Build the Field and They Will Come

Multicultural Organizational Development for Mental Health Agencies

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The purpose of this handbook is to help community based organizations increase the cultural competency of their mental health services and promote lasting organizational change by reforming and/or revitalizing their agency structures and taking steps to enhance the multicultural competence of their personnel. You will find this handbook useful if you:

- Aim to enhance the cultural competence of your agency
- Seek to increase the cultural competence of agency personnel
- Feel frustrated by the pace of progress in your organization
- Desire greater cultural competence in the work that you do

A unique characteristic of this handbook is a detailed description of a process model of multicultural organizational development. The model consists of two innovative features: 1) Systemic Elements, which serve as the building blocks of a multicultural learning organization, and 2) Dynamic Processes, which drive the growth and development of the organization (see Chapter 3).
How to Use this Handbook

Read this handbook with your agency in mind. Each chapter starts and ends with critical questions which are intended to inspire you to investigate how well your agency embodies the principles of cultural competence and whether it possesses the systemic elements and dynamic processes, which are needed to promote multicultural organizational change. Once you have a picture of your agency’s multicultural assets, you can consider the ways in which you’d like to enhance the climate of the organization to support multicultural growth and development within people and across the organization. The critical questions are also designed to spark innovation and catalyze any momentum that is already moving your agency in the direction of greater cultural competence. Likewise, we hope that reading this book will stimulate your creativity and help you generate ideas for increasing the multicultural capabilities of individual personnel in your work environment, including yourself.

Potential Benefits of this Handbook –

- A vision of individual & agency cultural competence
- A sense of where you and your agency stand in a developmental scheme
- Insights into how two other agencies have enhanced the accessibility and cultural responsiveness of their services
- Understanding of the systematic elements & dynamic processes that will help your agency move towards greater cultural competence
- Ideas for continued growth
- Inspiration for facing the challenges and seeking the rewards of increasing individual & organizational cultural competence
Over the past fifteen years, community mental health agencies across the nation have responded to a call for increased attention to the impact of culture, class, gender, and age on the accessibility and efficacy of their services for diverse populations (Cross, Bazron, Dennis, & Isaacs, 1989; Isaacs & Benjamin, 1991). Despite their Herculean efforts, significant barriers to treatment continue to exist for low income people and people of color (USDHHS, 2001). Communities of color have less access to, and availability of, mental health services; are less likely to receive needed services; often receive a poorer quality of care and are underrepresented in mental health research (USDHHS, 2001). Children and adolescents are especially underserved (Bui & Takeuchi, 1992; Ruiz, 1993). In the area of family violence, the stigma of child abuse and its legal complications are added barriers to treatment.

The persistence of these problems led to the development of national standards for culturally competent mental health service delivery (SAMHSA/CMHS, 1998; Siegel, Davis-Chambers, Haughland, Bank, Aponte, & McCombs, 2000; Riker & Kokotovic, 2001). The purpose of these standards is to increase accessibility, improve retention, and enhance treatment outcomes for culturally diverse client populations. Likewise, professional organizations such as the American Psychological Association and the American Counseling Association have adopted standards and guidelines for multicultural competence (ACA, 1992; APA, 2003). Many agencies have accepted the challenge of increasing the multicultural competence of their organizations and their personnel. However, the degree to which they have been able to achieve this goal is quite variable. In fact, it is not unusual for agencies to encounter barriers to their multicultural development, which delay or derail forward progress and/or require outside intervention (Arredondo, 2003). Fortunately, there is now a vast array of resources and information available to agency leadership on how to increase the cultural competency of their organizations.

These resources include: 1) tools for baseline and ongoing assessment of individual and organizational cultural competence, 2) frameworks, which depict the developmental stages of cultural competence, 2) guidelines for strategic planning processes, 3) prescriptions for goal-setting that include benchmarks and performance indicators, 4) electronic list-serves that provide up-to-date research reports and offer participants the opportunity for online dialogue about topics related to cultural competence, 5) graduate school training in the provision of culturally competent services, and 6) and continuing education for agency professionals (see References & Appendix D for these resources). One theme resounds across all of these sources:
The call for cultural competence is a call for change. If you have surveyed the literature, attended conferences, or investigated the resources on the Internet, you know that this message is practically a mantra. However, the depth of change that is required for authentic and meaningful individual and organizational development is not readily evident in what’s offered “out there”. You need to look inside community based organizations, which have been moving towards increased cultural competence, to get the full story, to grasp the phenomenology, to understand the process of change.

Mental health agencies function like any other system (e.g., companies or families). Change is often met with reluctance or resistance, even when cultural competency goals are commensurate with the agency's expressed values and mission. “For many people change is frightening, it moves us out of our comfort zone. We knew how to interact and be successful in the old culture. But it is very scary when the rules change. At the same time we want change, we will also resist” (Katz, 1992, p. 1).

If you have been striving for increased cultural competence in your agency or you have sought to increase your own sense of cultural competence, then you know that two things are true: 1) It looks easier than it actually is, and 2) It is harder than it needs to be.

Making progress towards increased cultural competence looks easier than it actually is because of the temptation to assume that a few strategic interventions will carry the organization where it needs to go. For example, an agency that has traditionally served members of the Anglo community might seek to expand its services to Latino clientele by hiring a few bicultural bilingual staff. However, unless the system, in which these staff members will work changes, the new staff will be quickly overwhelmed by the task of not only serving all the Spanish-speaking clientele, but also of conducting outreach, translating assessment tools, educating their Anglo colleagues and supervisors, and forming linkages with culturally-based community resources. A likely outcome of this scenario is exhaustion or departure of the bicultural bilingual professionals and increased frustration or demoralization on the part of the agency’s multicultural change agents.

Making progress towards increased cultural competence can seem harder than it needs to be because of a system’s natural resistance to shifts in the agency culture and habits (Jarvis 1999). Usually, resistance is motivated by imagined losses, not real ones (Heifetz & Linsky, 2002). Let’s say that these same bicultural bilingual staff members challenge the agency’s view of family pathology during clinical supervision. One clinician suggests that what looks like “enmeshment” in a Latino family system is actually the normal expression of a harmony-oriented family rather than an individually-oriented one, which is more typical of Anglos (Thira, 2000). Good intentions on the supervisor’s part might prevent him or her from validating the clinician’s viewpoint. He or she may
perceive a cost (an accurate diagnosis of a family system and the most efficacious treatment plan) that is more imagined than real. The disparity of perspectives between the supervisor and the supervisee can lead to one of two outcomes: a struggle over who is “right” or a learning opportunity.

In this case, the advantages and disadvantages of formulating and applying a culturally consonant case conceptualization and treatment plan will not be known until some exploration takes place. Preserving family cohesion may not be pathological. It might be practical and effective. If the supervisor can shift towards a multicultural approach to supervision (D’Andrea & Daniels, 1997; Martínez & Holloway, 1997) and work collaboratively with the clinician to form culture-specific hypotheses about the case (S. Sue, 1998) then this point of contention becomes an opportunity for increased competence on the part of the clinician and the supervisor. They can learn from each other.

At the heart of these examples, is our assertion that the type of change that is needed for meaningful multicultural organizational development is one that typically exceeds the agency’s existing capabilities and requires it to learn something new. Heifetz (1994) refers to this as an “adaptive challenge”. Adaptive challenges call for “experiments, new discoveries, and adjustments from numerous places in the organization and community” (Heifetz & Linsky, 2002, p. 13). Individual growth and development requires adaptive work too. This occurs when agency personnel are faced with what Mezirow calls a “disorienting dilemma” (Mezirow, 1990, p. 14). They are confronted with new problems that cannot be solved with existing awareness, knowledge, and skills. They are required to shift their worldviews in order to blend new cultural vantage points and practices with what they believe to be effective therapeutically.

We assert that deep and meaningful individual and multicultural organizational development is adaptive work. “Adaptive work consists of the learning required to address conflicts in the values people hold, or to diminish the gap between the values people stand for and the reality they face. Adaptive work requires a change in values, beliefs, or behavior” (Heifetz, 1994, p. 22). Adaptive work is exciting and daunting, inspiring and frustrating, stressful and satisfying. It is the sort of change that is familiar to mental health providers because they are in the business of working collaboratively with clients to create change that is significant, observable, and felt.

Organizations, which are engaged in adaptive work, can be described as learning organizations. According to Peter Senge (1990, p. 3), learning organizations are:
...organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole – together.

Learning organizations (Calvert, Mobley, & Marshall, 1994; Watkins & Marsick, 1993): 1) provide continuous learning opportunities, 2) use learning to reach their goals, 3) link individual performance with organizational performance, 4) foster inquiry and dialogue, which makes it safe for people to share openly and take risks, 5) embrace creative tensions as a source of energy and renewal, and 6) are continuously aware of and interact with their environment.

We assert that sustained multicultural organizational change requires that mental health agencies either become or strive to enhance their ability to function as multicultural learning organizations. Likewise, increasing the cultural competence of agency personnel requires enhancing their abilities to function as learners.

The process of increasing individual and organizational cultural competence is dynamic, interpersonal, and endless. No matter where you or your agency stands on a continuum of cultural competence, there will always be more to learn. The communities in which mental health agencies and their personnel operate are constantly in flux: new immigrant populations, dramatic shifts in government policies on mental health, disabilities, social services, and eligibility, shifting tides in economics, housing prices and unemployment, extraordinary world events and other unexpected turns, all reach their confluence at the doorstep of mental health agencies. According to Wheatley (1999), agencies are constantly changing. Likewise, the journey towards individual and organizational multicultural competence is life-long. D.W. Sue and D. Sue offer the following definition (1999, p. 227):

First, a culturally competent helping professional is one who is actively in the process of becoming aware of his/her assumptions about human behavior, values, biases, preconceived notions, personal limitations, and so forth. Second, a culturally competent professional is one who actively attempts to understand the worldview of his/her culturally different client. In other words, what are the client’s values and assumptions about human behavior, biases and so on. Third a culturally competent helping professional is one who is in the process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies/skills in working with his/her culturally different client.
These three goals stress the fact that becoming culturally competent is an active process, that is ongoing, and that it is a process that never reaches an endpoint. Implicit is the recognition of the complexity and diversity of the client and client populations, and acknowledgement of our own personal limitations and the need to always improve.

(Arredondo, 2002, p. 3) informs us

For organizations, cultural competency is a goal and a developmental process, designed to be responsive principally to clients served. Organizational competence is built on a philosophy of inclusiveness and fairness, a sense of community, client and employee well-being, and on-going learning and enrichment. Behavioral competencies guide organizational multicultural development. The process requires a deliberate plan for change informed by voices and experiences of employees, clients, community constituencies and experienced consultants. Cultural competency is the responsibility of organizational administrators and the board of directors. It is a life-long process.
The Origins of this Handbook

This handbook is the result of a 3-year collaborative project (2001-2004) with three primary entities: Child Abuse Listening & Mediation (CALM), Family Service Agency of Santa Barbara (FSA), and Antioch University, Santa Barbara (AUSB). CALM and FSA are non-profit organizations, which provide a wide array of prevention and intervention mental health services to culturally diverse low-income families in Santa Barbara county. In addition, CALM was provided clinical and research assistance by doctoral students from the Gevirtz School of Education at the University of California, Santa Barbara (UCSB). The UCSB researchers evaluated several of CALM’s treatment programs.¹

AUSB is an institution of higher education, which specializes in training marriage & family therapists (MFTs) and clinical psychologists and is part of a larger university system that has a long history of commitment to social justice. CALM and FSA were an essential part of this collaboration because of their demonstrated proficiency with culturally competent service delivery and their willingness to reveal their organizational change processes. AUSB participated in the project because of its investment in the promotion of multiculturalism in mental health and its commitment to community service.

The project was generously funded by The California Endowment (TCE). A donation of software was provided by Miramar Systems, Santa Barbara, CA.

The Research Method

The Context of the Project

Attention to context is a defining aspect of multiculturalism (Sue, et al, 1998). The potency of the context in which research is conducted, models are created, programs are designed, and services are offered influences how consumers perceive and receive what is offered. Our model emerged from a particular context at a particular time. Thus, we believe it is important for you to have sense of that context as well as knowledge of the identities of the collaborators in this project.

¹ Contact Dr. Merith Cosden at the Gevirtz Graduate School of Education, University of California, Santa Barbara for results of outcome research.
Santa Barbara County is considered by many to be an affluent resort community. Median household income was $46,677 in 1999 (U.S. Census, 2000). Unfortunately, the reality provides a stark contrast to this image. According to the Santa Barbara County Children’s Scorecard (SBCCS) (2002, pp. 10-72), nearly 1 in 5 children (17%) live in poverty (in California, it’s 19%). About 81% of these children are Latina/o (in CA, 66% of impoverished children are Latina/o). Only Imperial County has a higher percentage of Hispanic children in poverty (91%). The highest number of families living below the poverty level is in North Santa Barbara County.

The populations served by CALM and FSA are low-income residents of North and South Santa Barbara County, including Latina/o, Anglo, African American, Asian American & Native American people. Many clients are immigrants who are unfamiliar with the existing service delivery systems. In 2000, the total population of North (Santa Maria & Guadalupe) and South (Santa Barbara, Goleta, & Carpinteria) Santa Barbara County was 399,347 people, with an increase of 8% over the last 10 years. About 6.5% of the population is birth-5 years of age, 18.4% are age 6-17.

One indicator of SES within a community is the number of people enrolled in CalWorks2 programs. Welfare reform coupled with lower rates of unemployment produced huge decreases in CalWorks caseloads over the past five years. In 2000, 21.8% of the CalWorks recipients were from Santa Barbara, 55.6% from Santa Maria, and 22.6% from Lompoc. About 65% of CalWorks recipients were Latina/o, 25% Anglo, 7% African American, and 3% from other racial/ethnic communities. A primary function of CalWorks is to shift clients from public assistance to sustainable employment. Unfortunately, the transition from welfare to work is impeded by a lack of education. For example, nearly 38% of kindergarteners’ mothers had less than a high school education, in 1999 (SBCCS, 2002).

Another barrier to economic security is the high cost of housing. In 2002, the median home price ranged from $320,000 (North County) to $789,000 (South

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2 This is a federal welfare-to-work program administered by the state of California.
Average rent exceeded $1500/month. For a single parent earning minimum wage, child-care costs consume 72% of their total income. However, current availability of childcare meets only 24% of the need. In 2001, 16% of county youth had no medical insurance, 54% had their parents’ job-based insurance and 28% participated in Medi-Cal/Healthy Families. Approximately 42% of public school children are enrolled in school lunch programs and this figure is increasing. The infant mortality rate was 5.6 per 1,000 live births in 2000 (national average is 7.0/1,000) (CDC, 1999). Low birth weights averaged 5.6 per 1,000 for 1991-2001. Both of these figures exceed targets set by Healthy People 2010 (4.5 per 1,000 and 5.0 per 1,000, respectively).

Mental health services for youth increased dramatically from 1993 through 2001. “Wrap-around” case management and treatment services were offered through the Multiagency Integrated System of Care (MISC) from 1995-1999. Mexican American and White youth comprised the majority of this caseload.

During 2001-02 there were 4,713 referrals to child protective services for child abuse or neglect, a 13.8% decrease from the previous year. There was also a 4% decrease in referrals to child welfare services between 1998 and 2002. General neglect (34%) and physical abuse (28%) were the most common forms of abuse reported. Sexual abuse (15%), emotional abuse (9%), and instances of caretaker absence or incapacity (8%) were also reported. In 2002, 342 children entered the foster care system. African American children were over-represented (14%), whereas White (37%) and Latina/o children (47%) were not. The Children’s Scorecard (2002) recommended a thorough analysis of this finding.

The Agency Participants

Child Abuse Listening & Mediation

At the start of this project, CALM’s mission read:

CALM’s mission is to eliminate child abuse in Santa Barbara County by providing comprehensive prevention, assessment, and treatment services for children and families who have experienced neglect or emotional, physical, and/or sexual abuse.

As a consequence of its involvement in this project, CALM revised its mission statement to include attention to culture. The mission statement serves as a center point for all of an agency’s ventures. It is a constant reminder of the organization’s purpose. This alteration is a prime example of one agency moving itself towards greater cultural competence.
CALM\textsuperscript{3} was founded in 1970 by a local nurse, Claire Miles, as a resource to help stressed parents before they hurt their children. After three decades, CALM remains the only private, non-profit agency in Santa Barbara County whose sole mission is to prevent, assess, and treat child abuse and family violence. CALM works daily to prevent child abuse or its reoccurrence, provide treatment and support for victims, teach children to keep themselves safe from abuse, and educate the public about child abuse.

CALM’s philosophy includes strength based, culturally sensitive services, recruitment and retention of excellent staff, collaboration with public and private agencies to facilitate comprehensive treatment, and the incorporation of research and evaluation to inform and improve practice. CALM provides nationally recognized, state of the art treatment that has proven effectiveness in improving the lives of traumatized children. CALM’s staff has over 350 years of combined experience in mental health treatment, and 58\% are bilingual, which allows them to provide the expert, specialized treatment necessary to effectively treat child trauma, as well as utilize strategies that meet the needs of underserved populations.

In any given year, CALM provides direct treatment services to over 1,000 clients, ranging from infants to adults. Approximately 60\% of the clients served are Latino, 16\% are other ethnic groups, and 24\% are Caucasian. The majority of CALM’s clients are low income children, youth, and families in crisis who have neither the experience nor the resources to effectively use available community services, or are prevented from doing so through language barriers; 71\% of CALM clients report low incomes; the typical CALM family places below the national poverty line.

CALM continues to meet the needs of the local community by providing effective, research-based programs, as well as developing new programs to address emerging needs. A recent review of outcome data based on standardized measures found that overall programs were effective in reducing traumatic symptomology in children, reducing parental life-stress, and reducing behavioral problems as reported by both parents and children.

\textsuperscript{3} For more information on CALM, go to \url{http://www.calm4kids.org}
Child Abuse Treatment/Parenting Education: In treating child abuse, CALM utilizes nationally recognized, research based treatments that have proven to have the greatest effect in helping children. Two of our treatment strategies, Parent-Child Interaction Therapy (PCIT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) were recently recognized in the Kaufmann Best Practices Project as two of the top three treatments considered the most effective interventions in treating child abuse. CALM uses the “Incredible Years” parenting program, a research-supported curriculum considered to be a model program by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Multiagency Interdisciplinary System of Care (MISC)/Therapeutic Foster Care: CALM’s MISC and Foster Care programs provide intensive therapy in the home for children in the foster care system or with significant behavioral concerns. Services are provided at a place and time convenient for the family. Interventions include providing stability and support for the family, assisting the family in managing stress, building communication and anger management skills, and empowering the family. A recent review of the program found that no children that have been served since the program’s inception required out-of-county residential placement.

Domestic Violence Counseling: CALM’s Domestic Violence Program, which focuses on the impact of domestic violence on children, assists families in healing from the trauma, shame, and isolation experienced in domestic violence. CALM is the only local program that offers multifamily counseling in Domestic Violence, an innovative and highly effective form of treatment. The group program alternates between seeing children and mothers in separate groups to address issues in an age-appropriate manner. The program also brings families together monthly to share their experiences, and recognize their strengths and accomplishments. Due to the outstanding efforts of the CALM’s Domestic Violence Program, the organization and program were recently featured in 50 Strategies to Prevent Domestic Violence, a publication of the National Crime Prevention Council.

Sex-Offender Treatment: Over 98% of adults, and 100% of teens do not re-offend while receiving treatment at CALM, a rate of recidivism that is 7 times lower than for offenders receiving no treatment. Treating over 80 sex-offenders per year, the program utilizes a cognitive-behavioral relapse prevention approach, and prevents potentially hundreds of incidents of sexual abuse a year.

Adults Molested as Children Program (AMAC): To prevent further victimization and the intergenerational transmission of abuse, CALM’s AMAC program provides individual as well as group treatment for adults who were sexually abused in childhood or adolescence. Groups are offered in 12 weeks cycles.

“Great Beginnings” Intensive home visitation: Providing developmental guidance and family support for children 0-5, Great Beginnings has proven to be an effective program in meeting the needs of young children. For parents with serious difficulties, infant-parent psychotherapy, post-partum depression support groups, and
psychiatric support is also provided. Great Beginnings was first implemented at CALM as one of 17 pilot programs through the California Office of Child Abuse Prevention. At the end of its initial three-year period, CALM’s Great Beginnings program was recognized as the top performer out of all 17 state programs. It ranked highest in all areas, including service delivery, implementation, human resource climate, staff training and supervision, and had the highest level of staff education out of all sites. CALM clients also had the highest level of client satisfaction. This excellence continues in our program today. CALM retains 98% of clients that join the program and on average, clients rate the program between Very Good and Excellent on measures of client satisfaction. Client assessments, as well as published research studies on our program have demonstrated positive outcomes in child health, development, positive parenting, and the reduction or elimination of abuse.

