

PROMOTING CULTURAL DIVERSITY AND CULTURAL COMPETENCY

Self-Assessment Checklist

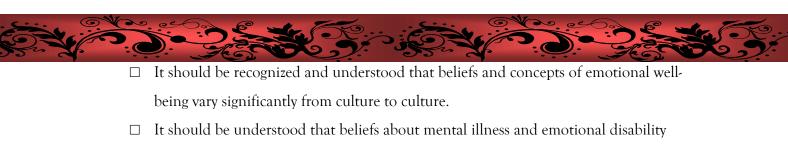
PHYSICAL ENVIRONMENT, MATERIALS & RESOURCES

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



VALUES AND ATTITUDES

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



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

☐ It should be accepted that many evidence-based prevention and intervention approaches will require adaptation to be effective with children, youth and their families from culturally and linguistically diverse groups.



COMMUNICATION STYLES

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



- a. applied within the program or agency
- b. advocated within the program or agency
- ☐ The implications of health/mental health literacy are understood within the context of the staff's roles and responsibilities.

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

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