

## BUILDING CULTURAL COMPETENCE IN DISASTER PREPAREDNESS AND RESPONSE

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## WHAT IS CULTURAL COMPETENCE?

- CULTURAL COMPETENCE IS A SET OF VALUES, BEHAVIORS, ATTITUDES AND PRACTICES THAT ENABLE PEOPLE TO WORK EFFECTIVELY ACROSS CULTURES
- IT REFERS TO THE ABILITY TO HONOR AND RESPECT THE BELIEFS, LANGUAGE, INTERPERSONAL STYLES AND BEHAVIORS OF THOSE RECEIVING DISASTER SERVICES AS WELL AS THOSE PROVIDING SERVICES
- IT IS A DYNAMIC, ONGOING DEVELOPMENTAL PROCESS THAT REQUIRES LONG-TERM COMMITMENT AND IS ONLY ACHIEVED OVER TIME

(DHHS, 2001)

## THE CULTURAL COMPETENCE CONTINUUM

- CULTURAL DESTRUCTIVENESS
- CULTURAL INCAPACITY
- CULTURAL BLINDNESS
- CULTURAL PRE-COMPETENCE
- CULTURAL COMPETENCE
- CULTURAL PROFICIENCY

(CROSS et al., 1989)

## 9 GUIDING PRINCIPLES FOR CULTURAL COMPETENCE IN DISASTER RESPONSE

- 1 – RECOGNIZE THE IMPORTANCE OF CULTURE AND RESPECT DIVERSITY
- 2 – MAINTAIN A CURRENT PROFILE OF THE CULTURAL COMPOSITION OF YOUR COMMUNITIES
- 3 – RECRUIT DISASTER WORKERS WHO ARE REPRESENTATIVE
- 4 – PROVIDE ONGOING CULTURAL COMPETENCE TRAINING TO STAFF

## 9 GUIDING PRINCIPLES (CONT.)

- 5 – ENSURE SERVICES ARE ACCESSIBLE, APPROPRIATE AND EQUITABLE
  - 6 – RECOGNIZE THE ROLE OF HELP-SEEKING BEHAVIORS, CUSTOMS AND NATURAL SUPPORT NETWORKS
  - 7 – INVOLVE “CULTURAL BROKERS” REPRESENTING DIVERSE GROUPS
  - 8 – ENSURE SERVICES AND INFORMATION ARE LINGUISTICALLY COMPETENT
  - 9 – CONTINUE TO ASSESS AND EVALUATE
- (CMHS, 2003)

## IMPORTANT CONSIDERATIONS FOR CROSS CULTURAL INTERACTIONS

- 1 – COMMUNICATION
- 2 – CONCEPT OF PERSONAL SPACE
- 3 – SOCIAL ORGANIZATION
- 4 – CONCEPT OF TIME
- 5 – ENVIRONMENTAL CONTROL

(GIGER AND DAVIDHIZAR, 1999)

## CULTURAL COMPETENCE SELF-ASSESSMENT

- 1 – LEADERSHIP
  - 2 – UNDERSTANDING
  - 3 – ORGANIZATIONAL CULTURE
  - 4 – TRAINING
  - 5 – CULTURAL COMPETENCE PLAN
  - 6 – MANAGING THE PLAN
- (SAMHSA, 2003)

## CULTURAL COMPETENCE CHECKLIST

- CULTURAL COMPETENCE SHOULD BE INTEGRATED INTO THE DISASTER PLANNING PROCESS PRIOR TO THE PROVISION OF DISASTER SERVICES
- THIS CHECKLIST IS AN INFORMAL ASSESSMENT TOOL THAT CAN ASSIST IN THE DEVELOPMENT OF DISASTER COUNSELING PROGRAMS

(CROSS et al., 1989 and SAMHSA, 2003)

## LIST OF HANDOUTS

- 1 – THE NINE GUIDING PRINCIPLES FOR CULTURAL COMPETENCE IN DISASTER RESPONSE
- 2 – THE CULTURAL COMPETENCE CONTINUUM
- 3 – IMPORTANT CONSIDERATIONS FOR CROSS CULTURAL INTERACTION
- 4 – CULTURAL COMPETENCE SELF-ASSESSMENT TOOL
- 5 – CULTURAL COMPETENCE CHECKLIST
- 6 – CULTURAL COMPETENCE RESOURCES AND TOOLS