Sexual Assault Response Team/Multidisciplinary Interview Team (SART/MDIT): The SART/MDIT conducts interviews and medical exams for forensic purposes, and to begin the healing process for child victims. SART/MDIT protects the rights of all parties when allegations of sexual abuse are made. Collaboration among team members ensures that the victim is not subjected to repeated interviews and assists in collecting legally defensible evidence. The team has proven to be so good at forensic interviewing that a case from our local program established the admissibility of taped child interviews in California case law, through the California Supreme Court.

Family Service Agency of Santa Barbara

Mission Statement

Our mission is to strengthen and to advocate for families and individuals of all ages thereby creating a strong community.

FSA is Santa Barbara County’s oldest non-sectarian social service agency.\(^4\) Established in 1899, FSA pursues its mission through a comprehensive array of mental health and social services for children, families and seniors, which touch the lives of more than 30,000 people every year. Their programs directly address a broad spectrum of individual and family needs and connect people to a multitude of services provided by other agencies, both private and public. FSA has focused on improving access to services, and has developed a range of client-centered, community-based strategies designed to

\(^4\) For information on FSA see [http://www.fsacares.org](http://www.fsacares.org)
engage clients and facilitate access into the helping system. The service providers travel to neighborhoods and schools to ensure that their services are available to those in need. They engage people in services through a variety of methods, helping people in the community become more comfortable with reaching out and using their services. Collaboration is a key FSA strategy, and many of their programs are community based. For example, School-Based Counseling is provided at 28 public elementary schools and 6 secondary schools in 6 school districts. In 2002, this service touched the lives of more than 600 children (10% more than the prior year), helping children and their families build a lasting support system.

In all of its programs, FSA takes the role of a facilitator rather than a “fixer.” FSA creates support systems by helping individuals and families to recognize and build upon existing strengths. The agency combines the use of licensed clinicians with paraprofessional staff. This allows time for the clinicians to offer professional counseling, while paraprofessionals provide supportive services. Paraprofessionals build trusting relationships with the clients, which allow the clients to feel comfortable in seeking help from the agency. FSA’s reliance on paraprofessionals also affects the wider community because it gives individuals, who have learned to help themselves, opportunities to continue their personal growth by helping others.

FSA’s programs include: Community-based counseling and family support services, which are offered off-site in schools, at satellite locations, and in-home, as well as at the agency itself. Youth services focus primarily on at-risk youth and families, adjudicated youth, and children who are seriously emotionally disturbed. Older adults are provided with in-home care that includes renovations to accommodate disabilities and assistance with domestic chores. Elders also receive counseling and case management. In addition, FSA operates the Community Resources Information Service and HelpLine, which is a 24-hour information and referral crisis intervention hotline (now accessed by dialing 2-1-1). Callers receive free, confidential bilingual paraprofessional counseling and human services referrals.

FSA is especially attentive to the needs of seniors and disabled persons in the tri-county area. The Homemakers Program provides assistance with basic domestic tasks. The Latino Community Mental Health Project ensures that seniors receive the services and advocacy they need. Latino seniors receive outreach, counseling, and case management services for free. The Services Aimed at Independent Living (SAIL) program provides home maintenance services to sustain upkeep of seniors’ residences, which ensures greater in-home safety and increased accessibility. Finally, the Safe Points program is a multi-agency collaboration that provides wrap-around services for seniors, which include nutritional and medical care.
The agency has over 110 employees in North and South Santa Barbara County. FSA uses bilingual, bicultural, paraprofessional staff and non-traditional strategies, including community outreach, meeting basic human needs, and cultivating trusting relationships with underserved communities in order to assist culturally diverse, at-risk families. Surveys indicate that the greatest need in Santa Barbara County is accessible services. Fortunately, FSA has established programs in the community as well as on school campuses, actually bringing the service to those in need. For example, English as a Second Language (ESL) is taught by FSA’s paraprofessionals. As each class consistently meets with a bilingual, bicultural staff member, clients build respect and trust for their instructor. Once this trust is established, clients feel a freedom to come to their teacher, share their concerns and ask for help with other aspects of their lives.

Two programs exemplify FSA’s commitment to community-based culturally responsive services:

**Family Advocates** are based at elementary school Healthy Start sites in Lompoc. These bicultural, bilingual paraprofessionals provide case management, deliver parenting skills education, and facilitate linkages with other community programs for at-risk families with children aged 0-5. Treatment strategies used include connecting at-risk families with resources at or near the school site, intervening to alter patterns of interaction that can lead to abusive behaviors, providing information on child development to foster realistic expectations and motivational attributions, and strengthening single-parent families by providing access to services and social support.

Healthy Start is a school-based, comprehensive family support program whose services include culturally sensitive outreach, information/referral, and case management. Healthy Start, working with a task force of public and community-based organizations, supports and strengthens families who face a complex set of barriers to self-sufficiency, including poverty, homelessness, family violence, substance abuse and/or unemployment. Bilingual Family Advocates provide case management services and support to increase parent involvement in their children’s education. Clinical counseling is also offered.

**The Families and Schools Together (FAST)** program is a nationally recognized model, which works with at-risk children (aged 0-5) and their parents to help encourage positive behavior at home and in school. Families gather for a meal at local schools, creating a friendly, comfortable and safe atmosphere. Here parents are taught how to understand and implement protective forces to fight against school failure, delinquency and substance abuse. Children learn about self-respect, having a positive attitude and reaching their fullest potential.

There are two FAST cycles per year. The FAST program is evaluated regularly. Recent post-test scores showed that the program is achieving its goals of relieving parental stress and decreasing children’s negative behaviors as well
as prompting statistically significant improvements in parental involvement in learning activities with their children (Alliance for Children & Families, 2002).

Once the families have completed the FAST program they continue with FASTWorks, an after-care program. This program encourages enrolled families to use each other as a support network, offering a time of sharing and encouraging one another to remain positive influences in the lives of their children. The meetings occur once a month for an average of 4 to 6 hours per visit.

Antioch University, Santa Barbara Researchers

As researchers we do not come to this study tabula rasa or value free. We bring with us tacit knowledge gained through personal and professional lived experience. We are researcher-practitioners with considerable experience working as mental health service providers and teaching clinical psychology courses, including multicultural counseling and feminist theory at the graduate level. We have prior relationships with many of the individuals involved in the study and with the organizations being examined. We identify as multicultural\(^5\) feminists and this identification brings a particular epistemological stance, worldview, and way of knowing\(^6\). Denzin and Lincoln (1994, p. 23) assert that it is essential to take into account

\[\text{\ldots the personal biography of the gendered researcher, who speaks from a particular class, racial, cultural, and ethnic community perspective. The gendered, multiculturally situated researcher approaches the world with a set of ideas, a framework (theory, ontology) that specifies a set of questions (epistemology) that are then examined (methodology, analysis) in specific ways.}\]

The multiplicity of our identities is salient to the research process. M.S. is African-American, a woman, 45 years old, the only person of color on the

\(^5\) For a review of the principles of multiculturalism see Sue, et al., 1998.

\(^6\) Multicultural is as important a descriptor as feminist. It acknowledges the critical contribution made by women of color who challenged second wave/mainstream feminist essentialism. Their contribution illuminates the intersectionality of gender, race, class and sexual orientation and broadens the scope of feminist analysis to include issues of power/control and privilege/oppression across multiple dimensions of identity.
research team, a licensed psychotherapist, and social activist. H.Z. is White, a woman, and 42, a licensed psychologist, and multicultural educator. In addition, five female (4 Anglo-American and 1 Swiss) clinical psychology graduate students participated in the construction, implementation and transcription of focus groups. During the course of the project, we spent considerable time exploring the impact that our identities might have on the research process. For example, we asked, “How do our racial identities affect which one of us should moderate a particular focus group? What is the impact on participant responses? How do our personal identities impact the way in which we ‘see’ the data?” These considerations were integral to the research process and particularly relevant to us as feminist researchers.

Over the last three decades feminist researchers have challenged the assumption that there is an objective reality as well as the embedded claims of ownership and control of knowledge construction by dominant research paradigms. The feminist values that informed our research practice include: a) valuing collaboration, b) emphasizing mutuality and reciprocity in the research process, c) paying attention to power dynamics—individual, organizational, societal, d) valuing personal narratives, e) paying attention to language use (e.g., choice of terms), f) recognizing the power of self-definition, g) viewing the research participant as the expert, h) recognizing the importance of social context (i.e., local, state and national), and i) having a social justice orientation (Brabeck, 2000; Brabeck & Brown, 1997; Brabeck & Ting, 2000; Freyd & Quina 2000; Worell & Johnson 1997; Worell & Oakley, 2000).

Procedures

CALM and FSA participated in comprehensive multicultural organizational assessments, which were conducted by the authors of this handbook and their graduate research team. Participants included 165 agency personnel. Zetzer and Shockley modified surveys designed by Mason (1995) and Topolski and Evenson (2001) and created the Multicultural Organizational Assessment Survey (MOAS). The research team administered it to all participants. We reviewed over 163 documents (e.g., personnel manuals, annual reports) and conducted 15 focus groups, which we analyzed using grounded theory strategies (Strauss & Corbin 1990; 1998). The results of these organizational assessments were analyzed using quantitative and qualitative methods, combined with existing theories of organizational change (Senge, 1990; Wheatley, 1999), and then integrated into an innovative approach to developing cultural competency in mental health agencies. (See Chapter 3 for our model.) (For details on the methodology, see Appendix A).

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7 For a thorough discussion of feminist research paradigms, see Olesen (1994).
Chapter 1

Organizational Cultural Competence

Critical Questions

Before you read this chapter, consider the following:

1. How do you define culture?
2. What does cultural competence mean to you?
3. How do you define organizational cultural competence?
4. In your mind, is your agency culturally competent?
5. As you read, watch for ways in which your agency has made significant improvements in its ability to provide culturally competent services. How might other improvements be made?

Key Concepts & Definitions

Culture

*Seems to refer to learned or acquired behaviors or traits attributable to the socialization experiences resulting from membership in particular systems or institutions within a society* (Helms, 1992, p. 1092).

*Refers to the way of life of a people and includes tools or methods by which they extract a livelihood from their environment* (Hernandez, Isaacs, Nesman, & Burns, 1998, p.1).

*Can be [broadly] defined as ways of living or people’s approaches to living and interpreting their environment* (Hernandez, et al., 1998, p. 1).

Cultural Competence

*The capacity to work within a context of culturally integrated patterns of human behavior as defined by the group* (Cross, et al., 1989, p. 3).
A set of congruent behaviors, attitudes, and policies that come together in a system or agency or among individuals that enables them to work effectively in cross-cultural situations (Jordan, 1998, p. 49).

Multicultural Organizational Development

Multicultural organizational development is different from traditional organizational development work in that it (a) takes a social justice perspective (ending of oppression and discrimination in organizations), (b) believes that inequities that arise within organizations may not be primarily due to poor management, person-organization fit problems, etc., but to monopolies of power, and (c) assumes that conflict is inevitable and not necessarily unhealthy (Sue & Sue, 1999, p.214).

Organizational Cultural Competence

Major strides have been made toward addressing the need for increased multicultural competence among mental health professionals. However an individual practitioner’s ability to provide culturally competent service is only one factor necessary in mitigating the current inequities experienced by diverse populations. To begin to counteract the systemic and institutional factors contributing to the vulnerability of communities of color it has become clear that the field must look beyond the interaction between the individual service provider (e.g., therapist, case manager, or advocate) and the client. Individuals in leadership roles and change agents in community-based mental health agencies must begin to foster the development of multicultural organizational competencies within their organizations (Sue, 1995).

A Multiculturally Competent Organization (Sue, et al., 1998, p. 35):

- Has commitment from the top levels
- Possesses operationalized written policy, mission, or vision statements of multiculturalism
- Possesses a multicultural and diversity action plan
- Possesses an empowered superordinate or multicultural oversight team
- Actively solicits feedback from employee groups
- Builds accountability to multiculturalism into the system
- Infuses multicultural competence into evaluation criteria
- Provides mentoring and support networks for minority employees
- Encourages coalition building and networking among minorities and women
- Possesses a systematic and long-term commitment to educating the entire workforce
- Views the organization as a reflection of the wider community
Models of Multicultural Organizational Development

Models of multicultural organizational development (MOD) serve as useful frameworks for understanding where an organization stands in comparison to an ideal course of growth and change. These models presume that an organization is attempting to change its culture by creating new organizational structures, instilling new policies, formulating innovative programs, and devising new practices that are multicultural; thus moving an organization from mono-cultural to multicultural (Sue, et al., 1998).

Models of multicultural organizational development for mental health agencies attempt to address the needs of diverse populations holistically - focusing on a triad of concerns. First, in order for a mental health organization to provide multicultural services effectively, it must demonstrate its commitment to multiculturalism in its organizational structures and functions, through diverse board and staff recruitment, training, and mentoring (Sue, 1995). Second, individuals who are providing services need to be supported in their efforts to develop as culturally competent professionals (Sue, Arredondo, & McDavis, 1992). It is often recommended that agency training programs borrow concepts from progressive multicultural psychology programs in higher education, which aim to enhance participants’ cultural awareness (especially of one’s own biases), knowledge (not only of the cultural features of various groups, but of the history of oppression in the United States), and skills (specifically, multicultural social, counseling and psychotherapy skills) (Abreu, Chung, & Atkinson, 2000). Third, a requirement for the provision of effective mental health services to marginalized populations is the successful integration of clinicians’ multicultural awareness, knowledge, and skills with all of the resources that are available to clients (social services, police, social networks, etc.). This aspect of the model is the agency’s point of contact with the community it serves (Sue, et al., 1998).

Cross, Bazron, Dennis, & Isaacs, 1989

Cross, et al. (1989) are surely the best known for their model of multicultural organizational development for mental health agencies. In this model cultural competence exists on a continuum. Movement to more advanced stages requires intentional and systematic organizational reform. Agencies may span the following range of competencies (summarized from Hernandez, et al., 1998, pp. 9-12):

Cultural Destructiveness: The organization is built on supremacy beliefs and intentionally exploits, disempowers, and destroys less powerful cultural groups.

Cultural Incapacity: Unintended harm comes to communities of color because their perspective is not sought. The agency is biased, paternalistic, and discriminatory in its practices. Prejudice, fear, and negative expectations of communities of color pervade this organization.
Cultural Blindness (midpoint): The system, agency, or individual professes color blindness and an absence of prejudice. This is the approach used by an agency assumed to be of universal value to all clientele. It may hold “a well-intended liberal philosophy” (p. 10). The agency may engage in special projects for diverse populations when categorical funding is available. Projects are usually implemented without community input. The agency operates from a place of ignorance because of assumptions that are made regarding minority needs. “…their ethnocentrism is reflected in attitudes, policies, and practices” (p. 10).

Cultural Pre-Competence: The agency realizes its limitations and attempts to improve its services to people of color. The agency engages in experimentation with innovative approaches to services, hires diverse staff, conducts outreach to diverse communities, offers diversity training to staff, and recruits people of color to boards and advisory committees. There is a strong “desire to deliver high quality, culturally relevant equitable services” (p. 11). There is some risk that the agency may remain satisfied with its accomplishments or may retreat if innovations fail. Also, there is a chance that it might rely solely on multicultural hiring practices, which may diversify staff but not guarantee culturally responsive service provision.

Basic Cultural Competence: This agency is “characterized by respect and acceptance of differences, continuing self-assessment regarding culture, and continuous expansion of awareness, knowledge, and skills” (p. 11). There is a continuous modification of service models to accommodate the changing needs of the community. There is ongoing dialogue and input from communities of color. The agency actively recruits unbiased well-trained employees. All levels of the organization consult with the communities it serves. Linkages are formed with other agencies and there is formal and informal support for the agency clientele.

Advanced Cultural Competence: This agency “holds all cultures in high esteem” (p. 11) and provides leadership and advocacy when it’s needed. It develops new therapeutic approaches and engages in a continuous cycle of: 1) program evaluation, 2) dissemination of results, and 3) solicitation of feedback on those results from community members. Feedback is used to further enhance access and services to multicultural communities. This agency experiments with changing its “organizational structures” to embody “the cultural values and beliefs of communities served” (p. 12). This agency hires people who are experts in cultural competency. The agency advocates for cultural competence within larger systems. It monitors its ability to provide: 1) equal access, 2) culturally appropriate services, & 3) equitable outcomes to clients (See Jordan, 1998, pp. 54-58 for an example).
Building Organizational Cultural Competence: Collective Wisdom from CALM & FSA Focus Groups

As part of the multicultural organizational assessment process, we conducted 15 focus groups, which typically consisted of 6 to 8 employees. We varied group membership according to key dimensions of identity, specifically racial/cultural identity, gender, and agency role. We asked a variety of questions related to multicultural competence in the field of mental health.

We audio-recorded and transcribed each of the focus groups. Then we coded and analyzed the transcripts using strategies drawn from a qualitative methodology called grounded theory (Glaser & Strauss 1967; Strauss & Corbin 1990;1998). (See Appendix A & B for a full description of our research methodology and a list of our research questions.)

The themes which emerged from the focus group analyses were literally “grounded” in the focus groups’ comments. First we “open-coded” each transcript by reading it and identifying verbatim participants’ words, which seemed relevant to our ultimate goal of creating a process model of multicultural organizational development. The verbatim phrases were organized into larger categories and then these categories were grouped into concepts or themes. As a result, each of the themes listed in this handbook fully originated in the words of the participants.

A subset of 7 focus groups was coded for recurrent themes, which emerged from the participants’ perceptions of agency cultural competence. This subset included five heterogeneous focus groups (2 from CALM and 3 from FSA) and two service provider focus groups (one from each agency). The heterogeneous focus groups included people with different agency roles (e.g., support staff, direct service providers, management, and leadership). Service provider focus groups consisted only of people who engaged in direct service with clients (e.g., therapists, family advocates, case managers). We included men and women as well as people of color and white folks in all seven of these groups.

All of the participants were asked specific questions about agency multicultural competence. Here is a sample:

- What are some characteristics of an agency that has a demonstrated commitment to multiculturalism?
- What steps should an agency/organization take to become more multiculturally competent?
- What steps has your agency taken to become more multiculturally competent? Examples?
- What makes this task challenging for your agency? Examples?
- What does the agency need to promote its continued multicultural development?
Two prominent themes emerged from the analysis of the focus group data.

**Theme One: Understanding Context is Key**

Participants identified the many ways that the sociopolitical context in which they serve the community impacts their clients, their own racial/cultural identities, and the work that they do. These findings remind us that it is essential to situate an agency within a multicultural context, when developing strategies for organizational change. Focus group participants reported the following perceptions:

- Their personal experiences of oppression impacted the development of their own racial/cultural identities.
- Current inequities in the local school system impede academic success for Latina/o, American Indian, and African American children.
- Racial tension on school campuses frustrates school-based providers who lack the authority to intervene in these systems.
- Expressions of prejudice by one’s own clientele create challenges for providers.
- Language barriers diminish the quality of care for non-English-speaking clients, even when translation is provided.
- Poverty has an extraordinary impact on client welfare.

For example, one participant said:

> For every hour I spend with a client, it could be a couple hours of doing other outside support. I think that's really important and that's how we integrate a lot of the multicultural aspects, weaving it together because there's a hierarchy of needs. It's hard to do psychotherapy if kids are hungry, if there are all these other outside factors that are playing into it. So we have to address those and I think that that's often how we do it (Anglo female therapist).8

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8 We edited focus group quotes to increase their clarity. For example, we removed unnecessary phrases like “um” and deleted “you know” and unfinished sentences that appeared mid-paragraph. Occasionally, we inserted words in [brackets] to enhance reading comprehension.
Theme Two: Characteristics of a Culturally Competent Agency

The focus group participants described a culturally competent agency as one which is:

- Is open to everyone - All kinds of people.
- Offers a multicultural setting - Décor, publications, brochures are offered in client languages and reflective of the culture of the clientele.
- Collaborates with other community agencies.
- Speaks out publicly

For example, one participant said:

*I think a commitment beyond something. Any time there are, in the news or in the media, any kind of issues with cultural or racial prejudice, it’s certainly the agency’s obligation to speak out publicly on what their commitment as a multicultural agency is and condemn these kinds of things happening in the news and not very far from us regarding issues of racial discrimination. So, I think a commitment beyond its walls. A commitment to the community and I don’t want to go as far as to say political but a commitment as a representative of the community* (Latina service provider).

In addition, the participants said that a culturally competent agency is:

- Is always moving towards increased multiculturalism
- Supports or conducts cultural events
- Encourages service providers to engage in ongoing dialogue about cultural differences

For example, one participant said:

*Just doing our bilingual meetings, we share information like, “Oh you’re from Puerto Rico, or you’re from so and so.” Just sharing the differences in languages… I will be on the phone saying a word and my co-worker behind me is cringing because in her country that’s a bad word, and for me it’s just like, saying “Darn”. It’s just really interesting learning about the differences in our own countries of origin, whether it’s Argentina or wherever or the different regions in Mexico, so it’s been great* (Latina service provider).

