PROMOTING CULTURAL DIVERSITY AND CULTURAL COMPETENCY

Self-Assessment Checklist

PHYSICAL ENVIRONMENT, MATERIALS & RESOURCES

- ☐ Pictures, posters and other materials that reflect the cultures and ethnic backgrounds of children, youth, and families served by the program or agency should be displayed.
- ☐ Magazines, brochures, and other printed materials in reception areas should be of interest to and reflect the different cultures of children, youth and families served by the program or agency.
- ☐ Videos, films, CDs, DVDs, or other media resources for mental health prevention, treatment or other interventions should reflect the cultures of children, youth and families served by the program or agency.
- ☐ Meals provided should include foods that are unique to the cultural and ethnic backgrounds of children, youth and families served by the program or agency.
- ☐ Toys and other play accessories in reception areas and those which are used during assessment should be representative of the various cultural and ethnic groups within the local community and the society in general.

VALUES AND ATTITUDES

- ☐ Imposing values that may conflict or be inconsistent with those of other cultures or ethnic groups should be avoided.
- ☐ In group therapy or treatment situations, children and youth should be discouraged from using racial and ethnic slurs by helping them understand that certain words can hurt others.
- ☐ Books, movies, and other media resources should be screened for negative cultural, ethnic, or racial stereotypes before sharing them with children, youth and their parents served by the program or agency.
- ☐ An intervention should be made when other staff or parents within the program or agency engage in behaviors that show cultural insensitivity, bias, or prejudice.
- ☐ It should be understood and accepted that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).
- ☐ It should be recognized and accepted that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant or mainstream culture.
- ☐ It should be accepted and respected that male-female roles in families may vary significantly among different cultures (e.g. who makes major decision for the family, play and social interactions expected of male and female children).
- ☐ It should be understood that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decision of elders or the role of the eldest male in families).
- ☐ Even though the staff's professional or moral viewpoints may differ, it should be accepted that the family/parents are the ultimate decision makers for services and supports for their children.
- ☐ It should be recognized that the meaning or value of behavioral health prevention, intervention and treatment may vary greatly among cultures.

- ☐ It should be recognized and understood that beliefs and concepts of emotional well-being vary significantly from culture to culture.
- ☐ It should be understood that beliefs about mental illness and emotional disability are culturally-based. It should be accepted that responses to these conditions and related treatment/interventions are heavily influenced by culture.
- ☐ The impact of stigma associated with mental illness and behavioral health services within culturally diverse communities should be understood.
- ☐ Religion, spirituality and other beliefs may influence how families respond to mental or physical illnesses, disease, disability and death.
- ☐ It should be understood that families from different cultures will have different expectations of their children for acquiring self-help, social, emotional, cognitive, and communication skills.
- ☐ Before visiting or providing services in the home setting, Staff should seek information on acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by the program or agency.
- ☐ Staff should seek information from family members or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse children, youth, and families served by the program or agency.
- ☐ Staff should either contribute to and/or examine current research related to ethnic and racial disparities in mental health and health care and quality improvement.
- ☐ It should be accepted that many evidence-based prevention and intervention approaches will require adaptation to be effective with children, youth and their families from culturally and linguistically diverse groups.

COMMUNICATION STYLES

- ☐ For children and youth who speak languages or dialects other than English, staff should attempt to learn and use key words in their language so that they are better able to communicate with them during assessment, treatment or other interventions.
- ☐ Any familial colloquialism used by children, youth and families that may impact on assessment, treatment or other interventions should be determined.
- ☐ Visual aids, gestures, and physical prompts in interaction with children and youth who have limited English proficiency should be used.
- ☐ Bilingual or multilingual staff or trained/certified interpreters should be used for assessment, treatment and other interventions with children and youth who have limited English proficiency.
- ☐ Bilingual or multilingual staff or trained/certified interpreters should be used during assessments, treatment sessions, meetings, and for other events for families who would require this level of assistance.
- ☐ When interacting with parents who have limited English proficiency staff should always keep in mind that:
    a. limitations in English proficiency is in no way a reflection of their level of intellectual functioning.
    b. their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.
    c. they may or may not be literate in their language of origin or English.
- ☐ When possible, all notices and communiqués to parents, families and caregivers should be written in their language of origin.
- ☐ It may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.
- ☐ The principles and practices of linguistic competency should be understood and:

a. applied within the program or agency

b. advocated within the program or agency

☐ The implications of health/mental health literacy are understood within the context of the staff's roles and responsibilities.

[1] Tawara D. Goode. Georgetown University Center for Child & Human Development. Adapted from *Promoting Cultural Competence and Cultural Diversity for Personnel Providing Services and Supports to Children with Special Health Care Needs and their Families* and *Promoting Cultural Competence and Cultural Diversity in Early Intervention and early Childhood Settings.* June 1989. Revised 1993, 1996, 1997, 1999, 2000, 2002, 2004, and 2006.

Document prepared by Mariam Kandil, Office of Diversity and Equity, San Mateo County Behavioral Health and Recovery Services (BHRS). Intern 2009.