# Pacific EMPRINTS Transcript

## “Building Cultural Competence in Disaster Preparedness and Response”

Expert: Ken Lee, MSW  
Disaster Mental Health Lead, Hawaii Chapter  
American Red Cross  
Honolulu, Hawaii

Date: January 16, 2008

Slide 1: “Building Cultural Competence in Disaster Preparedness and Response”  
Opening:

The following presentation was recorded at Pacific EMPRINTS’ 2008 Pacific Preparedness Conference: Capacity Building to Address Vulnerable Populations, which took place on January 16, 2008, at the Hilton Waikiki Prince Kuhio Hotel. Pacific EMPRINTS is honored to present Ken Lee, the Disaster Mental Health Lead for the Hawaii Chapter of the American Red Cross, giving his presentation entitled “Building Cultural Competence in Disaster Preparedness and Response.”

Moderator Anna Daddario:

I would now like to introduce our first speaker, Mr. Kenneth Lee, M.S.W., who serves as the volunteer Hawaii State Disaster Mental Health Lead for the Hawaii State Chapter of the American Red Cross. He is a national Red Cross instructor, a member of the national Red Cross Critical Response Team, and the International Response Team of the American Red Cross International Disaster Response Unit. During the past year, Mr. Lee was the Director of the Disaster Case Management training program at the University of Hawaii School of Social Work. He has more than 39 years experience as a clinical social worker, grief and bereavement counselor, and disaster mental health clinician within a multitude of settings. Mr. Lee was awarded the National Association of Social Workers’ Knee-Wittman Lifetime Achievement Award in the field of mental health as well as the American Red Cross’s highest form of recognition, the Clara Barton award for exceptional service in 2002. So please join me in welcoming Mr. Ken Lee.

Mr. Ken Lee:

My goals during this session are really simple. I don’t have a whole lot time with you. So, what I want to do is put into your hands a lot of very practical handout material that you can carry back to your agencies, and actually put to use. I think that’s the best thing I can do with the time that I’ve got available with you. A quick show of hands, how many of you are involved in preparedness, planning, and

evaluation? Okay. How many of you are involved in response part, or actually getting out and working with people? How many are involved with both? Okay. Pretty staggering and the things I'm going to say apply to both planning and evaluation as well as the response part; that's why I took that quick survey. But we're going to go through, the PowerPoint stuff, I'll be relating it to the handouts really quickly, and then we are going to get to the fun part of the course, which is really seeing some of the slides; I describe that as the experiential part. My take on learning is that you can learn a lot through your left brain, if you get close to me you will notice that my eyebrows are turning different colors. My one left eyebrow is turning silver and white, because that's where I do my thinking. My other eyebrow is still black, and I can't figure out why, apparently the emotional side of me is more healthy than the rational side of me. But let's roll...

### Slide 2: "What is Cultural Competence?"

Mr. Ken Lee:

The first thing we want to do is define what cultural competence is because if we are going to be talking about that for the next 30 minutes, we got to know what we're talking about, right? Okay, so if we start defining terms, I've got a fairly simple three component term up there, or rather definition up there. But what I really want to emphasize is that cultural competence really involves values, behaviors, attitudes, and practice. This really gives us kind of a view on the internal focus of what cultural competence needs to be. Of course, all of these things, the values and attitudes are related because our values and attitudes are eventually going to affect our behaviors and practices. So we've got to make sure that's one thing we look at. The other thing I want to emphasize about this definition is that cultural competence is a continuous process. Okay? It's not like you run a marathon, cross the finish line, and you go, "I did it, I'm there." It's something that's ongoing, it's like hitting a moving target and the target will continue to move. So something that we never completely accomplish, but it's something that we continue to develop and work on, and it's a very dynamic process. In the second bullet there, it says, "refers to honor and respect." I would like to add one other word there, and that's the word "humility." Humility is so important, and to me the concept of humility is going up to a group of people, and I actually did this. Some of you remember about a month ago there was a terrible house fire in Salt Lake and it affected 31 people; a little three-year-old boy died. I was called out for that, I was the first Red Cross worker to respond. And when I got there I was expecting a single-family house fire with maybe five or six people. But I was astounded, it looked like a platoon of people sitting in a garage. And they were all Micronesian. I found out that they were from the island of Chuuk, we used to call Truk, but its been renamed, they got their name back and they are Chuukese people. When I went up there it was so dramatic, because Mom had just been informed by the Fire Department that her son had died. So she was in the midst of wailing and grieving. And luckily when I come to these things I come prepared with little teddy bears, I usually give them to the kids. The first thing I did without a word is I went up to Mom, she was being held up by two policemen, she was ready to collapse. I said, "Please put her down, she's going