Another participant said:
Providing opportunities for one to share one’s own culture and having that acceptance and almost promoting it as part of the experience here at the agency (Latino service provider).

In addition, the participants said that in a culturally competent agency:

- Service providers hold back on imposing their personal beliefs

For example, one participant said:

I guess we have to hold back our own personal beliefs and if there are any strong opinions and be open to all multicultural [perspectives]...If I am not aware of a personal feeling, I want to try to restrain myself from it being projected. Am I making sense? (Latina service provider)

Participants also said that a culturally competent agency:

- Conducts research on multicultural issues
- Reaches out to community cultural groups
- Values cultural diversity
- Writes grants
- Employs bicultural and bilingual personnel

For example, one participant said:

Not just by hiring faces of the clients who realistically understand them, but they also hire people who are willing to be open to difference (Latina service provider).

Measuring Organizational Cultural Competence

Ongoing measurement is a defining characteristic of a culturally competent mental health agency. It drives and supports organizational change. Agencies, which are involved in the organizational change process, follow a logical sequence of steps: 1) a thorough baseline assessment, which results in a rudimentary consensus about an agency’s developmental level (e.g., situate the agency on the Cross et al. (1989) continuum), 2) strategic planning, which includes goal-setting, specification of objectives, and the allocation of resources, 3) pursuit of the objectives, 4) ongoing evaluation of agency progress towards achieving them, and 5) periodic reflection on the relevance of the strategic plan. The cycle will repeat itself many times in the life of an
organization. Preliminary measurement gives an agency its bearings and continuous evaluation provides valuable feedback to its leaders and members.

**Organizational Self-Assessment Tools**

We observe that many of the tools that are available to appraise organizational cultural competence do not have demonstrated reliability and validity. Some efforts have been made to create psychometrically sound instruments (Mason, 1995; 2000; Topolski & Evenson, 2001), but thus far, there are no multicultural organizational assessment tools available, which measure MOD constructs and clearly meet the standards of the field of psychology. We do believe, however, that the tools that are available can be quite useful. Their strengths parallel those of a good clinical assessment. Knowledgeable, experienced, and skilled educators, researchers, and professionals have combined their expertise to formulate assessment tools, which give agencies an informed starting point as well as a vision for where they would like to go. Here are some worthy examples:

**Child Welfare League of America**

*Cultural Competence: A Guide for Human Services* (Nash & Velázquez, 2003) is delightfully readable and will provide you with an introduction to essential concepts and strategies for increasing your agency’s cultural competence. The Cultural Competence Self-Assessment Instrument (Child Welfare League of America, 1993) invites respondents to provide scale ratings (0 for no progress, 1 for some progress, and 2 for substantial progress) and narrative responses to open-ended questions about Valuing Diversity, Documents, Governance, Administration, Program & Policy Development, Service Delivery, and Clients. It includes recommendations for strategic planning, especially the designation of responsibilities among agency personnel and committees for administration of the assessment process.

**La Frontera**

*Building Bridges: Tools for Developing an Organization’s Cultural Competence* (La Frontera, 1995). This tool is built on a developmental model of organizational cultural competence that resembles Cross et al. (1989). Use of this tool results in numeric scores that correspond to six stages of cultural competence: 1) Seeks to Destroy Other Culture, 2) Cultural Incapacity-adopts paternalistic posture, 3) Cultural Incapacity-seeks to assimilate differences, 4) Cultural Pre-Competence-realizes weakness & makes commitment to improve, 5) Culturally Competent-respectful, accepting, self-monitors, and 6) Takes Advocacy & Educative Role. Respondents situate their agency in one of these stages by matching their agency’s characteristics with sets of descriptors from each of the following domains: Organizational Environment, Public Relations/Working with the Community, Human Resources, and Clinical Issues. The manual includes a sample action plan.

**Performance Indicators**
Systems of Care Model

The **Systems of Care Model** (Jordan, 1997, 1998; Jordan & Hernandez, 1989) provides multi-agency collaborations with general performance indicators that are either present or absent in an agency and associated with each level of the Cross et al. (1989) continuum of cultural competence in the following assessment domains: risk pools and targeted populations, system goals, partnerships, services, and education. This model provides systems of care with an overarching framework for ascertaining their developmental level. The system itself is required to conduct its own self-assessment in each of these areas. The results can then be used to place the system somewhere on the Cross et al. developmental scheme (see Jordan, 1997 for details.) This assessment framework may be adapted for use with individual agencies.

Health Resources & Services Administration, USDHHS

The Lewin Group (USDHHS, 2002) report entitled, *Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile* was developed from an extensive review of the cultural competency literature, interviews with experts, and consultation with the Health Resources and Services Administration (HRSA) Cultural Competence Committee (HRSA/USDHHS, 2001)\(^9\). The report is built on existing resources like the *National Standards for Culturally & Linguistically Appropriate Services in Health Care* (CMHS/SAMHA, 2000; USDHHS/OMH, 2001) and focuses primarily on health care services, but many elements of it can be applied to individual mental health agency assessment and strategic planning. The assessment profile is organized by a 7x4x3 matrix of 7 assessment domains, 4 types of indicators, which are applied from 3 different perspectives. The assessment domains are (HRSA/USDHHS, 2002, pp. 5-6) (See Table 1):

\(^{9}\) The literature review and assessment profile is available at [http://www.hsra.gov/omh](http://www.hsra.gov/omh).
## ASSESSMENT PROFILE DOMAINS AND FOCUS AREAS

<table>
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<th>DOMAIN</th>
<th>FOCUS AREAS</th>
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| **Organizational Values:** An organization’s perspective and attitudes regarding the worth and importance of cultural competence, and its commitment to providing culturally competent care. | • Leadership, Investment and Documentation  
• Information/Data Relevant to Cultural Competence  
• Organizational Flexibility |
| **Governance:** The goal-setting, policy-making, and other oversight vehicles an organization uses to help ensure the delivery of culturally competent care. | • Community Involvement and Accountability  
• Board Development  
• Policies |
| **Planning & Monitoring/Evaluation:** The mechanisms and processes used for: a) long- and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal consumers; and b) the systems and activities needed to proactively track and assess an agency’s level of cultural competence. | • Client, Community and Staff Input  
• Plans and Implementation  
• Collection and Use of Cultural Competence-Related Information/Data |
| **Communication:** The exchange of information between the organization/providers and the clients/population, and internally among staff, in ways that promote cultural competence. | • Understanding of Different Communication Needs and Styles of Client Population  
• Culturally Competent Oral Communication  
• Culturally Competent Written/Other Communication  
• Communication with Community  
• Intra-Organizational Communication |
| **Staff Development:** An agency’s efforts to ensure staff and other service providers have the requisite attitudes, knowledge and skills for delivering culturally competent services. | • Training Commitment  
• Training Content  
• Staff Performance |
| **Organizational Infrastructure:** The agency resources required to deliver or facilitate delivery of culturally competent services. | • Financial/Budgetary  
• Staffing  
• Technology  
• Physical Facility/Environment  
• Linkages |
| **Services/Interventions:** An agency’s delivery or facilitation of clinical, public-health, and health related services in a culturally competent manner. | • Client/Family/Community Input  
• Screening/Assessment/Care Planning  
• Treatment/Follow-up |

*Table 1.* Lewin Group’s assessment profile domains & focus areas (USDHHS, 2002). Reproduced with permission from the Lewin Group.
The Lewin Group recommends that you use of four types of indicators when you are formulating your assessment strategy: 1) Structure, 2) Process, and 3) Intermediate Outcome, and 4) Output. Reports of the presence or absence of these indicators should be sought from each of three perspectives: 1) the organization, 2) the client, and 3) the community. The value of the Lewin Group’s approach lies primarily in its specificity. Agency leaders who want verifiable evidence of their progress will find this system to be useful in setting goals and measuring successes.

**SAMHSA/CMHS**

*Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups* (SAMHSA/CMHS, 2000) was collaboratively produced by the Center for Mental Health Services (CMHS), the Substance Abuse & Mental Health Services Administration (SAMHSA), and the U.S. Department of Health & Human Services. The book is designed for use in systems of care, but can easily be adapted for use in individual agencies. This is an excellent resource for applying metrics to the strategic planning process. It provides principles, standards, and context-dependent performance indicators for developing measurable goals in agency cultural competence planning, including changes in governance, outreach, linkages, evaluation, and human resources. The handbook poses clinical standards regarding access to services, assessment, treatment planning, case management, culturally responsive communication, and self-help. Finally, it includes specific standards for provider cultural competencies in four domains: knowledge, understanding, skills, and attitudes. This is an excellent resource for building an empirically driven cultural competence strategic plan.

Four national panels were convened by the Western Interstate Commission for Higher Education (WICHE, 2001) and CMHS to designate and publish ethnic-specific cultural competence standards for four major ethnic groups receiving managed care services in mental health (WICHE, 2001). Panels were convened regarding mental health services to the following populations: people of African descent in 1997, Asian and Pacific Islander Americans in 1997, Latino populations in 1996, and Native Americans in 1998. These standards were written for managed care, but can also be used to devise agency cultural competency plans. Each set of standards includes guiding principles, system and clinical guidelines, and recommended indicators and outcomes specific to the population for which it was developed.
Surveys

Mason, 2000

Mason (2000) constructed the Cultural Competence Self-Assessment Questionnaire (CCSAQ)\(^{10}\), which consists of two versions: one for service providers (79 items) and one for administrators (60 items). The instrument can be used to assess an agency’s strengths as well as its needs. There is a minimum amount of data available on its psychometric properties. Mason (1995) reported internal consistency coefficients of .80 or higher, for each subscale, which is acceptable. However, there is no information on inter-rater reliability or test-retest reliability. Items in the CCSAQ were developed from an extensive literature review and recommendations made by focus groups conducted with cultural competency experts. This strategy provides moderate support for the instrument’s content validity. However, there is no information on the strength of its criterion-related validity (Do high scores predict positive outcomes on measures of treatment efficacy?). Nor is there any information of the instrument’s construct validity, which raises definitional questions about what one means by “cultural competence”. Typically, construct validity is supported by evidence of convergent (e.g., the instrument is logically correlated with measures of similar or related constructs) and divergent validity (the instrument is un-correlated with unrelated constructs, like social desirability) (Anasasi, 1968). In our opinion, the instrument has descriptive value and when used ideographically, will likely reveal relative strengths and weaknesses within an agency, but is certainly not trustworthy enough to warrant comparisons across agencies unless more psychometric tests are performed.

Respondents reply to questions using a 4-point Likert scale. Agencies can administer the CCSAQ to personnel and obtain summary scores for each of the following scales:

Knowledge of Communities: …awareness of the respective cultural group, how they differ from the dominant culture, how they differ internally, and how they differ from non-mainstream cultural groups. Therefore, cultural beliefs, vulnerabilities, strengths, demographics, and contextual realities are of central focus. In particular, it is important for professionals and systems to understand issues and factors, which can preclude or support specific clinical or programmatic efforts respectively (Mason, 1995, p. 47).

Personal Involvement: …the degree to which professionals and other agencies demonstrate reciprocity to a given ethnic community or community of color. Much of the cross-cultural literature considers personal involvement as one of the highly effective methods of both learning about and showing respect for diverse communities (Mason, 1995, p. 48).

\(^{10}\) For information on the CCSAQ, contact the Research & Training Center on Family Support & Children’s Mental Health, Regional Research Institute for Human Services, Graduate School of Social Work, Portland State University.
Resources & Linkages: ... indication of the system’s ability to effectively utilize both formal and informal networks of support within a given cultural community to develop a comprehensive system of care. Such linkages with the various resources are often vital outlets for personnel recruitment, community education, and for obtaining demographic, theoretical, or philosophical perspectives of a given cultural community (Mason, 1995, p. 49).

Staffing: ...the recruitment and retention of diverse staff, preparation of new staff, training activities convened by the agency, and the various activities generally sanctioned by the agency to keep staff abreast of cultural issues (Mason, 1995, p. 50).

Service Delivery & Practice: This subscale is used primarily to evaluate the activities of service providers. It lists a number of suggested activities that exemplify one or several aspects of the cultural competence model (Mason, 1995, p. 51).

Organizational Policies & Procedures: ... various practices & procedures, which reflect culturally competent principles but have yet to be mandated by policy (Mason, 1995, p. 52).

Reaching Out to Communities of Color: ... outreach efforts and venues that may prove helpful to clients and communities of color... connections with individuals, agencies, and structures that work informally on behalf of children and families within a given cultural context. When appropriately engaged, culturally-sanctioned helpers, leaders, supporters, and ultimately networks can comprise highly effective systems of care at either the case or class levels (Mason, 1995, p. 53).

Topolski & Evanson, 2001

Topolski and Evenson (2001) sought to sharpen the reliability and validity of the CCSAQ. They used measures of internal consistency to eliminate extraneous items and created the Cultural Competence Self-Assessment Tool (CCSAT)\(^\text{11}\). This instrument closely resembles the Mason (1995) instrument, and actually consists of 91 items. This version also lacks psychometric analyses. Its strengths parallel the CCSAQ and it has some value as an ideographic descriptive tool.

Critical Questions

After you read this chapter, consider the following:

\(^{11}\) For information on the CCSAT contact James Topolski, Ph.D., Director of Evaluation, Policy, & Ethics, Missouri Institute of Mental Health, St. Louis, MO.
1. Did some of the focus group themes sound familiar to you?
2. Have you heard clients, colleagues, or associates express some of these same views?
3. What conversations have you had about the development of cultural competence at your agency?
4. How might you apply some of the insights reported by focus group participants to your own agency?

Given the Cross, et al. (1989) continuum ranging from cultural destructiveness, to cultural incapacity, through cultural blindness (mid-point) to cultural pre-competence, basic cultural competence, and advanced cultural competence…

5. Where would you situate your agency? Contrast your impressions with those of others in your agency.
6. What does your agency need to do to further enhance its cultural competence?
7. What is your role in your agency? How might you take advantage of your role to promote multicultural organizational development in your system?
8. Form a small discussion group and contrasting the models and themes described in this chapter with observations of your own agency’s multicultural organizational development or characteristics.
Chapter 2

Individual Cultural Competence

Critical Questions

Before you read this chapter, consider the following:

1. What does “cultural competence” mean to you?
2. What is your perception of how well you, as an individual, provide culturally competent services?
3. What are your strengths in this area?
4. What would you like to improve?
5. Who do you know who is outstanding in her/his ability to work in a culturally competent manner? What makes him/her outstanding?

Key Concepts & Definitions

Culture

Seems to refer to learned or acquired behaviors or traits attributable to the socialization experiences resulting from membership in particular systems or institutions within a society (Helms, 1992, p. 1092).

Refers to the way of life of a people and includes tools or methods by which they extract a livelihood from their environment” (Hernandez, Isaacs, Nesman, & Burns, 1998, p.1).

Can be [broadly] defined as ways of living or people’s approaches to living and interpreting their environment (Hernandez, et al., 1998, p. 1).

Cultural Competence

The capacity to work within a context of culturally integrated patterns of human behavior as defined by the group (Cross, et al., 1989, p. 3).

A set of congruent behaviors, attitudes, and policies that come together in a system or agency or among individuals that enables them to work effectively in cross-cultural situations (Jordan, 1998, p. 49).
Multicultural Counseling & Psychotherapy

Multicultural counseling and therapy (MCT) is a metatheoretical approach that a) recognizes that all modes and theories of helping arise from a particular cultural context, b) refers specifically to a helping relationship in which two or more participants are of different cultural backgrounds, c) includes any counseling combination that fulfills the definition of 'culture', d) recognizes the use of both Western and non-Western approaches to helping, e) is characterized by the helping professional's culturally appropriate awareness, knowledge, and skills (Sue, 1995; Sue, Arredondo, & McDavis, 1995; Sue et al., 1998, p. 12-13).

INDIVIDUAL CULTURAL COMPETENCE

The following section refers primarily to defining and developing cultural competence among direct service providers (e.g., therapists, case managers, parent educators, family advocates). However, the principles and practices for developing this type of individual cultural competence can be extrapolated to people working in any agency role (e.g., leadership, board members, support staff members).

The catalysts for increased cultural competence in the provision of counseling and psychotherapy services, in particular, have come from three sources (Sue, et al., 1995, pp. 624-631):

- Ongoing cultural diversification of the U.S. population
  - Led to increases in culturally-responsive services and more diverse personnel
  - Drew attention to the history of ethnocentric monoculturalism in the training of mental health professionals
  - Prompted challenges to traditional theoretical hegemonies
  - Sparked the inclusion of culturally-specific healing methods

- The sociopolitical realities of oppression and its impact on the epidemiology and treatment of family dysfunction and mental illness
  - Led practitioners to broaden their case conceptualizations and include systemic factors (e.g., racism) and to expand their roles to include advocacy

- The multicultural revolution in psychology
  - Shifted practitioner perspectives from individually-focused and pathologically-minded to family-centered and strength-based forms of treatment

12 Calls for increased multiculturalism are resounding in the fields of counseling (see Lee & Walz, 1998) and social work (see Green, 1999) as well.
Multicultural Competencies & Standards

Multicultural counseling and therapy (MCT) can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems (D.W. Sue, in press as cited by D.W. Sue & Sue, 2003, p. 16).

According to Sue and Sue (2003, pp. 19-23), the culturally competent provider works towards three primary goals: 1) multicultural awareness of ones own assumptions, values, and biases, 2) knowledge of the client’s cultural world view, and the sociopolitical context in which services are being delivered and 3) the ability to develop and implement culturally appropriate intervention strategies and techniques, including intercultural communication skills, multicultural case conceptualization ability, culturally-responsive treatment planning, and advocacy for clients (see Figure 1).
Culturally Competent Client Services Built on:

- **Ability to establish a multicultural counseling relationship with clientele** (Sodowsky, 1996)
  - Counselor models multicultural attitudes & behaviors
  - Demonstrates positive racial/ethnic identity
  - Creates a bi-cultural/multicultural counseling process
  - Fosters positive racial/cultural identity development (RCID) in clients

- **Skills: Developing and using appropriate**
  - Communicates respect
  - Shows personalized perceptions & knowledge
  - Displays empathy
  - Tolerates ambiguity
  - Demonstrates reciprocal concern

- **Assessment, diagnosis, & case conceptualization** (Constantine & Ladany, 2000)
  - Comprehend and integrate the impact of various cultural factors on a client’s presenting concerns. Articulate an appropriate treatment plan based on this knowledge

- Treatment/service planning and goal setting
- Interventions and techniques
- Case management
- Supervision

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**Figure 1.** Steps towards increased individual cultural competence.

**Awareness** refers to awareness of one’s own assumptions, values, and biases (Sue, et al., 1998), especially awareness of one’s own:
- Culture
- Cultural Identity
- Worldview
- Prejudice
- Privilege
- Oppression

**Knowledge** refers to knowledge of the culture and worldviews of agency clientele, including the impact of the following in the client’s identity, resources, and experiences:
- Race/ethnicity
- Gender
- Sexual Orientation
- Class
- Religion/spirituality
- Age
- Ability/disability
We assert that provider awareness and knowledge form the basis for cultural competence. They are necessary conditions for the formation of an effective multicultural counseling relationship (Sodowsky, 1996) or working alliance (Constantine & Ladany, 2001), the accurate formulation of a multicultural case conceptualization (Constantine & Ladany, 2000), and the appropriate construction and implementation of a culturally responsive treatment plan. According to Fuertes and Ponterotto (2003, p. 55-56), culturally competent providers:

- Are able to establish the core conditions in counseling, regardless of their preferred theoretical and technical conditions in counseling.
- Are able to establish rapport and working alliances with their clients.
- Can heal ruptures in the alliance.
- Are open to criticism from or to being tested by the client.
- Can establish goals and formulate tasks with the client.
- Are able to communicate openness to and are able to discuss issues associated with gender, race, ethnicity, culture, socio-economic background, sexual orientation, and other human diversity factors with their clients.
- Can sensitively process differences in race and culture.
- Are able to name or identify for their clients experiences that may be of a racist or oppressive nature.
- Are able and willing to modify their theoretical and technical styles and/or interventions to meet the client psychologically, including knowing when not to discuss race or salient cultural differences with their clients.
- Are able to continually evaluate the process of counseling, the progress being made on mutually agreed upon goals, and the quality of the relationship with their clients.

**DEVELOPING INDIVIDUAL CULTURAL COMPETENCE**

How do culturally competent providers achieve the necessary level of awareness, knowledge, and skills? What academic courses did they take? What experiences have they had? What kind of supervision have they received? What sort of lives have they led?

Unfortunately, the path to increased individual cultural competence is not as well illuminated as the one towards increased multicultural organizational development. There is an extensive literature, which aims to define culturally competent counseling and psychotherapy (ACA, 1992; APA, 2003), the core components of effective multicultural graduate psychology programs (Ponterotto, Alexander, & Grieger, 1995; Vasquez & Garcia-Vasquez, 2003), and the relationship between the providers' multicultural competencies and psychotherapy outcome (Constantine, 2002; Pope-
Davis, et al., 2002; Roysircar, Hubbell, & Gard, 2003), but there is little guidance as to how to promote cultural competence and its development outside of a university setting. In fact, there is often reluctance and/or outright resistance among licensed mental health professionals to attending continuing education courses on cultural competence (Parham & Whitten, 2003).

