a broader meaning to include the sociocultural experiences of people of different genders, social classes, religious and spiritual beliefs, sexual orientations, ages, and physical and mental abilities.” Included in this publication are indicators of the ten standards for both workers and organizations.

Then, in 2008, the National Education Association released a policy brief on promoting cultural competence among educators (NEA, 2008). This publication cites a definition of cultural competence from a book published in 2005: “the ability to successfully teach students who come from cultures other than our own....entails developing certain personal and interpersonal awareness and sensitivities, developing certain bodies of cultural knowledge, and mastering a set of skills that, taken together, underlie effective cross-cultural teaching.” It is worth noting that this publication describes the same five

elements as the 1989 Georgetown University monograph mentioned earlier as being essential to capacity for growth in cultural competence.

In 2011, County Human Relations Commission staff built on earlier work to create a teaching tool called The Respect Range that poses the question: "What do we do with difference?". It emphasizes that different people respond in different ways to differences among people. Some people respect diversity greatly, welcoming it as something to be valued and celebrated. Others do not respect diversity at all. They hate it and want to destroy it. It also highlights the fact that our prejudice and other forms of disrespect toward others are very often blind spots that we readily see in others but not in ourselves. The Respect Range is described as a tool to help people and groups see their attitudes toward others more clearly. It points out that taking an honest look at ourselves allows us to identify ways we want to improve.

Following Cross' continuum of cultural competence and the 2006 Commission presentation, The Respect Range depicts six responses to the question: What do we do with difference?:

HATE – See the Difference, stomp it out; for example: KKK; "We've Got to find a way to get RID of those people!"

DISCRIMINATE – See the Difference, make it wrong; for example: separate but equal; "I don't understand why they ever came here in the first place!"

IGNOR(AT)E – See the Difference, pretend you don't; for example: melting pot; "OK. The past is the past. Now that we're all here, we should just all be the same."

TOLERATE – See the Difference, respond inappropriately; for example: "as long as we're stuck together we should try to get along"; "I don't have a problem with them, One of them used to work for my dad."

APPRECIATE – See the Difference, commit to understand and value diversity; for example: "I like *all* kinds of food"; "I've never met someone like you before. Tell me more!"

CELEBRATE – See the Difference, eagerly help others to understand and value diversity; "Wow! That's sooo cool! Now let me tell you about where I come from."

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