Given these circumstances, how can agency leadership cultivate provider awareness, knowledge, and skills once they’ve been hired? How can motivated providers continue to develop their cultural competence while on-the-job, possibly working with colleagues who do not embody cultural competence to a similar degree? Fortunately, we asked members of our project focus groups these questions and a consensus readily emerged.

Cultivating Individual Cultural Competence: Collective Wisdom from CALM & FSA Focus Groups

The subset of 5 heterogeneous and 2 service provider focus groups, which was coded for themes related to participants’ perceptions of agency cultural competence, was also coded for their perceptions of individual cultural competence. We asked focus group members specific questions about defining and developing multicultural competence as service providers. The concept of “service” was broadly conceived and included the work of leadership, administrators, support staff, clinicians, case managers, and family advocates. Here is a sample of our questions:

- When you hear the words “multicultural competence” what comes to mind?
- What are some characteristics/qualities of an individual who has a demonstrated commitment to multiculturalism?
- What steps should an individual take to develop multicultural competencies?
- What steps have you taken to become more culturally competent?
- What makes this task challenging for you? Examples?
- What do you need to support your continued multicultural development?

Focus group participants offered the following perceptions of culturally competent individuals:

**Theme One: Culturally Competent Service Providers are Aware**

The focus group participants described culturally competent service providers as people who are:

- Aware of the impact of their personal histories on the work they do.
- Able to acknowledge that developmental experiences have had a lasting impact on their work as providers.

These characteristics support one’s commitment to multicultural service delivery and enhance one’s awareness. For example one participant said:
I’m White but I’m also Latina. I was brought up in the south and I can remember my church going and we made a circle in front of a restaurant that didn’t serve Black people and my best friend came up and spit in my face. I mean, I really have some strong stories from growing up that made me really sensitive to differences and my family educated me that way as well. I was 24 before I came to California and found out that speaking two languages was a negative thing for some people. I had been brought up [to believe] that it was positive (Anglo female service provider).

Another participant said:

I grew up here and I think I, first of all, I have to learn how to love my own culture because coming from a different culture and then coming to America and not even knowing the language and coming into a school that was English-speaking pretty much and being made fun of. It’s very humiliating.

As I think back, I really didn’t think that highly of myself or my culture around that time. I didn’t want to be Mexican. I didn’t. They made me not want to be Mexican. And I’m saying “they,” [as] whoever made fun of me because [I was from] a different culture. My mom used to braid my hair and my mom used to dress me differently. It was just different and it was okay over there, but then coming over here it was not okay.

Then finally I went to junior high school and I kind of got into... I met someone who really was proud of his culture and he used to be called Chicano and he was like, “Yeah, Chicano this and that,” and I got really into it and I really got to learn my culture. I learned a lot of things that I didn’t know about that made me really proud and going into high school I was really proud. I was really proud and I respected other people, too. I got to be with different people: Black people, White people, Asian people and I respected everybody. Why? Because I think I initially learned to respect myself, my culture and to honor it and to love it and to accept myself for who I am. I kind of learned to accept other people, too, for who they are. I think that’s my thing (Latina service provider).
Another participant said:

It’s something that I wonder about a lot. I was born in the late 30’s and in the deep South…a single mom. I was the fourth of four children; depressed mother; very much gone. And in essence the first two years of my life, probably, I was raised by … my Black nanny (appears teary). And I lived in a culture that wouldn’t let her really be who she was and that soaked into me very deeply and I was walked out of the culture early enough that I could hold on to her. And it affects my work, I’m sure. And I wonder about that a lot …That’s very much alive (Anglo male service provider).

Finally, another participant offered:

[My father’s] 80. He moved to El Paso when he was a little boy so this is a different timeframe and a different location but he was ridiculed and he didn’t even want to go to school and the teachers made fun of him and used him as an example when he spoke Spanish. He had a horrible time. No drinking fountains, no public pools, back of the bus, all the crap that they had. So, he really (begins to cry) … that’s interesting. I feel sorry for my dad (laughs). And for all the people back then. But he didn’t want us to have that experience. He really said, “You’re not speaking Spanish.” There was no Spanish in the home. “We’re going to be speaking English only.” And then when we were older he apologized to us (crying as she speaks). He realized that he had missed the boat (Multiethnic service provider).

Theme Two: Characteristics of Culturally Competent Service Providers

The focus group participants described culturally competent service providers, as people who are:

- Respectful, nonjudgmental, accepting, sensitive
- Open & nurturing
- Compassionate
- Understanding
- Curious, want to know, interested
- Patient & committed
- Relaxed
- Crave harmony
- Passionate, want to learn
• Are capable of multicultural empathy and comfortable with cultural differences
• Are aware
• Have cultural knowledge within-group differences
• Able to relate to different cultures
• See universal commonalities and "go beyond boundaries".

For example, one participant said:

_It's just a sense of awareness beyond boundaries; beyond personal boundaries, beyond national boundaries, beyond our professional boundaries, in all planes of existence (Latina service provider)._ 

**Theme Three: Culturally Competent Service Providers are Willing to Take Risks**

Focus group participants also told us that culturally competent providers are willing to take risks in the work they do by:

- Really listening
- Being secure in their knowledge of themselves as cultural beings
- Taking chances
- Conveying a willingness to learn
- Demonstrating humility
- Not being afraid

**Theme Four: Culturally Competent Service Providers Take Advantage of Experiential Opportunities**

Participants described culturally competent personnel as people who immerse themselves in other cultures where there is:

- A need to learn
- A high degree of personal involvement
- An opportunity to get experience

For example, one participant said:

_I think maybe willing to step in and try different experiences. I mean, to participate in activities with a different culture, or to really get in the mix because that's really the only way you're going to learn about a culture. I think involving yourself in it as much as you can. That’s a good way to do it (Multiethnic female service provider)._
Theme Five: Culturally Competent Service Providers Respond to Learning Opportunities with the Following Behaviors

- Seek out educational experiences
- Reading
- Learn how to love my own culture
- Acknowledge our biases
- Getting together & talking
- Observing & listening
- Asking a lot of questions
- Asking people for help
- Therapist stretches (rather than client)
- Taking chances
- Exercising humility
- Being vulnerable
- Taking those hits (accepting client feedback)

Theme Six: Focus Group Participants Emphasized the Value of Cultural Immersion in Developing Cultural Competence

One participant said:

...You can learn a lot from being immersed. You have to force yourself to go that extra mile with that family and say, “Listen, here’s the situation, let’s figure out how we can work together,” but I would like to have more training because it can start out with one [event] and [then] there can be follow up. It’s kind of acknowledging that it’s a process. Everything is a process. Ideally you would have the possibility of a discussion group you know? It could come in different forms. It could be a discussion group. It could be a focus group. I mean [focus groups] are great ways to learn about each other and our microcosm. I’m sure we’ll all be thinking about this and somehow it will reflect in the work that we do. It can’t help but do that. I really work well interacting with people, so that’s the thing that I would need (Anglo female service provider).

Another participant said:

One thing that came to mind to me [was] when you talked about immersion: I thought about the intensive in-home therapy and how it
would be a wonderful [way to train]. Also it ties into my idea of a training center, which is to have everyone do some kind of a rotation in the intensive in-home manner. That is the way to give them, to give interns, an important vital piece of what we do here; [also] for every staff member (Latina Administrator).

Lastly, a participant offered:

So what is difficult is [that] we all have different levels of knowledge about different issues because, for example, I work at a school, and I work around certain issues and someone else might not ever encounter that. So, training would be really hard on that particular topic because I would know a lot more than the person next to me and that could get difficult. I think if you have a work place that really values the diversity... like consciously creating a diverse group of workers, and then [you need to] create this kind of environment where people really could interact.

Like for example making those trainings around this ropes course kind of thing, or just, where you’re really interacting, where you really have a reason to talk to somebody about something, because [otherwise] people just like to go into their own group. [They like to be with] who they know, where they feel safe. Creating an environment where we would be partners in something. I would like to see that, like those kind of team building, community building, experiential things that they try to do nowadays in organizations.

I think that, helping people come together, literally helping them come together, is going make a big difference in the organization, and not just all of us sitting together and socializing, but actual planned activities where you’re interacting with somebody who …already has a certain knowledge and the other doesn’t. You’re not trying to train around an issue. You’re trying to create an experience where you really can get to know a co-worker (Anglo female service provider).

Theme Seven: Focus Group Participants Requested Ongoing Experiential Training for Building Cultural Competence

Many participants requested ongoing experiential training. For example, one participant said:

You know it reminds me of something that I think, my supervisor was talking about, or I might of heard part of it and
just ran with it in my head, but, I think she was saying that next year we might do some kind of partnering up, and I think it would be a great idea. For example, I might partner up with an advocate, go to a school and see what the advocate’s doing, or go to the other school and work with the counselor, and spend, the day with the counselor... there’s something there that could go beyond the hour[-long] trainings (Anglo female service provider).

Another participant requested:

I’d like to see cultural sensitivity training for staff, and that could go on forever (Anglo female service provider).

Also, there was a request for:

…more empathy building exercises around multiculturalism for staff on an ongoing regular basis (Latina service provider).

Recommendations for Cultivating Individual Cultural Competence

As the focus group discussions unfolded over time, it became apparent to us that there is an implicit model of change embedded in the collective wisdom of the respondents. We theorize that Personal Attributes interact with Experiential Opportunities and Individual Behavior to foster Adaptive Work, which in turn, results in Increased Multicultural Competence (see Figure 2).

Focus group participants reported that a willingness to be vulnerable and to risk engaging with clients and colleagues about cultural differences are crucial for developing cultural competence. In addition, many participants talked about the importance of immersion experiences. Rather than just reading a book, seeing a movie, or sitting in a workshop to learn about cultural differences it is more beneficial to participate in multicultural experiences.

For example, interactive training experiences were reported to be more valuable than passive forms of education. In fact, a consensus emerged across all 15 focus groups, that training, as it is traditionally offered (e.g., a workshop) is helpful and desired, but not a sufficient strategy for increasing the cultural competence of service providers. Participants reported that ongoing multicultural dialogues and discussions, consultations about clients, and other activities that were experiential and interactive seemed to be the more beneficial to them. They still want the cultural knowledge that can be gained through traditional approaches to training. However, they also want ongoing opportunities to deepen their learning with one another.
Figure 2. Developing Individual Cultural Competence: Collective Wisdom from Seven Focus Groups
Service Providers & Adaptive Work in Mental Health Agencies

Working with culturally diverse populations in a mental health agency requires providers to step beyond the limits of their training and engage in adaptive work (Heifetz, 1994). They are constantly balancing on a fulcrum that they situate somewhere between the culture of the client and the mental health culture. The tensions that exist between these two communities are inevitable. For example, there is a tension between:

- The cultural stigma of mental illness and the pathology-centered systems of mental health service delivery and multicultural construction of family-centered and strength-based services.
- Respect for elder clients and challenging or tolerating their prejudice (i.e., racism, sexism) in relation to service providers.
- Individual client needs and service availability (e.g., a black client who declined participation in an all-white therapy group, which was the only one available).
- Individual and group differences among clients. (Providers don’t want to “pigeon hole” clients by imposing stereotypes on them, but they do want to be informed about cultural norms so as to increase access and provide acceptable and effective forms of treatment.)
- The client’s language and the language of available resources & services.
- The client’s cultural construction of the “problem” and the agency’s mental health definition of it.
- The client’s customs regarding child rearing, gender roles, family hierarchies, spirituality, healing practices, and the customary treatment methods of Eurocentric forms of therapy and their associated treatment strategies.
- Cultural differences in expectations about physical contact and gift-giving between the provider and client and the agency’s prohibitions against touching and receiving gifts.
- Disparities in levels of acculturation between the provider and the clients (Korbin, 2002).
- Presumptions that a provider’s shared racial/cultural identity is sufficient preparation for cross-cultural work and the reality that multicultural competence requires some degree of preparation and ongoing education for service providers.
- Cultural and generational differences between the provider and client.

We observed that culturally competent providers are able to learn-as-they-go so that they can create a constructive therapeutic response in the midst of these tensions. This learning occurs not only in situ, with clients, but within the full context of all of their agency work.
Creating Culturally Competent Clinical Services:
Special Recommendations from Clinician-Only Focus Groups

We conducted two focus groups, one from each agency, consisting solely of direct service providers. Fourteen culturally diverse men and women, with an average of five years of professional experience at either CALM or FSA\textsuperscript{13}, shared their expert opinions on the multicultural aspects of: accessibility of services, program development, referrals to their agencies, assessment, diagnosis, treatment and/or program implementation, evaluation and supervision. According to focus group participants, culturally competent mental health agencies:

• Offer a broad array of client services
• Are accessible
• Are offered on a sliding fee scale or free
• Provide clients with transportation
• Provide clients with childcare
• Hire Spanish-speaking personnel
• Provide culturally-responsive treatment
• View culture as including, but not limited to language
• Are client-centered
• Attend to the social, economic, and political contexts of service delivery

For example,

\textit{…in treating any client from a different culture, take their culture into consideration. I think [that awareness] needs to be present all the time. For instance, we do know that if you get a Black male coming into therapy, it has been shown that they have this fear of being labeled so therefore out of that fear they don’t stay in therapy for a long period of time. And I’m finding the same also applies to Hispanic men. I do not have the research in regards to why they’re not [in therapy], but I can see why they would not [want to be because I] have an idea of the culture, the machismo…So I have to take that into consideration and therefore the way it affects me is more of “How am I going to relate to them now so I can help them with that fear they’re having?” (African American service provider)\textsuperscript{13}}

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\textsuperscript{13} Many of the focus group participants had many more years of experience than were reported here. We asked them how long they had worked at CALM or FSA. Many of them had worked in other clinical settings prior to assuming roles at either of these two agencies.
The focus group data told us that culturally-responsive treatment requires:

- **Balancing**
  - Cultural differences & individual differences
  - Cultural differences & similarities between provider & client
  - Euro-centric models with culturally-responsive interventions

- **A therapeutic stance which reflects a therapist’s**
  - Willingness to learn from client
  - Awareness of one's own limitations
  - Ability to adapt to client’s needs
  - Ability to discuss cultural differences between therapist & client
  - Ability to abide by cultural protocols

- **Bicultural bilingual providers (Spanish)**

- **Flexible roles-regardless of job title, providers serve as:**
  - Advocates
  - Liaisons
  - Interpreters
  - Case managers

- **An ability to join with clients by:**
  - Collaborating
  - Participating
  - Validating

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**Measures of Individual Cultural Competence**

Measuring a service provider’s cultural competence is a challenging prospect for agency leadership, managers, and supervisors. Providers can be very sensitive to what they perceive as negative or unfair appraisals of their cultural capabilities. The interpersonal dynamics of the provision of human services complicates the evaluation process. It would be easier to evaluate personnel, if all you had to do was count how many clients were served or how many pages of case notes were written. These are objective measures of performance. Cultural competency is far too complex to measure in this way.

The potential for interpersonal conflict in this area might lead supervisors to avoid appraisals of cultural competence. However, it’s clear, from our conversations with service providers that they want to become culturally proficient and that their commitment to client welfare will carry them through difficult dialogues about their multicultural competence. Building on strengths is at the heart of multicultural service delivery and we recommend taking this approach when working with supervisees.

An agency's need for individual assessment may be driven by a number of purposes: 1) to aid in the hiring process, 2) to evaluate performance, 3) to develop individual learning goals, 4) to meet regulatory requirements for culturally competent standards of care, 5) to support multicultural grant proposals, and 6) to conduct
research on the relationship between culturally competent services and treatment efficacy, just to name a few. The successful pursuit of these aims requires the use of an objective measure of cultural competence that has a demonstrated relationship with client benefit.

Unfortunately, there are currently no well established objective measures of individual cultural competence (Ruelas, 2003). The most frequently tested instruments rely on self-report and are subject to bias by the respondent’s implicit or explicit effort to answer questions in socially desirable ways. These are: The Multicultural Counseling Awareness Scale, Form B (MCAS-B) (Ponterotto, Sanchez, & Magrids, 1991), the Multicultural Awareness-Knowledge-Skills Survey (MAKSS) (D’Andrea, Daniels, & Heck, 1990), the Cross-Cultural Counseling Inventory-Revised (CCCI-R) (LaFromboise, Coleman, & Hernandez, 1991), and the Multicultural Counseling Inventory (MCI) (Sodowsky, Taffe, Gutkin, & Wise, 1994). It has been suggested that self-report measures actually reflect a service provider’s self-efficacy in relation to multicultural service delivery rather than their actual abilities (Ruelas, 2003).

The good news is that these self-report measures have acceptable psychometric properties and are sensitive to self-perceived changes in multicultural competence in one or more domains: awareness, knowledge, skills, and relationship. Some authors (Ponterotto & Potere, 2003) strongly caution against using their instruments for performance evaluation and other personnel decisions. We support this assertion. However, these instruments might be quite useful for assessing training needs and evaluating the impact of robust educational experiences (e.g., ongoing training in culturally competent counseling & psychotherapy).

A tool that might be particularly useful for assessing training needs is the California Brief Multicultural Competence Scale (CBMCS) (Dana, Arellano, Morrow, & Chin, 2002). This is a 21-item questionnaire that can be administered to a group of staff members in order to determine the areas in which they believe they need more training, specifically in their ability to work effectively with multicultural populations, including people with disabilities, poor socioeconomic backgrounds, the elderly, and lesbian and gay clients. The measure results in standardized scale scores on Knowledge, Awareness, Sensitivity, Non-Ethnic Ability, and a Total score.

There are two alternatives to relying on self-report measures: 1) appraising a provider’s multicultural case conceptualization ability (Ladany, Inman, Constantine, & Hofheinz, 1997), and 2) multicultural portfolios (Coleman, 1996; Coleman & Hau, 2003). Multicultural case conceptualization ability is evaluated by rating a provider’s responses to a standardized multicultural vignette. The vignette is evaluated for the degree to which a respondent identifies cultural issues related to etiology and treatment (Ladany et al., 1997). While this measure has been used mostly to evaluate the impact of multicultural training programs, it might also have some value as a selection tool.

Multicultural portfolios offer agency leadership an individualized way of appraising the cultural competence of its direct service providers or other personnel.
This approach to assessment has also been used primarily in graduate training programs. Portfolios are “a purposeful collection of trainee work that tells the story of the student’s efforts, progress, and achievement in a given area” (Arter & Spandel, 1992, p. 3). Supervisees could be asked to provide exhibits of their work that reflect their increasing cultural competence (e.g., videotapes of client sessions, case notes, assessment reports, program implementation notes, written commentaries). The advantage of this approach to assessment is that it promotes reflection on practice (Jarvis, 1999) and critical thinking.

The research on the relationship between these self-report measures and psychotherapy outcomes is still nascent. We encourage agencies that are interested in studying the relationship between culturally competent service delivery and treatment efficacy to collaborate with research institutions. This is the approach that has been taken by CALM and FSA.14

### Critical Questions

After reading this chapter, consider the following:

1. **If you are a service provider**, what is your perception of your ability to: a) demonstrate awareness of your own culture, cultural identity, worldview, prejudice, privilege, and experiences of oppression, b) acquire and apply knowledge of multicultural communities, c) establish a multicultural therapeutic relationship, and d) develop and use culturally appropriate therapeutic skills?

2. **If you are an agency leader**, how can you use the employee selection process to identify potential employees who demonstrate cultural competence or have the ability to develop their competencies?

3. What kind of training might you seek or design if you wanted to enhance the cultural competence of your agency’s providers?

4. What kind of training and support do you need to enhance your individual cultural competence?

5. What are the ways are your experiences or perspectives similar to or different from the experiences and perspectives of the focus group participants quoted here?

6. What did you learn about yourself by reading this chapter?

7. What kind of experiential opportunities do you have or could you create in order to engage in “adaptive work” and increase your multicultural competence?

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14 Both organizations have a long history of collaborating with local universities or national agencies and using sophisticated methods to evaluate the efficacy of their services. Ongoing assessment is a hallmark of Basic Cultural Competence (Cross et al., 1989).
Chapter 3
The Process of Change: Systemic Elements & Dynamic Processes

Critical Questions

As you read the following chapter, consider the following:

1. What is your agency’s mission?
2. What are your agency’s core values?
3. What kind of descriptors would you use to describe your agency’s identity?
4. Think about the ways in which you see each of the CINCO elements in your agency. How are the elements expressed in your agency?

A Systemic View of Multicultural Organizational Development in Mental Health

The process of change can be utterly mystifying. Service providers, agency leadership, organizational development specialists, multicultural educators and researchers, and advocates for social justice are all searching for greater insight into systemic change. We examined agency documents, administered surveys, and conducted intensive focus groups in a combined effort to catch a glimpse of *how* FSA and CALM had shifted their agency cultures, policies, and practices in an effort to move towards greater cultural competence. We also sought focus group participants’ collective wisdom on the steps that an individual or agency needs to take to increase their cultural competence. We thought that it was important to surface the intangibles; the elements and processes that support change. Much like Roger’s necessary and sufficient conditions for individual change in a therapeutic setting (1957), we uncovered five essential elements that support systemic change efforts in mental health organizations.

The creation of our model of multicultural organizational development was sparked by the enthusiasm of CALM & FSA personnel. Agency leadership, service providers, and administrative staff spoke passionately about their commitment to the welfare of their agency’s clientele and the many ways in which they embodied or wished to embody cultural competence. Their revelations provided us with the building blocks for change, which we call *Systemic Elements*. These elements include: **Capability, Integrity, Necessity, Contact, and Organizational climate** (CINCO). Hence, we named our model CINCO Elements; the five elements of systemic change (see Figure 3).
Figure 3. The CINCO Elements.

**Capability**: Agency seeks opportunities to express its capability and fulfill its capacity for growth

**Integrity**: Agency nurtures congruence for itself and agency personnel

**Necessity**: Agency motivated by necessity to fulfill its commitment to client & community welfare

**Contact**: Agency promotes interpersonal contact among its personnel and with the community

**Organizational climate**: Agency cultivates a climate that supports development of itself, personnel, the community, and larger society

**The Nucleus** is comprised of the agency’s identity (mission) and core values.
What agency personnel could not tell us exactly was how the systemic elements work in concert to foster an organizational climate that elicits and supports the multicultural development of individuals and the agency as a whole. Their change process did not proceed in linear steps, but instead appeared to flow from the interplay of the CINCO elements. So, we looked to the literature on leadership and change for concepts that would tie the systemic elements together and we discovered remarkable similarities between the process of change, which we observed at CALM and FSA, and Margaret Wheatley’s conceptualization of organizations as living systems (1999, p. 15):

*Our concept of organizations is moving away from the mechanistic creations that flourished in the age of bureaucracy. We now speak in earnest of more fluid, organic structures, of boundaryless and seamless organizations. We are beginning to recognize organizations as whole systems, construing them as ‘learning organizations’ or as ‘organic’ and noticing that people exhibit self-organizing capacity. These are our first journeys that signal a growing appreciation for the changes required in today’s organizations. My own experience suggests that we can forgo the despair created by such common organizational events as change, chaos, information overload, and entrenched behaviors if we recognize that organizations are living systems, possessing the same capacity to adapt and grow that is common to all life.*

The dynamic interplay of the CINCO elements is difficult to describe precisely. We believe that this is so because the journey to the outcome, which is culturally competent services, is the product of “relational holism” within agencies (Wheatley, 1999, pp. 10-11). According to Wheatley (p. 110), “One of an organization’s most critical competencies is to create the conditions that both generate new knowledge and help it to be freely shared.” The capabilities and integrity of the people in the agency commingle and interact with both the organizational climate and the imperative for cultural competence to produce growth and development. “Whole systems are created by relationships among subatomic particles” (Wheatley, 1990, p. 33).

In the case of mental health agencies, the whole system is a multicultural learning organization and the subatomic particles are the qualities and actions of the organization’s members. The agency’s identity (or purpose) and its core values serve as the nucleus of the organization. The steps that an agency takes towards increased cultural competence are shaped by the agency’s identity and values.

Wheatley (1999) uses metaphors from quantum physics to illuminate her vision of an organization. It may be a big leap to describe multicultural organizational development using quantum physics, but the parallel is uncanny.\(^\text{15}\) Each of the

\(^{15}\) In quantum physics, the nucleus is further comprised of protons and electrons, which each consist of groups of three quarks! Quarks take us to string theory (Filkin, 1997) and we chose not to carry our metaphor this far. However, there is heuristic value in thinking of an agency as a subatomic system in which the most significant aspects of agency life and its capacity to learn is held in the relationships that people have with one another and in the cultivation of the five systemic elements.
elements we uncovered reflects structural features of the agency as well as relational (interpersonal/process) features of the way that people engage with one another.

**CINCO Elements: Assumptions of Our Model**

In order to determine the value of this model for your agency, first consider our assumptions.

**We assume that there is some degree of cultural diversity among your agency’s staff members.**

Heterogeneity is a vital part of constructing a multicultural learning organization. If your agency is mono-cultural, one of the first steps you need to take is to increase the diversity of personnel across all levels of your organization.

**We assume that your agency has one or more ties to the community.**

It is difficult to stimulate growth in insulated environments. Advisory boards, community collaborations, and community-based activities constitute learning opportunities. If these opportunities are absent from your agency, we recommend immediately building relationships that will foster inter-agency or agency-community interaction.

**We assume that increased awareness is necessary for individual and organizational multicultural growth and development.**

This assumption is a hallmark of humanistic psychology and one that was echoed by focus group participants who spoke sincerely and passionately about their ongoing commitment to multicultural learning.

**We assume that multicultural practitioners automatically develop three kinds of knowledge as they participate in their work life (Jarvis 1999): Content knowledge (acquiring information), process knowledge (developing skills), and tacit knowledge (cultivating artistry).**

On one hand, content and process knowledge are reportable and observable. For example, clinicians in our focus groups said that when working with Latino families it is important to respect the family hierarchy and to show respect for parents and elders. Their report of this information reflects *content knowledge*. One Latina service provider said that she achieved this by “seeing that parent alone and reinforcing and saying to them the things that will not undermine or humiliate or embarrass them in front of their children”. The skills she used when speaking with the parent alone reflected *process knowledge*.

On the other hand, *tacit knowledge* is invisible to the knower. It is so embedded in one’s experience that it is not easily articulated. It was difficult for this same
practitioner to describe *how and when* to show respect for Latino parents while simultaneously guiding them toward new parenting practices. She found that she had to use her judgment in the moment and she wondered if other people struggled with balancing these two therapeutic goals.

All three types of knowledge commingle with the practitioners’ values and beliefs. The benefits of content and process knowledge will be enhanced whenever there are opportunities to share tacit knowledge. These opportunities exist wherever there is a chance to balance action with reflection (e.g., in clinical supervision). Balancing action with reflection has the effect of increasing content knowledge (sharing information), building process knowledge (visible skills), and revealing tacit knowledge (the artistry of service provision).

CINCO Elements: Propositions

*We propose that learning is a recursive dynamic process that can be enhanced by the presence and cultivation of the CINCO elements.*

*We propose that the surfacing of tacit knowledge benefits the individual and the agency.*

The revelation of tacit knowledge can be used to enhance practice. When providers share their experiences the system has an opportunity to benefit from the collective wisdom of its personnel. The greatest benefits are likely to be gained when this wisdom is disseminated across all levels of the organization to the extent that it’s appropriate (e.g. front line staff describing client needs to board members). The dynamic exchange of perspectives and experiences among personnel and between the agency and the community stimulates further growth.

CINCO Elements: The Nucleus

The CINCO elements flow around a nucleus. The nucleus is comprised of the agency’s identity and core values. We observed that an agency’s identity seems to determine the way in which it responds to environmental imperatives. An agency’s identity can be used to foster or hamper change. For example, the leadership at both CALM and FSA used facets of their agency’s identities to support change within their

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16 In the Santa Barbara community, bi-lingual usually refers to English- and Spanish- speaking capabilities.
organizations. They combined an assessment of the community’s needs, with the agency’s overarching sense of purpose (as expressed in their mission statements), to set their goals for multicultural organizational development. By blending their awareness of their clients’ need for culturally competent systems and services with the agency’s purpose story, they were able to overcome some of the usual reluctance that is seen in human service systems facing significant structural and functional changes.

Likewise, an agency’s mission statement can be used to deter movement along the multicultural continuum. When the executive director at FSA first received a charge from his board to increase the cultural relevance of its services to the Santa Barbara community, some staff members responded with the assertion that cultural outreach and in-home therapy were not part of the agency mission (Batty, 2003). If there had been a sufficient number of adherents to this interpretation of the mission and if the leadership had also held this view, then change would not have occurred at FSA. However, as it turned out, many of the people who held this viewpoint ended up leaving the agency because their perspective on the mission was so completely different from the vision of the executive director and board of trustees.

At the start of this study, neither FSA nor CALM specifically defined itself as multicultural per se, but each had come to embody multicultural principles and practices because these principles and practices were necessary for the fulfillment of their missions. FSA is in-community, which is an important part of multicultural service delivery and CALM is committed to providing effective treatment and reducing the deleterious effects of child abuse (in addition to prevention), which requires cultural responsiveness and easy access to services. Each of these agencies expresses a commitment to multicultural services in a language that is commensurate with its sense of purpose. Both CALM and FSA would look different if they were originally conceived as multicultural agencies. If this was true, their multicultural organizational development journeys would have taken very different courses.

Your agency has its own identity, which is in constant evolution, especially if it is responsive to the changing community needs. It’s the job of leadership to design and hold the purpose story of the organization, to direct the course of agency development, and create conditions that support the agency’s growth as a multicultural learning organization (Senge, 1990).

As your agency moves along the Cross et al. (1989) continuum (see chapter 1), its goals change, and in some instances, its identity will change. Agencies wishing to speed the development of their multicultural competencies might consider revisiting their purpose story and the identity that stands at the center of it. Reshaping the agency’s identity by revising the mission statement will enhance the organization’s abilities to make developmental shifts in its cultural competence.

Likewise, we assert that an agency does not need to change its purpose story in order to start or re-engage with the process of enhancing its multicultural capabilities. It may be beneficial to begin the goal setting and strategic planning process by tapping
into the ways in which agency identity and core values already embody multicultural principles. We observed that there is more than one entryway to increased multicultural competence. There are also, however, identifiable elements of agency life that need to be present in order to support an agency's capacity to function as a multicultural learning organization.

**CINCO Elements: Descriptions & Key Features of Each Element**

Results from our multicultural organizational assessments of CALM and FSA served as the foundation for our model of multicultural organizational development, which we call CINCO elements. We propose that the presence of these five elements is vital to multicultural organizational development in all mental health agencies. To create our model, first, we identified recurrent themes, which emerged from our data (e.g., document reviews, survey analyses, and focus group coding). The repeated themes appeared in one or both of the agencies and in one or more of the assessment modalities. Then we organized those themes into five dimensions: Capability, Integrity, Necessity, Contact, and Organizational climate. These dimensions are not listed in any particular order. Despite the temptation to create a hierarchy, we decided to stay away from rigid linear prescriptions for multicultural organizational development. Each element has three key features. These features are not meant to be exhaustive. They are simply expressions of each of the elements.

Your agency will pursue multicultural organizational development in its own way. Our systemic model is intended to be inspirational and flexible, and to engender creativity on the part of agency leadership. We hope that the model itself will stimulate innovation and help you create, launch, or enhance the cultural competence of your agency and its representatives.
Element: Capability

Capability refers to individual and agency qualities that are directly related to their capacity to learn and grow. A multicultural learning organization selects people who possess these characteristics and/or cultivates these qualities in its existing constellations of personnel. Capability is evident in three key features: 1) A Willingness to Risk/Trust, 2) Ability to Hold Ambiguity, and 3) Self-Reflection.

First Key Feature of Capability: A Willingness to Risk/Trust

For example, one participant said:

... A lot of our people here, for example, are people in general who are really interested in people of other cultures or in other places. It's not threatening not to speak another language. It's not threatening to come into the kitchen and have 6 people talking Spanish if you don't speak Spanish. There is a willingness to be different, which is very unique. It's really possible here, as an Anglo male, to be the different person in a room full of people, which is very unusual. ...

Another quality is people being interested in other people, embracing other people. There is a real capacity to reach outside of oneself and attempt to experience something different, another person’s experience (Anglo male service provider).

Another participant offered:

I know that I have tried to create a climate of trust among the team that I supervise so that they can be very open with one another about just even words that they use. [This refers to an example of a time when someone on staff used the word “spade” as part of an expression and an African American staff member stopped the group and said], “You know, maybe you need to know that this is offensive...,” and it was great that she felt comfortable enough to be able to make that clarification for her and I think that happens at various levels, among different people, especially in the smaller teams...(Latina administrator).
**Second Key Feature of Capability: An Ability to Hold Ambiguity**

For example, one participant said:

> [There is] a kind of willingness to make mistakes and make yourself vulnerable in the process of learning more and knowing more. There is a lot of sensitivity around multicultural issues and you know, if you are not willing to stick your neck out and ask questions or acknowledge the mistakes you have made when you do that, then it can stifle the growth process. I think [our agency] has a comfortable enough atmosphere around that people are OK to ask questions and get critical feedback and integrate [it] in a productive way rather than in a way where they would get defensive or hurt or something like that (Anglo male service provider).

**Third Key Feature of Capability: Self-Reflection**

For example, one participant said:

> You need to take it a step further and say, “OK, how am I?” Put yourself in that other person's shoes because you can say “Oh, in this culture we speak this dialect,” and [then another person] can say, “Oh, OK.” [You can ask], “What would it be like if I were in that situation, where perhaps I didn't speak Spanish or perhaps I was the only male?” Experience that for yourself. Because I think we hear the information here, but if we don’t take it inward then how effective is it? (Latina service provider)

Another participant said:

> I think one of the things that I am hearing is self-awareness. And I wonder. I see it sometimes as an obstacle or challenge because how many people are able to have that self-awareness and realize that yes, they have a bias? Or that yes, they are going to be vulnerable enough to allow themselves to be exposed to or learn [about] other cultures? So I think it takes self-awareness, but at a higher level. And I think it can be a challenge for those people who aren’t at that level (Latina service provider).
Element: Integrity

Integrity refers to individual and agency congruence or authenticity (Rogers, 1957). It is the degree to which a person’s cultural identity is integrated with her or his professional identity. Likewise, it is the degree to which an agency’s activities are reflective of its multicultural mission; however that mission is defined by the agency. A multicultural learning organization supports the illumination and expression of the cultural identities of its members through formal and informal dialogue, the sharing of cultural holidays and rituals, and other creative avenues. The integrity (or solidity) of a multicultural learning organization is enhanced by higher levels of interpersonal cohesion, which allows people to express who they are in their work. Integrity is evident in three key features: 1) Congruence/Authenticity, 2) Cultural Identity, and 3) Cohesion.

First Key Feature of Integrity: Congruence/Authenticity

The name of our agency, Family Service Agency, kind of says it all in itself. And to me [this applies to] everyone who works for Family Service Agency. We’re all connected in a way [because] we are here to serve the community and because we are worried about how families are interacting and how they are getting along in the community. We’re kind of like “family first” in the office. And I have to say that from my own personal experience (because I have had a really bad last two years) that I couldn’t have been in a better place to have such terrible experiences, but they helped me through it...They are my family and it is so cool and everyone in the office said, “Do what you’ve got to do” (Latina administrative staff member).

Our [service providers] do home visits and it’s always been our philosophy that we are a part of [the family’s] team. They’re not walking into our domicile, we are actually walking into theirs and that has been our philosophy in our home visits. I think that their success is that [the service providers] become part of the family and they learn what the family’s values [are] (Anglo female supervisor).
Second Key Feature of Integrity: Cultural Identity

I think for me [my cultural identity] comes from the frame of reference that it is. [It] is so [much a] part of my life and at the same time I’m so aware that it gives me roots, I [also] have different combinations of influences so I cannot assume that it makes me similar to the families that I work with. So for me it’s a dance, by my color, by my language, they relate. Yet my accent or my voice may be different. So I dance with them to learn from them... So, to me it’s quite fascinating because it’s always a learning experience and the basics that I have may promote joining more quickly and yet I cannot assume [that’s true]. It’s always a learning opportunity to find the commonalities; the places that I can reach with them (Latina service provider).

Third Key Feature of Integrity: Cohesion

A while back a [service provider] went to visit a client and he didn’t answer the door. So I was in the same area that she was working so she comes looking for me, she goes “A17, he doesn’t answer the door.” I said, “OK, go back and tell the manager, that he’s not answering the door, and you’re scheduled for him today.” She goes “OK”. So she went back to the manager, told the manager, the manager went and opened the door, and he had died. He was dead in the kitchen. So I’m coming down the stairs, and the service provider is falling apart so I went up and I said, “What happened?” She goes, “He’s dead. He’s in the kitchen dead,” and she’s crying, so I pulled her [aside] and said, “It’s OK, do you have anybody else? Cause if you have another client, let me know who it is so I can call or I can deal with the client for you in the afternoon,” and she goes, “No, I don’t have anybody.” I said, “Well just go home and forget about it, because it’s not your problem. This is what we’re facing with seniors, that, they’re going to die on us, whether we’re here working for them or when we come to do work for them. So don’t take it personally. Just go home. They’ll take care of it and don’t worry about it,” so I mean if I wasn’t in training here, I don’t think I would have said that. I don’t know what to do either, you know (little laugh). But I was able [to help]. It was good that I was able to help her calm down, but it’s due to the meetings that we have here (Latina service provider).
Element: Necessity

Necessity refers to the imperative expressed by agency personnel to provide culturally respectful, responsive, and effective services. This sense of necessity is tied to a passionate commitment to client and community welfare. A multicultural learning organization builds on this inherent commitment and provides its members with opportunities and the resources they need: 1) to enhance their cultural awareness, knowledge, and skills, and 2) to respond to community needs. Necessity is evident in three key features are: 1) Compelled to Move Forward, 2) Client Welfare a Priority, and 3) Community-Centered.

First Key Feature of Necessity: Compelled to Move Forward

One participant said:

I think as a whole the [agency] staff are very active, very involved in wanting to propel [us forward]; wanting to have these [focus groups]. Because we’ve been growing so much, [multiculturalism] is an element that is moving along with the growth. It has its own sense of importance and it carries weight. I don’t know that I’ve seen other agencies have even this much of energy around the cultures (Latina service provider).

Another participant said:

The commitment to do whatever it takes to encourage staff support, give people the freedom to develop new programs or to find a niche, for instance the Father Outreach [Program]. We never paid attention to fathers until a few years ago and somebody said, “Hey, you’re leaving out half the equation here. Let’s develop…” [The leadership said], “Ok well, go ahead. Do that. Let’s see what that looks like.” That kind of commitment on the part, like you said, it comes from the leader, it really comes from the leader and the administrative staff (Latina administrator).
Second Key Feature of Necessity: Client Welfare a Priority

The service providers’ reports of their activities with clients reflected their willingness to be remarkably flexible in their professional roles. They attended to cultural differences between themselves and the clients. They paid attention to the clients’ world views and therapeutic needs and responded to them. For example, providers working with seniors saw themselves primarily as listeners; not as “therapists” who actively constructed treatment goals and plans and then implemented various interventions. They tended to respond in-the-moment, to the clients’ needs, whatever they might be, and they noticed that the clients benefited from this culturally responsive approach.

For example, one participant said:

*“I think for me, I’m always aware that each person is different and so I will often inquire with great curiosity about what their life is like, what their experience [is], whether or not they think I can understand. For example, if I’m working with a young Black male who is a gang member, I’ll say, “Okay, I don’t know what it’s like to be a young, Black man. What’s it like for you to have to discuss this with a White, middle-aged woman? Tell me what your world is like and what do you understand mine to be?” and it’s always with curiosity and interest so that we can work uniquely. “What’s it like to even talk about sex with me?” because the therapy may hit on any range of anything. “Is it awkward? What would you like from me in this regard and does it have any value to you, what I have to say, and have you explained sufficiently that you believe I understand your reality and if you haven’t, please, where can I get your reality from?”*  

(Anglo female service provider)

Another participant said:

*“I know English better than you do but you know your culture better than I do. Teach me. Be the expert.” When I worked with teens and Afro-American teens, [I did the] same thing. I don’t pretend to know where you are from or what you have been through and especially with teens it’s phenomenal to have an adult say, “Teach me, the ball’s in your court, I don’t know anything.” I think that is really humbling and it’s hard to release some of that control to someone but it’s helpful for the person*  

(Latina service provider)
Third Key Feature of Necessity: Community-Centered

In our mission statement we constantly added the language that defined community as client ...we see the community as part of our mission, which is to create a healthy family, strengthen families, and help families, but also to have a strong [healthy] community (Anglo male administrator).

We made a conscious effort to go into the community, to talk to the community, to try to understand what the community defined as the needs [in order] to be relevant (Anglo male administrator).

Element: Contact

Contact is the type and degree to which people interrelate within and between levels of the organization and the type and degree to which the agency interacts with members of the community that it serves or has the potential to serve. Contact is evident in three key features: 1) Interpersonal Engagement, 2) Asking Questions/Curiosity, and 3) Reciprocity.

First Key Feature of Contact: Interpersonal Engagement

I like the way we all come together when we have the holidays and stuff like that. Like El Día de Los Muertos that you guys made for the Day of the Dead. Everybody came together. I mean some people knew what it meant and some people didn’t. So it was giving information out to the people who didn’t know. For Cinco de Mayo, for our meeting downstairs, we had a lot of explanation [about] what Cinco de Mayo meant and everything. So that’s pretty cool; how we all come together for one thing and try to learn from it (Latino administrative staff member).
...it’s been my experience here that we have a lot of open discussion about what the problems are in our communication efforts among ourselves. So for example, in attempting to fashion trainings that are multiculturally applicable, it takes a lot of discussion and a lot of sharing and a lot of teaching one another to develop a true sensitivity to the nuances and to the kind of things that we don’t know. Not knowing what I don’t know is my biggest challenge (Anglo male service provider).

Second Key Feature of Contact: Asking Questions/Curiosity

I think it actually really validates who I am because I kind of feel, no matter what flavor the person may be, that because I am different than most other people, I think it’s exciting for me to meet people. I love people anyway but I think it’s exciting to learn about who they are, where they come [from] with their customs, the kind of foods they like. All this different-ness, and I think it really helps me appreciate people more and just there’s a lot of different-ness and it’s okay. I think it’s an opportunity to become educated. I just ask a lot [of questions] because that’s how I learn, by asking questions. I can appreciate them more when I get to know them better and what makes them who they are and how they were raised and things like that (Latina administrator).

Third Key Feature of Contact: Reciprocity

I think it is that I would say, “If you and I give each other a chance, we may discover that we’re more similar than we imagine and our difference may help us enjoy it more.” But it would not just happen. We would want…we would need to be willing [to make it happen] (Latina service provider).

Element: Organizational Climate

Organizational Climate refers to the agency culture and its responsiveness to the learning needs of its personnel and the service needs of the community. Organizational climate is evident in three key features: 1) Agency Support, 2) Attention to Community Context, and 3) Community Collaborations.
First Key Feature of Organizational Climate: Agency Support

The other day someone was asking me about [our agency], “You have such a diverse staff, or you have so many counselors that speak Spanish, more than any other agency in town I’m sure”, and she said “How do you do that, and how can we do that?” I said, “We grow them. We grow people here. B. started as a receptionist. I started as a volunteer, [then] as an administrative assistant, but because this agency supported and encouraged us, gave us opportunities to get more education, now we have a staff that has more [bilingual personnel], and not only a staff that is able to speak the language, a more multicultural staff, but we [also] have a committed staff. I am grateful to this agency because of the opportunities I have been given to grow, and so I’ve got real commitment, real passion, and we’ve done that for other people” (Latina administrator).

Second Key Feature of Organizational Climate: Attention to Community Context

The agency and its personnel identify and respond to the demand characteristics of the environment in which they are offering their services. They accommodate these environmental influences in the provision of culturally responsive direct services and the formation and operation of agency policies and programs.

For example, one participant said:

For me as a supervisor, I hear a lot of my [staff's] concerns on this issue. They take their clients [to appointments] to help with translation, again [the clients] are monolingual Spanish speaking, so the staff members go to translate and doctors and professionals become offensive because they are not sure what they are saying is getting translated to the client. They think [that] there might be a loss [of information]. But what we are trying to do is just get clarity for the client as well as for the professional or whomever, [maybe] legal services or schools. We have done that too. And I think [the other agencies] do not see our part as [a legitimate] role. I hear from my staff members that even when they translate for a school, [the school says that] that the parents should really have a language to understand what they are saying. And I think that is what is so frustrating for them. [My
staff members] say, “I am here- tell me what you want me to tell them and I will be more than happy to,” but [the other agencies] are expecting our clients to be able to understand what they are saying. Not all agencies, especially non-profits, provide those services, but we do. It’s just optimal for our clients (Anglo female supervisor).

*Third Key Feature of Organizational Climate: Community Collaborations*

Community Collaborations refers to agency participation in community leadership. Agency leadership volunteers or is invited to participate in collaborations. A multicultural learning organization often initiates these collaborations and helps build public policy. The leadership participates in state and local regulatory bodies.

*I go to a lot of meetings with the county administrative staff where again, I’m the only person of color in the room, and where I continue to remind them that until the people who lead look more like the people we serve, we will not really be there… that’s my dream* (Latina administrator).
CINCO Systemic Elements and Dynamic Processes

The five elements blend together to support the emergence and maturation of a multicultural learning organization. A multicultural learning organization uses its capacity to learn to enhance the cultural competence of its leadership, to modify its organizational structures, policies, and practices and to increase the multicultural competence of its personnel across all levels of the organization, including board members and volunteers. We construe learning as a dynamic process.

We propose that the CINCO elements can be used to create the conditions necessary for individual and organizational learning to occur. The five elements combine with the process of learning to create a dynamic, flexible, and adaptive organization that is compelled to respond to its own imperative and move forward on its own course of multicultural development. It is the interplay of the five elements (the WHAT) combined with learning (the HOW) that invigorates this model and makes it work.

Recall that the type of work that is required for greater cultural competence is not strictly technical. Leaders, providers, and all other agency personnel are living in the flow of a multicultural society that requires us all to engage in adaptive work. “Adaptive work consists of the learning required to address conflicts in the values people hold, or to diminish the gap between the values people stand for and the reality they face. Adaptive work requires a change in values, beliefs, or behavior” (Heifetz, 1994, p. 22). Agencies that are engaged in adaptive work are able to respond to the ever changing needs of the communities they serve and the personnel with whom they work. The following quotes give some examples of adaptive work in the two agencies we studied.

Adaptive Work in the Community

Most and much of our work is about outreach; every single day. And that’s what I really try to instill in the team that I manage. We don’t have a building that we do our work in...We have to carry the agency within us to whatever group we’re with, to whatever organization we’re talking to, whatever client we’re working with. It’s out there. We have to carry our values into the community that way. So, we’re all sort of this holder, container, for who our agency is out in the community. And so it’s all about representing our agency (Latina administrator).
Adaptive Work in the Agency

It occurs to me that it’s been perhaps in the last two years that our agency has been especially sensitive and concerned with issues involving that; issues involving fathers, including them in the treatment programs and attempts to bring them into treatment. Also, [there are] areas of interest with regard to doing therapy with men, which is something that is assumed but not really considered as a separate skill, and in that area of multiculturalism this agency has tripled its male therapist population within a year and a half which is quite impressive. We went from 3 out of 25 to about 10 licensed therapists and interns (Anglo male service provider).

I’ll tell you why I stay here. Because I’ve had the total freedom to do what I do best, and I didn’t even know what that really was. I’ve found my niche and I know my passions and I just keep creating groups as my passions lead me there and they just let me do it (Anglo service provider).
Adaptive Work as Integration

It’s become integral ... It’s all seamless. It’s almost like whenever there’s some clinical issue or a tool that we’re gonna use or something new that we’re gonna try or even something old, the issue of its appropriateness culturally is just woven right into the discussion. It’s not like we go someplace else to find out how to become culturally competent. It’s just all woven into the whole thing there. It’s a matter of course, I think (Latina administrator).

CINCO Elements: Conclusions

Multicultural learning organizations are living systems, which require its members to cultivate their own and each other’s capability and integrity, draw upon the necessity of providing culturally competent mental health services, engage in meaningful contact with one another and the surrounding community and to cultivate an organizational climate, which supports individual and systemic growth and development.

All levels of the organization participate in the emergence and maturation of a multicultural learning organization. Cultivation of the CINCO elements helps the organization to respond flexibly to the shifting needs of its clientele and the changing composition and fluid development of its personnel.

Critical Questions

After you read this chapter, consider the following:

1. Have you noticed ways in which your agency has changed over time? What features of the organization facilitate change? What features are impediments to change?
2. Do the CINCO elements make sense to you? How might they be useful to you in your work life?
3. In what ways do you see evidence of each the CINCO elements in your agency?
4. How might your agency better cultivate the CINCO elements?
5. What kinds of experiences or training might enhance the CINCO elements at your agency?
6. Get in small discussion groups and talk about the CINCO elements as they apply to your agency; to your work life; and to enhancing the cultural competence of the services you provide.
7. What connections do you see between the CINCO elements and client welfare?
Chapter 4 Leading Multicultural Organizational Change

Critical Questions

As you read this chapter, consider the following:

1. How can leaders help an organization increase its cultural competence?
2. Who are the leaders in your organization?
3. Which people make the most significant contributions to increasing the cultural competence of your agency? Which have made the greatest contributions to your own cultural competence? What do they do that is helpful?

The Act of Leading

Over the last decade both CALM and FSA have changed and developed as multicultural organizations. Not only has the linguistic and cultural composition of each staff changed but how each agency “does business” and how they provide services have changed as well. Both cases are excellent examples of organic change processes, which were precipitated by different but equally powerful catalysts.

In the case of Family Service Agency a directive came from the agency board to address concerns of the Latino community, which asserted that the agency was insulated and inaccessible. The call for increased service to local Latino families resulted in the hiring of a new executive director. The new director initiated a course of change, which led the agency to reinvent itself and increase it multicultural capabilities (Batty, 2003). CALM’s multicultural shifts were prompted by two forces: 1) a strong implicit desire to meet the needs of the changing demographics of the community and 2) the commitment and vision of the executive director to embody the mission of the agency.

The increases in cultural competence across both agencies were prompted and facilitated by agency leaders, but how does one lead multicultural change efforts? What types of leadership is required? James Macgregor Burns, renown leadership scholar, wrote “Leadership is one of the most observed and least understood phenomena on earth” (Burns, 1978, p. 2). In fact, walk into any airport bookseller or the management/business section of your favorite local bookstore and the shelves are overflowing with books on leadership, and managing change. The proliferation of tomes on how to lead organizations is overwhelming. Which model to follow? What course to take?

For the busy director of a non-profit agency, who has the time to “study” leadership when even leadership scholars have not clearly defined the construct? Much
of the leadership literature is aimed at the for-profit community which is bottom line oriented. Unlike a corporation, a mental health agency’s bottom line is people not profitability. Yet financial sustainability for non-profits is essential. Many times in non-profit mental health agencies the leaders, unlike corporate executives, are not the people who have actually been trained in leading an organization. It is very likely they are clinicians themselves whose career track started with direct service provision, led to supervisory and program director positions, and ultimately resulted in their current position of leading an organization. This does not mean that these individuals are at a disadvantage, rather their leadership strategies may be instinctual, developed through experience rather than learned in a business school classroom.

If we focus on the act of leading, or if we use leading as a verb rather than leader as a noun, it allows for the opportunity to lead to come from a place of authority as well as from an emergent non-positional leadership role. We believe that both types of leadership are necessary in the multicultural organizational change process. Leading therefore becomes an activity that is not necessarily dependent on position. It is a dynamic, bi-directional activity rooted in values and aimed at providing a holding environment where adaptive work can occur. In this definition a “leader has to engage people in facing the challenge, adjusting their values, changing perspectives, and developing new habits of behavior” (Heifetz, 1994 p.276).

Typology of Change within Organizations

A useful framework for examining the impact of multicultural organizational change efforts is Eckel, Green, and Hill’s typography (see Table 2) for change in higher education which looks at the interaction of two dimensions of change, namely depth and pervasiveness. Depth refers to the extent that a change impacts behavior, structures, attitudes and beliefs. Pervasiveness refers to how institution-wide the change is felt. The authors identified four types of change: 1) Adjustment, 2) Isolated Change, 3) Pervasive Change, and 4) Transformational Change (Eckel, et al., 2001, p. 5).

![Table 2. Eckel, et. al.’s (2001) typography for change in higher education.](image-url)
**Change:** “1) alters the culture of the institution by changing underlying assumptions and overt institutional behaviors, processes, and structures; 2) is deep and pervasive, affecting the whole institution; 3) is intentional; and 4) occurs over time” (Eckel, et al., 2001 p. 5). *Transformational Change* occurs when adaptive challenges have been uncovered and adaptive work takes place. This is the work that multicultural organizational development demands.

**Technical Solutions versus Adaptive Work**

Heifetz’s (1994) typology of organizational situations, which require a range of change strategies, offers us insight into why multicultural change efforts can often fail (see Table 3). He posits that many times leaders do not differentiate between problems that require technical solutions and problems that demand adaptive work.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Problem Definition</th>
<th>Solution and Implementation</th>
<th>Primary Locus of Responsibility for the Work</th>
<th>Kind of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type I</td>
<td>Clear</td>
<td>Clear</td>
<td>Leadership</td>
<td>Technical</td>
</tr>
<tr>
<td>Type II</td>
<td>Clear</td>
<td>Requires Learning</td>
<td>Leadership and Staff</td>
<td>Technical &amp; Adaptive</td>
</tr>
<tr>
<td>Type III</td>
<td>Requires Learning</td>
<td>Requires Learning</td>
<td>Staff&gt;Leader</td>
<td>Adaptive</td>
</tr>
</tbody>
</table>

*Table 3. Adapted from Heifetz* (1994, p. 76) distinctions between technical solutions and adaptive work.

Technical problems are problems which have a readily available solution. These are situations you have encountered before and they are “fixable”. New organizational learning is not required to resolve the issue. For example your agency needs a new van to transport clients. Although you may need to write a grant or fundraise to solve the problem – the solution does not involve changing the values of the organization nor does it involve the entire organization. This is a Type I situation.

A Type II situation involves both technical and adaptive work. An example might be upgrading your agency’s technology. It has technical aspects – purchasing computers, training staff. However, the success of the endeavor also depends on adaptive learning by the entire organization. An executive director may know that the organization will be more efficient and effective with these changes – but adaptive learning is required by the entire organization.
Finally, a Type III situation requires learning on the part of both the leader and the staff to define the problem as well as solve it. It requires leaders who can act as catalysts for learning without knowing the answer to the situation themselves. Multicultural organizational change has aspects of both Type II and Type III situations. Many agencies do not achieve their multicultural change objectives because leadership continues to offer technical solutions to adaptive challenges. In clinical terms, they are treating the symptom rather than the underlying problem.

We found that both CALM and FSA are agencies where the act of leading occurs by individuals in both formal and informal leadership roles. Positional leadership roles, such as the executive director and leadership teams, work in concert with those who lead more informally; “without authority” (Heifetz, 1994). This type of leadership emerges from the individual within the context of the agency imperative. Heifetz provides a useful framework, which we believe is relevant to multicultural change efforts. The five principles identified by Heifetz and outlined below were instinctually embodied and enacted in the agencies in this study. He has identified the following five strategic principles of leadership which can be brought to bear on adaptive challenges:

A leader:

- Identifies the adaptive challenge
- Keeps the level of distress within a tolerable range for doing adaptive work
- Focuses attention on ripening issues and not on stress-reducing
- Gives the work back to the people, but at a rate they can stand, and
- Protects voices of leadership without authority.

Identifying the Adaptive Challenge

Agency leadership must first identify the adaptive challenge. What is the condition or problem that is the focus of the change effort? Can this problem be solved by “technical” solutions, for which we already have the resources, or does this challenge require the acquisition of new knowledge or learning on the part of the agency/community? When facing an adaptive challenge an individual in a leadership role with authority does not necessarily have the “answer”, indeed by definition there is not an immediate solution to the problem. Instead a leader serves as an agent of change “by asking hard questions and by recasting people’s expectations to develop their response ability” (Heifetz, 1994 p. 84). This requires individuals in leadership positions of authority to be comfortable with the ambiguity of not knowing the answer but sure enough in their process expertise to create a holding environment that supports adaptive work.
What were the adaptive challenges faced by the agencies in this study?

We conducted four focus groups with agency leaders (e.g., administrators, managers, supervisors). Focus group participants reported the following adaptive challenges:

Most of it was more [that] the agency was White, lily White; not known for its outreach [and] not known for its staff being diverse because it wasn’t really. We had very low percentages 12 or 15 years ago of multicultural staff, for example...it was also kind of described as stodgy... [It was like] clinical counseling [services] said over the air, “You come to us.” [They were] not outreaching. ...it was more of an office-based versus a community-based model, which does relate to being culturally responsive, but the field had evolved and the agency had not evolved along that model.

So those are the kind of things that more often than not came from a Latino community member than it would be from a White community member, let’s say. And I also received that kind of feedback from African-Americans in the community... that they didn’t feel connected to the agency and, again, that it was [perceived as] White or insulated.

When I first came, my first priority was to build services to the Latino community and then several years in, we had some priorities for servicing Native Americans. That’s one of my personal interests and so I said, “Okay, we need to do that,” and so we went to the reservation and then put energies into reaching out to that community. [We] spent a couple of years focusing on doing that for a while. And then [we] made a focused effort on persons with disabilities. So [for] each of those sort-of groups we said, “Okay, let’s get some concentrations on building services to those particular communities.” So those are three different examples in stages.

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18 We chose not to report the demographics of the speaker in this section because doing so would make the speaker identifiable and we wanted to ensure anonymity throughout the project.
We were among the leaders of a process that basically threw out the book....[we] threw out the old way of doing business and basically asked the people, the kids and the families, the moms and dads, to tell us what they needed. And that, I think, was a way that we built trust. We got trust from the African-American community, Latino community.

The largest new majority population in Santa Barbara is Latino, and it’s been my true effort to make sure we are reflecting and serving that community and we’ve done a good job there. We have made that a priority.

[It’s] a shift in how we do business. Used to be most of the services were delivered out of that [one] building. Practically none of those services are out of that building anymore. It’s all out. So that was a big change in looking at our community that was changing; that was becoming more diverse. It wasn’t just, “it’s always been that way.” Well, it doesn’t work [that way] anymore. It’s not status quo anymore.

I’m thinking about how in the field of social work and counseling and the medical model has been so primary historically and then we’ve, over the last five or ten years, really been thinking about a different way of doing business with families; more of a strength-based approach, where we see families as experts in their own realm or with their own kids. But that’s not—that’s not been around for that long.

Recommendations to Leadership for Doing Adaptive Work: Building Cultural Competence

Keep Level of Distress within a Tolerable Range for Doing Adaptive Work

Instituting change efforts does not come without a price. The process, which produces change that is deep and pervasive, can be difficult at best. We are all aware
of organizations undergoing change efforts which have not only failed but resulted in a complete breakdown in organizational functioning accompanied by forced modifications of staff at the leadership level. Keeping organizational distress at a tolerable level, while maintaining the commitment to the change effort, calls for a delicate balance. Adaptive work, which by definition requires some discomfort and change, can be painful both for individuals as well organizations because the heart of the change effort involves people's values. Agency leadership “must be prepared for an eruption of distress…and consider early on the next step [as well as] …take the heat in stride, seeing it as part of the process of engaging people in the issue” (Heifetz, 1994, p. 87). The focus group comments below reflect these realities.

> Honestly, I don't know how we did some days but I think that it was very painful. It was painful for me, it was painful for people. We lost people.

> I think that when an organization changes as much as we have in 10 years or 20 years, there’s going to be a certain level of anxiety that exists for people that have been there during that time or people that have come on [as] we’ve changed the nature of what we do.

> But I think we’ve tried to chip away at it, first of all, [by attending] to what are [the employees’] concerns; talking with them, [asking] “what are your concerns?” A lot of meetings; just hearing their concerns, allowing them to articulate, write their concerns. We tried, I guess, mediation-type, facilitation-type work for a while but on some level I think we had to just have a change...

> We see some kids and families that the problems that they have or the challenges they bring to us to work with them on, are well beyond the scope of what we used to work with. So we’ve asked staff to stretch and, on the one hand, they’re very resilient and willing to do that. On the other hand, they—I’m sure it’s scary to go see a kid that shoots heroin at 14 … when you haven’t had that experience before.
I remember when we first started trying to grow the agency, we started talking about working [with a local] coalition and we had staff that did not want to work with gang kids and did not want to go into a house [where] there might be a weapon or whatever and I understood and they were afraid. Really, I think that was because it was outside the box in terms of scope of what we did and I think they felt—I know they felt— that we were abandoning clinical counseling ... doing something [else], street work, and they were afraid. I think that in some cases there may have been an element of fear of the culture or the unknown. That’s just more of a gut feeling. It was a real stretch for them to think that they could do that as opposed to [work with] a walk-in client, or [college] student.

Focus Attention on Ripening the Issues and Not on Stress-Reducing

After identifying the adaptive challenge and managing the level of distress a leader must continue to find methods to ripen the issue to keep it primary in the organizational mind and heart. The power of the status quo is strong and internal conflict, confusion and the sense of loss surrounding the change initiative can make it difficult to maintain focus on the challenge at hand. The need to address all the other concerns of an organization can make it challenging to commit the energy necessary to create an environment of learning.

CALM and FSA have succeeded in transforming their organizational culture when other agencies with the same intent have struggled. Their success has in part been defined by their relentless focus on the issue at hand. This focus took many forms some of which were quite major, for example a new mission statement. Some changes were seemingly more minor, such as celebrating different cultural holidays on an agency-wide basis. Although operating on different levels of the organization – each strategy became a potent reminder of the centrality of the multicultural goal.

In our mission statement we consciously added the language that defined community as client so that we see the community as [such] —part of our mission is to create a healthy family, strengthen families, help families, but also to have a strong community, [a] healthy community and that, I think, was a conscious effort to go into community, to talk to community, to try to understand what the community defined as the needs and to be relevant instead of being perhaps seen as, “Well, they think they have a clinical [program]—[that] they can counsel anybody,”
or whatever and that’s an extreme. Some people felt that way about us; probably not the majority of the people in the community. So I just think we’ve taken multiple measures...

I think our executive director does an excellent job leading us, in terms of celebrating diverse groups. I’m always thrilled the way, at every staff meeting, it seems like we celebrate a different group, or some anniversary of that month, some different population and I think it does, is a good reminder, for us all and coming from the leadership, it’s especially powerful.

...that was a real cultural change where all of the sudden there was a mission and you had to work to the mission and you had to work outside your comfort zone.

When I came to the agency ten years ago we were already aware as an organization that we had a problem; that there was a perception in the Latino community that we were not reaching out, that we were not stepping out, that we were not trustworthy, et cetera. So we formed a Latino outreach committee. …we sought out Latino leaders. We sought out people from all income levels, throughout the community, side by side. We were very cognizant that we wanted the Latino establishment community, in fact, some people called themselves Hispanic, others Latino, others Chicano, and we learned a lot about that community by asking them to come to the table to help us. And they did. They told us what they felt was needed by the Latino community and I think it was very instructive and from that process we pulled in data. There were studies, reports done. There was a report done about Latino seniors that was a collaborative of agencies, public and private, that have been pulled together and so we used that document. We processed it with the committee to get feedback, with consumers that we had.
Coordinators at the time felt as though we had turned our backs on their programs and they were very upfront about it in terms of the agency commitment or lack thereof that “You’re now going after this? Is it because there’s more money there or what? You’ve literally turned your back on our program because we just serve White people.” They said that; that kind of thing. So it was really a culture shift within the organization and educating staff that, if we are going to grow and be dynamic as an agency and really meet the needs of our community, or try to, we needed to start moving in this direction. So I think that was the biggest challenge at first and then the challenge, which continues, is finding staff. Finding bilingual, bicultural staff ideally and making it mandatory for some programs. They’ve got to be bilingual. They have to be.

Create an Environment of Openness and Trust: Support a Continued Focus on the Issue and Organizational and Individual Learning

We have a culture of openness and value dialogue, and that when issues come up, they can get talked about and people can offer their opinions so it’s not like, when I think [about] political correctness I think about my old days as a lefty, when you had a line, and you had stick to it. I don’t think that happens here…There’s room to talk about it, there’s room for negotiation, and that I don’t see any group as wielding power in that way.

I remember some issues with some people saying, “You can’t understand because you’re licensed and you don’t speak Spanish,” and [I] say “That’s true but (laughs) I think I can understand these things or help me understand these things.” I remember some of those struggles at different times. Just because you’re White and this, you can’t do this. Let’s talk about that. Let’s get some mutual understanding here. We’ll listen both ways. All the ones with things after our names do bring something.

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19 The speaker is referring to graduate degrees (e.g., M.A.) or licenses (e.g., MFT).
Ripening the issue also requires the courage and conviction to surface the adaptive challenges in other settings.

I go to a lot of meetings with County administrative staff where again I’m the only person of color in the room and where I continue to remind them that until the people who lead look more like the person we serve, we will not really achieve our goal—that's my dream. We won’t really be there until that happens. And I feel like a broken record because I’ve been saying this year after year after year and the complexion in the room is not changing and that’s what my tears were about earlier. That’s the frustration that I have. Yeah. Well, that’s one aspect of being a leader is that you’re out on the edge of things and sometimes you’re out there by yourself. It feels like that.

I’ll give you an example; the model that we were given for one of our programs. There was an instrument in there that measured things to do with parenting styles and parenting challenges and [with] the Spanish version a lot of our Spanish-speaking staff felt was confusing and wasn’t a good instrument and I wrote a letter, with the executive director’s help and support, to the people that had given us this instrument and I got a sound slap on the wrist from [the grantors] for even bringing it up.

Here a leadership team member speaks about not filling the need for more bilingual therapists with a short–term technical solution and remaining true to the ultimate goal of true multicultural competence.

I felt strongly about this agency. We had a Spanish-speaking male and everybody wanted to use him as a therapist and he was a paraprofessional. No, because I’ve seen this happen in other [agencies] all around the country. So you promote him or her to a high level when they are incompetent and it’s not because they’re incompetent persons, because of tokenism. No, we can’t do that. We won’t sacrifice our quality and demand to standard at our level. I feel we’ve adhered to that. I think that’s important to note.
One of the things that comes to mind to me that happens more in the earlier days of was when there were very few people of color and those people, which were at times one or two people, would speak for a whole population and they were the—They were the authority. And that got in the way sometimes. And what’s wonderful now is that there’s such diversity among the Latinos in this agency and it isn’t just one person and I am so grateful it’s not just one person speaking for a whole population.

Give the Work Back to the People, but at a Rate They Can Stand

Giving the work back to the “people” means creating a sense of true ownership and investment in the organizational environment and change process. It also implies that a tension exists between challenge and support. How much and how soon. Heifetz calls this balancing act demanded of leaders of adaptive challenges “walking a razor’s edge”.

When I took this program over, which is I don’t how many years now, three? Over three [years] or something like that. It basically had dwindled down to me and a half-time contracted licensed therapist. And there was no program, there was no team and it was kind of like on the outs. I felt like there was no motivation really to build it up. I remember walking into [the executive director’s] office and saying, “You know, what do you want me to do? Do you want me to put effort into this or not?” She said, “I want you to.” So I really went with it and I was given a lot of autonomy and I think that [it] has been like that up to this day. I feel that’s what really keeps me going in this program and at this agency; that we’re really treated as professionals and it’s kind of an unspoken expectation or they hope that we can really bring that out in ourselves; to take that leadership and creativity.

Hiring diverse staff, meaning basically a Spanish-speaking staff, is a challenge. It’s an absolute, it’s a challenge and I think we have agreed on kind of the grow-your-own philosophy as a very useful one. And we have the return of somebody who started here as a therapeutic aide and has come back with this MSW so is now a clinical staff member and we’ve just sent off another
person to do an MSW and I fully expect her to return in two years, fully.

Well it’s changed a lot in that now, well we have a bilingual meeting... We also have educated ourselves about bilingual issues in the community, also though; we’re translating everything as a group, so that the translations really incorporate all the different versions of Spanish, that’s what that group is about. So it gets to pretty wild, but what comes out of it is a document that really does represent the community here at CALM [and], as best as possible, the larger community. And then also we got some money. We spent quite a bit of money recently buying books in Spanish, that we hadn’t had, so all that money was devoted to buying Spanish books.

Protect Voices of Leadership-Without-Authority

Listening to and valuing the voices of leaders without positional authority in an organization is crucial to the success of a multicultural change effort. Heifetz (1994, p. 185) suggests that:

> People lead not only within the boundaries of the communities that authorize them, formally and informally but also across those boundaries reaching to communities where their words and actions have influence despite having no authorization. In segments of the larger community that these leaders influence, they lack both kinds of authority. In a sense they lead across two boundaries: the boundary of their formal organization if they have one and the boundary defined by the wider network of people with whom they have gained informal authority (trust, respect, moral persuasion).

The focus groups revealed the fact that leadership was occurring at all levels of the organizations in this study. The informal and emergent leadership was an essential element in the success of the multicultural organizational changes that were occurring in each agency.

I do a lot of community work and that is part of what I am asked to do but I think our staff do also, whether it’s a line staff or a family advocate. I think family advocates might be one of the best examples, in that they’re connected to churches, to
 neighborhoods, to school sites. That to me is the most powerful connection that we can make. [It] is when we have a volunteer or staff member who’s in community with folks from that community and they see it as, “that’s their job.” That’s the priority of their job and the community somehow sees them as someone they can trust and someone they can go to for getting answers or getting actual help in some way. I think that’s—I’m proud of the fact that we have improved tremendously in that area as an agency and I think that staff are encouraged and supervised and coached to do that.

We have staff who can go in and be highly thought of because they speak the language of those residents; that the word of mouth will spread and people will know about CALM and that will again lower barriers of accessibility where perhaps they wouldn’t have felt comfortable had it not been for this word of mouth and a staff member who was able to spread the word in that way.

I think also access to the people in power. I know for me, power and leadership, a better word, feeling—I started in a lower capacity here feeling like [the executive director’s] ear was there when I needed it. It was very important and I’ve worked for another agency where I didn’t meet the executive director for six months and she’d only come to me when there was a problem. And I left there for that reason. So I think retention of all staff would be because if there’s something going on I think people are willing to listen to that here.

We hardly ever get to talk about an instrument, a psychological instrument of any kind, in which somebody doesn’t ask if it’s available in Spanish, or whether it can be translated and who might be available to translate it, whether that point might be valid if we were going to go and do something like that, where it was not available. So I think a lot of people are thinking that.
We’re also listening to some of the lowest level staff people, the paraprofessional home visitors, who are saying this isn’t culturally relevant …rather than saying, “You have to do it, so do it…”

We’ve had numerous training efforts, in which attempts to teach certain kinds of theory or certain kinds of research, ran into difficulties and even opposition at times because of a perceived inapplicability to certain cultures and again we looked at it as a challenge and not a political struggle. Maybe the theme to what I’m saying [is] that we have overcome politics to a large extent. To the extent that we’ve realized there is a political conflict, that there is a power struggle, or there is an us and them, or the have and have-nots; that [is what] we have attempted to transcend…. We were able to do that because we have such a strong Spanish speaking representation here, because some people have really pushed certain issues and wouldn’t let them drop, and I think it’s really made a difference…

The program has gone through a lot of changes and the staff, I think, have really felt that and been a little bit upset about it and so we’ve been trying to listen to their suggestions and take what we can do to make positive changes and one of the things I’ve really noticed is you can’t force someone to do something and so I’m kind of trying to get away from [that]…if it’s not working that way then let’s talk to the staff and see how can we make it work for them so that they want to do it and that they enjoy the job and that they have responsibilities.

I think the draw is really the fact that the agency does give us the autonomy to do those things and to make changes if we think they’re appropriate. I had a real opportunity to make a lot of changes that were very much needed when I came on board and it felt good to know that I was supported and encouraged to make...
them rather than having to check everything out every second of the day. So that was a great joy, too.

And all of the bilingual, bicultural staff, and we’re so happy to have so many here because they are the frontline people that keep us informed and keep us aware and as long as we can have a forum for their voices, I feel like we can keep on track.

Qualities of Distinguished Leaders

When focus group members were asked about what qualities distinguished leaders in a culturally competent organization they told us that leadership in a culturally competent agency:

- Is visible. Interacts with employees
- Forms culturally responsive policies
- Communicates openness, non-defensiveness, and a willingness to learn from staff
- Actively recruits culturally diverse staff
- Demonstrates commitment
- Advocates for increased cultural diversity in other public agencies and civic organizations
- Builds a sense of multicultural community among staff
- Persists in pressing for increased cultural competence

Clearly leading a multicultural change process calls for courage, commitment and intentionality. Leaders from every level of the organization are essential to the success of any effort. Work involving adaptive challenges requires organizational learning and is not a linear process.

Critical Questions

After you finished reading this chapter, consider the following:

1. Given the typology of change conceived by Eckel et al. (2001), what kinds of multicultural organizational changes have you witnessed in your organization? Are you aware of example of change, which represent: a) adjustment, b) isolated change, c) pervasive change, or d) transformational change?
2. What are some examples of technical solutions versus adaptive work in your organization?
3. What are your goals for increasing the cultural competence of your agency? Will they require technical, adaptive, or some combination of solutions?
4. **If you are an agency leader**, in what ways have you already led your agency through one or more adaptive challenges? Have you been able to: a) identify the challenge, b) keep the distress level in a tolerable range, c) focus attention on ripening issues and not reducing stress, d) give the work back to your employees at a rate they can stand, or e) protect the voices of leadership-without-authority? In what ways do you need assistance, guidance, mentorship, or consultation in providing adaptive leadership?

5. **If you an agency employee**, in what ways have you contributed leadership-without-authority? In what ways have one or more of your co-workers provided this type of leadership? Do the norms in your agency permit the expression of this type of leadership? If not, what needs to change?
Putting it All Together: Creating a Blueprint for Change

We hope that each section of this handbook produced one or more ideas for building cultural competence. The final task is to put it all together to design a blueprint for meaningful multicultural growth and development within your organization. Before launching into planning, let’s engage in a brief review.

The Introduction described the purpose of this handbook and the central features of the qualitative research project from which we built the CINCO model. It included characteristics of the two participating agencies (including clientele), survey and focus group participants, and researchers as well as a description of the community context for the project.

Chapters 1 and 2 defined concepts central to enhancing access and improving the efficacy of mental health services to diverse populations, namely: culture, organizational and individual cultural competence, multicultural organizational development, and multicultural counseling and psychotherapy. You were also introduced to individual and organizational assessment strategies and measurement tools that can be used to determine where your organization stands on the Cross et al. (1989) cultural competence continuum and to measure the progress you make towards achieving your goals.

Chapter 3 described our model of multicultural organizational development, which was built on the collective wisdom of over 98 administrators, supervisors, clinicians, case managers, administrative assistants, and other personnel from two community based organizations, which provide mental health services to culturally diverse communities. The five elements described in CINCO (Capability, Integrity, Necessity, Contact, and Organizational climate) are the essential building blocks of a multicultural learning organization. By creating conditions which amplify the CINCO elements, an organization can increase its inherent capability for developing cultural competence. The growth process is driven by the expression of content, process, and tacit knowledge of the agency’s personnel, all of which come together to solve adaptive challenges and promote change which is deeply transformational.

Chapter 4 offered specific suggestions for leading an agency through the adaptive work of multicultural organizational development. We illuminated the difference between technical challenges, for which there are usually immediate and clear solutions, and adaptive work, which requires agency leaders and personnel to stretch beyond the application of obvious answers and learn something new. Using principles originated by Heifetz (1994), we advised agency leaders to: 1) Identify the adaptive challenge, 2) Keep the level of distress associated with the change process, to a tolerable level, 3) Focus
attention on ripening the issues and not on reducing stress (which brings relief but impedes change), 4) Create an environment of openness and trust, which supports a focus on individual and organizational learning, 5) Give the work back to personnel, but at a rate they can stand, 6) Protect voices of leadership-without-authority, and 7) Model the qualities you want to cultivate in your organization.

Creating a Blueprint for Change

We support the view of organizations as “whole systems” (Wheatley, 1999). Given this perspective, strategic plans based on predictable formulas, which start with a needs assessment, then shift to goal setting, the identification of objectives, the construction and implementation of interventions, and end with re-assessment, are a useful, but insufficient approach to the change process. Multicultural development of the whole system requires adaptive work, which calls for humility, interpersonal engagement, and an openness to experience. Given that organizational change is nonlinear and multidirectional, how does someone begin to initiate change within a “whole” system?

We suggest that proponents of change rely on a metaphor that is familiar to mental health professionals; the process of psychotherapy. Just as therapy begins with an initial assessment, case conceptualization, and treatment plan, so does organizational change and individual growth. Likewise, as therapy progresses, the therapist modifies her treatment plan to meet the changing needs of the client. The pursuit of agency and individual cultural competence follows an equally spontaneous course. It is up to the leaders, change agents, and members of an organization to cultivate the CINCO elements and imbue the atmosphere of the agency with a propitious desire to learn as well as serve. While there is no particular formula for applying the CINCO elements to multicultural organizational development, we can offer a simple outline of the steps an agency or individual might take to cultivate these elements and as a result, increase their cultural capabilities (see Figure 4).
**Objective:** Strong Multicultural Leadership & Organizational Structures

**Steps:**
- Start with agency identity/mission & demonstrate need for culturally competent services to motivate a "call" for change
- Conduct agency assessment, including
  - Baseline assessment
  - Ongoing evaluation
- Situate agency in developmental scheme
- Set goals
- Develop a strategic plan that includes
  - Enhancing CINCO elements
  - Engaging in adaptive work (learning)
- Provide learning opportunities
- Modify plan as needed

**Objective:** Enhanced Multicultural Competence of Personnel

**Steps:**
- Start with agency identity/mission and call for cultural competence
- Recruit, select, train, and retain persons able to benefit from and contribute to the cultivation of a multicultural learning organization
- Conduct individual assessment, including
  - Baseline assessment
  - Ongoing evaluation
- Situate person in developmental scheme
- Set goals
- Develop a learning plan that includes
  - Enhancing CINCO elements
  - Engaging in adaptive work (learning)
- Provide learning opportunities
- Modify plan as needed

*Figure 4.* Building multicultural competence by blending the CINCO elements with adaptive work.
Building Multicultural Competence by Blending Strategic Planning with the CINCO Elements and Adaptive Work

The chief goal of multicultural organizational development is provision of culturally competent client services. By cultivating the CINCO elements (Capability, Integrity, Necessity, Contact, and Organizational climate) an organization catalyzes its ability to engage in adaptive work and function as a multicultural learning organization (see Figure 5).

This goal can be met by pursuing two objectives: 1) Strengthening leadership towards greater cultural competence and modifying existing organizational structures and 2) Enhancing the multicultural competence of agency personnel. Both objectives need to be pursued. It is a mistake to seek change in one area and not the other. For example, if an agency changes its structures and begins to provide in-home therapy to low income clients from a surrounding Latino community, but fails to recruit, select, train, and retain therapists who can tolerate the ambiguity of the working outside their offices, then the probability of employee and client attrition increases. Likewise, hiring bicultural bilingual personnel, but failing to eliminate client barriers to accessing services will not help the agency achieve its goals.

In figure 5, each objective is followed by a set of steps. We encourage you to incorporate the CINCO elements and opportunities for adaptive learning into your strategic plan. You might consider doing one or more of the following:

- Conduct focus groups comprised of agency personnel or clients and inquire about the accessibility and cultural relevance of the services you offer
- Form a cross-functional diversity advisory committee, which is charged with considering the degree to which the CINCO elements are observed in the agency and formulating goals and steps for enhancing the presence of the elements that seem less pronounced
- Form a task group around each of the CINCO elements/themes and give them leeway to create and conduct learning activities, which foster the development of the elements
- Form multiculturally heterogeneous dialogue groups of 4 to 6 people and invite them to share a meal together and discuss topics related to cultural competence
- Seek out or provide trainings that include a significant amount of interaction around multicultural themes

Examples of the CINCO Elements at CALM & FSA

We thought that it might be helpful for you to see some examples of the ways in which the CINCO elements have been embodied in the organizational activities of CALM and FSA. As you read the examples, think about how your agency might express the CINCO elements. Integrate these activities with your strategic plan for multicultural organizational development (see Table 4).
<table>
<thead>
<tr>
<th>Element</th>
<th>CALM</th>
<th>FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capability:</strong> Agency seeks opportunities to express its capability and fulfill its capacity for growth.</td>
<td>CALM gives people the freedom to develop new programs or to find a niche. The <em>father outreach program</em> was initiated by a staff member who noticed that fathers were underserved by the agency.</td>
<td>FSA’s commitment to serve multicultural communities led it to develop culturally-responsive programs for the Hmong community in north county. The new programs required staff to learn about the Hmong culture. This further enabled them to serve as cultural mediators between clients and other service providers (e.g., physicians).</td>
</tr>
<tr>
<td><strong>Integrity:</strong> Agency nurtures congruence for itself and agency personnel</td>
<td>CALM hires not only bicultural bilingual therapists, but selects people who are also “open to difference,” which helps the agency maintain congruence between its values and its practices.</td>
<td>FSA hires teachers (e.g., ESL) or community presenters who are representative of cultural groups who may be reluctant to seek services. The agency makes sure that their programming reflects the whole community so that clients feel more comfortable. This approach is consistent with FSA’s values.</td>
</tr>
<tr>
<td><strong>Necessity:</strong> Agency motivated by necessity to fulfill its commitment to client &amp; community welfare</td>
<td>CALM allot extra time for the administration of clinical assessment tools when working with monolingual Spanish-speaking clients who need an oral translation or clients who have difficulty reading and need assistance. A typical 2-hour intake can take twice as long or longer. Some written assessments have been translated into Spanish by the staff.</td>
<td>FSA developed programs to meet unmet needs of the community. They created a Latino Outreach Committee, developed outreach programs and services to the Spanish-speaking population, devised multigenerational services, and recruited more bilingual staff.</td>
</tr>
<tr>
<td><strong>Contact:</strong> Agency promotes interpersonal contact among its personnel &amp; with the community</td>
<td>CALM’s bilingual treatment team provides its members innumerable opportunities to realize and discuss national and regional differences in Latino culture and the Spanish language.</td>
<td>FSA leadership solicited community input and as a result consciously shifted services from an agency-based individualized treatment model to a community-based approach. Now nearly all service activities are out in the community, schools, homes, or neighborhoods.</td>
</tr>
<tr>
<td><strong>Organizational Climate:</strong> Agency cultivates a climate that supports development of itself, its personnel, the community, and larger society</td>
<td>CALM has created a climate of acceptance, where English and Spanish are both spoken routinely. Cultural celebrations are woven into the life of the agency and are opportunities to share art, food, customs, and rituals.</td>
<td>FSA encourages providers to be flexible in their roles in activities. For example, therapists and counselors also serve as advocates, liaisons, interpreters, &amp; case managers.</td>
</tr>
</tbody>
</table>

*Table 4. Examples of the CINCO elements at CALM & FSA*
Now use the chart below to identify the ways in which the CINCO elements are expressed in your organization (see Table 5). Then generate new ideas as to how you might increase the presence of the CINCO elements. Does your suggestion require a technical solution or adaptive work? Which type of growth do you desire? What outcomes might you anticipate? How will you know if the changes that you have made are helpful?

<table>
<thead>
<tr>
<th>Element</th>
<th>What we do now</th>
<th>What we could do</th>
<th>Will the change require a technical solution or adaptive work?</th>
<th>Anticipated Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capability: Agency seeks opportunities to express its capability and fulfill its capacity for growth.</td>
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Table 5. Blank chart for identifying and cultivating the CINCO elements in your own agency.
Achieving individual and organizational cultural competence is a lifelong process. We hope that this handbook has served as a lighthouse on what can be a tumultuous journey on the undulating seas of change and growth. One of our focus group participants described this never-ending process in vivid and poignant terms:

There’s a part of me that wants to say, “We’re advanced. We’re the bomb. We’re there. We’re good. We’re the best in Santa Barbara,” because I really believe that in terms of this. And yet I know that we’re not. So, you get a little uncomfortable because I want to say that we’re there, but I also know that we never arrive there, because a part of being there is striving and being aware that we’re not [there]. You know what I mean?
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Western Interstate Commission for Higher Education Mental Health Program/ Center for Mental Health Services/Substance Abuse & Mental Health Services Administration (WICHE/SAMHSA/MHSA) (2001). Cultural competence standards in managed mental health care. Available: [http://wiche.edu/MentalHealth/Cultural_Comp/index.htm](http://wiche.edu/MentalHealth/Cultural_Comp/index.htm)


Appendix A

Methodology

This research project is a collective case study. We used qualitative and quantitative research methods to collect, analyze, and synthesize our data. We selected a case study approach as an appropriate overarching methodology for two reasons. First, as researchers we were interested primarily in the story behind the multicultural organizational change process at CALM and FSA. We wanted to learn how and why change occurred. Second, we did not have any experimental control over the change events at each agency. Our focus was “on a contemporary phenomenon [multicultural organizational development] within [a] real-life context” (Yin, 2003, p. 1), which called for a naturalistic research design that allowed participants from each agency to offer their unique perspective on cultural competence in the work they do. In addition, we purposely incorporated multiple research methods because using different concomitant analyses allowed us to seek out “converging lines of inquiry” (Yin, 2003; 2004) and enabled us to triangulate the data, which resulted in stronger findings.

Participants

Survey

Survey research participants included a culturally heterogeneous sample of 165 agency personnel from all levels of CALM and FSA. Forty people from this group were agency executive leaders and board members.

The majority (56%) of survey respondents were clinicians, 23% were non-clinical direct service providers (e.g., case managers, family advocates), 9% were community volunteers, 10% were administrative associates (e.g., program assistants, receptionists), and 2% were supervisors. They worked at their respective agencies for a mean of 3.58 years ($SD=7.93$), with a mean of 8.92 total years of direct service ($SD=7.0$) and an average of 7 years ($SD=5.4$) of work in administration. About 42% of the respondents said that they were “not at all” involved in policy-making, 23% “very rarely”, 22% “sometimes”, and 11% “very much” involved in policy-making. Approximately 59% of the service providers worked primarily offsite, 33% primarily onsite, and 6% worked 50-50 on- and off-site.

Females constituted 87% of the survey participant group; males were 13%. Self-reported racial/ethnic identities were as follows: 0% Asian American, 0% American Indian, 3% Other, 5% African American, 9% Multiethnic, 32% Latina/o, and 51% White. In contrast, Santa Barbara County is 76% White and 34% Latina/o, most of whom have Mexican heritage, 2.2% African American, and 2.2% American Indian/Alaskan Native, and 17.4% Some Other Race (U.S. Census, 2000). (Note that the U.S. Census allows respondents to report more than one race/ethnicity.)

The average age of the survey respondent group was 40.37 years ($SD=14.58$) and they had the following educational levels: 3% some high school or less, 5% high school grad
or GED, 1% business or trade school, 20% some college, 20% a college degree, 9% some graduate school, 41% a Master’s Degree (largest subgroup), and 3% a doctoral degree.

The leadership across the two organizations was 86% white and 14% Latina/o (no other communities of color were represented in this group), 38% male and 62% female, with an average age of 49 years ($SD=11.2$). This was a very highly educated group of people. A full 56% had a Master’s Degree or higher, 11% some graduate school, 28% a college degree, and 6% some college. No one in this group had less education than some college. The average number of years spent in service at a non-profit was very high: 13.44 years ($SD=11$).

Naturally, the level of involvement in formation of agency policies within this group was also very high: 44% “very much”, 32% “sometimes”, 17% “very rarely”, and 7% “not at all” involved in policy-making. Differences here are likely to be reflective of the different roles that people play in their organizations. Executive leaders are constantly making policies, while board members’ involvement varies with the philosophy of the board itself. Fifty-two percent of this group had never attended a diversity workshop at their agency, while 31% report that they had attended 1-3, 10% reported attending 4 to 6, and another 10% 7 to 9 workshops.

A majority of the people who had not attended any workshops at all were agency board members (77%). This might be one place that both CALM and FSA might infuse greater opportunities for multicultural education. We suspect that this pattern is in evidence among most non-profit agencies, who might (or might not) have cultural diversity on their boards, but frequently have little opportunity to enhance board members’ own sense of cultural competence across multiple domains (e.g., race/ethnicity/culture, class, gender, ability, sexual orientation). This might be an excellent place to cultivate a multicultural learning environment.

**Focus groups**

There were 98 participants in the focus groups; 49 from CALM and 49 from FSA. The mean age of the participants at the time the focus groups were conducted (in 2002) was 42.94 years ($SD=13.93$). Also 86% were female and 14% male. Self-reported race/ethnicity was as follows: 0% Asian American/Pacific Islander, 1% American Indian/native American, 3% Black/African American, 4% Multietnicipal racial, 8% Other, 37% Latina/o or Hispanic American, and 47% White/European American. The groups consisted of people from almost all levels and locations within the organization (no consumers, board members, or volunteers): 19% were administrators, 24% program managers, 10% licensed clinicians, 15% registered interns or trainees, 10% case managers, 8% administrative support staff and 14% other types of personnel positions. The average length of time spent working at either CALM or FSA was 4.60 years ($SD=3.77$). Overall, this was a mature and experienced group, characterized by racial/ethnic demographics which roughly parallel the demographics of Santa Barbara County.

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20 Program managers were frequently also engaged in clinical services and served as clinical supervisors.
A Collective Case Study of CALM & FSA

Case study research is a holistic, rigorous method of inquiry. It is “all-encompassing…covering the logic of design, data collection techniques and specific approaches to data analysis” (Yin, 2003, p. 14). Fundamentally case studies “investigate real-life events in their natural settings” (Yin, 2004, p. xii). Stake contends, "the case study is not a specific technique [but] a way of organizing social data so as to preserve the unitary character of the social object being studied" and “as a form of research, case study is defined by interest in individual cases, not by the methods of inquiry used” (1998, p. 86). Case study research is not limited to a single methodological approach (e.g., conducting and analyzing interviews). Both qualitative and quantitative methods of data collection and analysis are frequently used (e.g., assessment tools, outcome data, surveys, focus groups) and then synthesized into a coherent description of the case.

More specifically, this is an instrumental collective embedded case study of two organizations: CALM and FSA. The cases were bounded by time and location. We studied the process of multicultural change retrospectively, over a ten-year period, and the unit of analysis was each organization. The cases illuminated in this study are instrumental because our primary interest was in studying something more general, namely multicultural organizational development, rather than the individual agencies as singular entities (Stake, 1995). In contrast to an intrinsic case study, which focuses on a bounded system, an instrumental case study’s dominant focus is on broad issues. We agree with Stake who wrote, “Issues are not simple and clean, but intricately wired to political, social, historical and especially personal contexts” (1995, p. 17). This perspective is particularly salient when studying multicultural organizational change processes in mental health agencies.

Additionally, this is a collective case study because we investigated more than one bounded system.

…the researchers may study a number of cases jointly in order to inquire into the phenomenon, population, or general condition. We might call this collective case study. It is not the study of a collective but instrumental study extended to several cases. Individual cases in the collection may or may not be known in advance to manifest the common characteristic. They may be similar or dissimilar, redundancy and variety each having voice. They are chosen because it is believed that understanding them will lead to better understanding, perhaps better theorizing, about a still larger collection of cases (Stake, 1998, p. 89).

Our instrumental collective case study was also embedded:

This occurs when, within a single case, attention is also given to a subunit or subunits…. even though a case study might be about a single organization such as a hospital the analysis might include outcomes about the clinical services and staff employed by the hospital (and possibly even some
quantitative analyses based on the employee records of the staff) (Yin, 2003, p. 42)

In this instance although the primary unit of analysis was each individual organization, our sources of data as well as our analyses included subunits of each organization (e.g., clinical staff, board members, and executive leadership).

Finally, it’s important to know that our choice of cases was predetermined. CALM and FSA were both acknowledged as exemplars of multicultural mental health service delivery by the granting institution from the outset of this project. This strategy is consistent with Yin’s (2003) recommendation:

The simplest multiple-case design would be the selection of two or more cases that are believed to be literal replications, such as a set of cases with exemplary outcomes [our emphasis] in relation to some evaluation theory. Selecting such cases requires prior knowledge of the outcomes, with the multiple-case inquiry focusing on how and why the exemplary outcomes might have occurred…” (p. 52).

Our Quantitative Methods & Procedures

Quantitative methods are the bulwark of psychology research (Ponterotto, 2005; Rennie, Watson, & Monteiro, 2002). Surveys and descriptive statistics are a familiar approach to organizational assessment and often recommended as tools for measuring progress in multicultural organizational development (Cross et al., 1989).

Our use of quantitative research methods served two purposes: 1) to give evaluative feedback to agency leadership and personnel on their perceptions of their organization’s cultural competence in its structure, functions, and service delivery, and 2) to identify areas of strength, which might serve as rich resources for mining the story behind each agency’s multicultural organizational development. Our quantitative assessment strategy centered on the administration and descriptive analyses of a questionnaire on organizational and individual cultural competence in mental health service delivery.

We modified Mason (1995) and Topolski & Evenson (2001) and created the Multicultural Organizational Assessment Survey (MOAS), which was administered to all agency personnel except board members and executive leadership who completed an abbreviated version of the MOAS, which did not include questions related to direct service. Agency executives and board members completed a demographics questionnaire and the first two subscales of the MOAS. The MAOS contained the following scales (Mason, 1995): 1) Knowledge of Community, 2) Personal Involvement, 3) Resources & Linkages, 4) Service Delivery & Practice, 5) Comfort in Service Delivery, 6) Agency Programs for Communities of Color, 7) Agency Personnel Practices, 8) Hiring & Training Policies, 9) Multicultural Policies, and 10) Reaching Out to Communities of Color.

Board members and executives also completed a questionnaire comprised of a selection of items from the Cultural Competence Self-Assessment published by the Child
Welfare League of America (1993). They answered questions related to CEO responsibilities, fund raising and development, involvement in local and federal legislative initiatives, program and policy development, staff recruitment and retention, and community relations from a leadership standpoint. These results were compiled using descriptive statistics and included as distinctive elements in presentations to each agency.

The survey was administered in small groups at each agency over a period of approximately nine months. Results of the survey (descriptive statistics and some within-agency, but between-group comparisons across scales) were used to provide feedback (in summary form) to CALM and FSA personnel as part of PowerPoint presentations for staff, board members, and leadership groups. Both agencies used this information to set goals for their continued multicultural organizational development. We used the results of the quantitative assessment to inform the design of the focus groups.

Our Qualitative Methods & Procedures

Qualitative methods enabled us to capture the richness of the environments we entered while focusing on the meaning-making of the research participants. Multidisciplinary in application, as well as multi-method in nature, qualitative research takes an “interpretive, naturalistic approach to its subject matter...qualitative researchers study things in their natural setting, attempting to make sense of, or interpret, phenomena in terms of meaning people bring to them” (Denzin & Lincoln, 1994, p. 2).

We had two sources of qualitative data, namely agency documents and focus groups. We systematically reviewed over 163 documents (e.g., personnel manuals, annual reports) and searched each document for: 1) evidence of multicultural competence using the survey domains and the Cross model (this was a very informal and subjective process), 2) gaps in attention to multicultural issues or emphases, 3) questions about the organization and MOD, and 4) general observations of themes. Patterns which emerged from the document review served as a supplement to the meatier focus group analysis of recurrent themes.

Altogether, we conducted 15 focus groups, which typically consisted of six to eight employees. We varied group membership according to key dimensions of identity, specifically racial/cultural identity, gender, and agency role. We conducted five heterogeneous (cross-functional) focus groups, two white and two person-of-color focus groups (cross-functional), two clinician focus groups, two executive leadership and two supervisor focus groups.

We asked a variety of questions related to multicultural competence in the field of mental health (see appendix B for our general research questions). Questions varied slightly according to the composition of the group (e.g., executives answered questions about leadership and clinicians answered questions about therapy)21. We audio-recorded and transcribed each of the focus groups (see Appendix C for heterogeneous

21 To obtain copies of focus group questions specific to each group contact Heidi A. Zetzer, Ph.D., Antioch University, Santa Barbara
focus group questions.) We analyzed 600 pages of transcription using computer-assisted (Bazeley & Richards, 2000) grounded theory analytic methods (Strauss & Corbin, 1998).

Specifically, we “open-coded” each transcript by reading each one and identifying participants’ words and phrases that seemed relevant to our ultimate goal of creating a process model of multicultural organizational development. Then we collapsed our open codes into larger categories. (At one time we had over 500 categories across all 15 transcripts.) These categories were then grouped into concepts. We used the relationships among these concepts to identify recurring themes. Later, we used these themes to identify the five essential elements in our process model of multicultural organizational development in mental health agencies, CINCO Elements. The model is grounded in the data and built on concrete examples of the ways in one or both of the agencies enhanced the cultural competence or its organizational structures, functions and personnel.

Theory Building in Case Study & Qualitative Research

Much of case study research is aimed at uncovering what can be learned from an individual bounded system without the intent of generalizing outside the system. The name case study is emphasized by some because it draws attention to the question of what specifically can be learned from the single case. That epistemological question is the driving question of our methodology: What can be learned from the single case?

Yin suggests that the research design steps necessary to successful complete a rigorous case study begin with the construction of a preliminary theory before any data collection. This, he says, is the primary difference between case studies and other similar methods. “[The] role of theory development, prior to the conduct of any data collection, is one point of difference between case studies and related methods such as ethnography…and ‘grounded theory’.” Typically these related methods deliberately avoid specifying any theoretical propositions at the onset of the inquiry.

Given this assertion it would appear that grounded theory and case study research strategies are mutually exclusive methodologies. However, we have found this is not the case. Not only are the analytic methods complementary, but they share philosophical phenomenological and paradigmatic constructivist roots. Indeed the foreshadowed question, which is the beginning of a ‘pure” grounded theory study, closely mirrors loose propositions that begin a case design.

However, theory development does have its place in case study research (Eisenhardt 1989; Pare 2002). In this study we used grounded theory strategies to code and analyze the focus group data (Glaser & Strauss, 1967; Strauss & Corbin, 1990;1998). Rooted in the sociological tradition of symbolic interactionism (Blumer 1969; Mead & Morris 1934), grounded theory’s primary aim is theory development; not the testing of theory but the construction of theory that is “grounded” in the phenomena
studied and which is revealed through constant comparison of the data. Grounded theory is particularly appropriate for this study because we are interested in *patterns* and *process* (Strauss & Corbin, 1994).

…grounded theory researchers are interested in patterns of action and interaction between and among various types of social units (i.e., ‘actors’). …they are also much concerned with discovering *process*—not necessarily in the sense of stages or phases, but of reciprocal changes in patterns of action/interaction and in relationship changes of conditions either internal or external to the process itself (p. 278).

We were not solely interested in the creation of theory – but the “recovery” of accessible and useful theory – theory that is grounded in the experience of the participants and that is therefore substantive. Strauss and Corbin suggest that although not every grounded theory will have practical application, commitments to our social world “carry responsibilities to develop or use theory that can be of service…” (Strauss & Corbin 1994, p. 281) We agree with hooks (1994, p. 64) “…any theory that cannot be shared in everyday conversation cannot be used to educate the public.”

Our study was an iterative process. We began with a broad interest about the processes occurring on multiple levels (e.g. personal, organizational, environmental) as a mental health agency becomes increasingly culturally competent. As the study progressed, the systematic collection of data (interviews and focus groups), and concomitant coding, analysis and interpretation, acted as a feedback loop. Questions continued to evolve and be discovered throughout the process. Ultimately the theory/model that emerged directly from the data was firmly based in the lived experience of the participants.
Appendix B
Research Questions

1. What are the necessary and sufficient conditions for multicultural organizational development?
2. What factors promote movement from one stage of development to another?
3. What is the status of the agency’s multicultural organizational development?
4. What stage best represents them?
5. What factors motivate individual and organizational multicultural development?
6. What is the agency’s readiness for change?
7. Is there a climate that supports multiculturalism?
8. What is the level of reflection on multicultural issues in the agency?
9. What is the role of leadership in promoting multicultural organizational development and service delivery?
10. What are the critical incidents in the agency’s multicultural organizational development?
11. How does a therapist’s level of racial/cultural/white identity development affect service delivery?
12. What do agencies and individuals fear about the multicultural assessment process?
13. How do agencies and its members cope with racial double-binds? For example, how do they cope with the conflict between bringing diversity to an agency and people of color wanting to be seen as individuals?
14. What is it like for people of color in agencies, which are moving from monocultural to multicultural?
15. What is the impact of changes in staff composition (increases in bicultural bilingual staff) on the organizational climate? How are these changes accommodated?
16. How does an agency identify and manage multicultural conflict?
17. What is the predominant attitude towards cultural differences? How important are they?
18. Where did we find the most emotion in the assessment process? What topics have the highest emotional valence?
19. Where do we see the most significant shifts in the respondents’ perspectives on multiculturalism and cultural differences?
20. Does the agency have a sense of community?
21. How is “community” demonstrated by the agency?
22. What are the agency norms?
Appendix C

Sample Focus Group Questions

Multicultural Demonstration Project:
Heterogeneous Focus Group Question Guide

Registration (10:00-10:10)

Introduction (10:10 –10:15)

Opening Question (10:15-10:20)
1. How long have you worked at CALM and what do you enjoy doing most when you're not at work? (30 seconds/response)

Introductory Questions (10:20-10:40)
2. When you hear the words "multicultural competence" what comes to mind? (5 min)
3. What types of multicultural issues arise in your work? (5 min)
4. What are some ways that you have used multicultural skills while working at CALM? Please be specific. (10 min)

Key Questions

Individual Cultural Competence (10:40-11:10)
5. What are some characteristics/qualities of an individual who has a demonstrated commitment to multiculturalism?
6. What steps should an individual take to develop multicultural competencies?
7. What steps have you taken to become more multiculturally competent? Examples?
8. What makes this task challenging for you? Examples?
9. What do you need to support your continued multicultural development?

Agency Cultural Competence (11:10-11:40)
10. What are some characteristics of an agency that has a demonstrated commitment to multiculturalism?
11. What steps should an agency/organization take to become more multiculturally competent?
12. What steps has CALM taken to become more multiculturally competent? Examples?
13. What makes this task challenging for CALM? Examples?
14. What does the agency need to promote its continued multicultural development?

Ending Question (11:40 – 11:50)

15. Imagine that you go to sleep one night and you wake up the morning and it is five/ten years into the future. This is an ideal future in a multicultural organization. What is your organization doing to help people? (Maybe write ideas down, then share.)

Summary Question (Moderator summarizes comments) (11:50 - end)

16. How well did I capture what was said here? Is there anything that you would like to add?

Feedback Question (end)

17. This is the first of our group interviews. We are planning to hold several more over the coming weeks. What advice do you have for us?
Appendix D

Additional Resources on
Adult Learning, Culture & Mental Health, Cultural Competence,
Organizational Development &
Related Topics

Adult Learning


Agency Cultural Competence


African American Clients & Communities


American Indian/Alaska Native Clients & Communities


Asian and Pacific Islander Clients & Communities

Assessment of Cultural Competence


Cultural Competence and Child Welfare


Cultural Competence and Mental Health Services


Cultural Competence & Psychotherapy Outcome


Cultural Competence & Family Violence


Hispanic/Latino Clients & Communities


**Multicultural Counseling & Psychotherapy Education & Training**


**Multicultural Supervision**


**Multicultural Organizational Development**


**Organizational Development**