to fall.” They put her in a chair; I gave her a teddy bear. She just began to hug it, squeeze it, and immediately I could see some control, she was regaining control, some of the wailing stopped, she began to focus a little more. I turned to the other 30 family members there and this is what I did. I don't speak Chuukese, so I said, “I'm sorry, I'm so sorry, I apologize. I don't speak your language. Is there anyone here that can speak English?” And two people emerged. And that's what I refer to as cultural humility. It's not, “I'm with Red Cross; I'm coming in here, give me your name, give me your number, give me your address.” But immediately recognizing I'm in a situation where I'm dealing with people I don't know, from a culture I don't understand. I become the learner and with an attitude of humility, begged in a humble way, “Please teach me, please help me understand how I can help you.” So I want to emphasize that; add humility to your list.

### Slide 3: “The Cultural Competence Continuum”

Mr. Ken Lee:

Okay, if you turn to your next page in your handout material you're going to see something called the cultural competence continuum, because that's exactly what it is. Everybody isn't equal, but we all fall in different stages. As we go through the continuum, I really want you to become very, very comfortable with being honest in evaluating both yourselves, and the agencies you represent, in saying, “Where do I fall on this continuum?” The first level of the continuum is cultural destructiveness. This basically is people who do intentional harm. People who come in with total disrespect and say, “This is a bad culture. I want to destroy it.” And they create policies and practices to do exactly that. Level 2 is cultural incapacity. I call this benign harm. People who operate on this level are, through the belief, the benign belief, that their reference group is just superior. “Our way is the best way of doing it and if these people can't conform to us, that's their tough luck.” But they're not out to harm people; it's just benign neglect. Level 3, cultural blindness, is pretty similar, but I call it benign indifference. People who are culturally blind believe culture makes no difference, that we're all the same. And if people can't adapt to the way that we do things, that's okay. But they are totally blind and indifferent to the fact that we are the ones, we as the service providers and the planners need to go and do that extra step and go the extra mile to serve the people who are a vulnerable population. And why do we include cultural issues as part of our discussion of vulnerable populations? You guys have all heard of the term the “fog of war”? There's also the “fog of disaster.” In every single disaster response I've been to, and I've been to more than 40, there is so much coming at you, and you're on so great an overload, you're so over-stimulated that you put on blinders; it's like having tunnel vision. And the people you see are the people who speak English, the people who relate to you in what you consider a culturally appropriate way, and you just tend to screen out all of the outliers. Because there's so much to do, so much to see. And the most vulnerable people are the ones that aren't standing in front of you. The ones that are outside of your field of vision and perception, simply because you're culturally blind. Four is cultural pre-competence. At this level we can honestly recognize

that culture does make a difference. You also recognize your own shortcomings, but at this level you do it in a kind of an embarrassed, uncomfortable way. "Oh, my slip is showing. I recognize it's important, but I know we are not quite there." So people who are embarrassed and who are reacting out of embarrassment, tend to do things in a cosmetic way rather than a real way and this produces a response that leads to tokenism. We make token adjustments, we put token phrases in our plans, but we never operationalize them. We make token efforts at maybe hiring one or two people that represent some attempt at bringing diversity to our staff. But these are just cosmetic, they are not really coming from the point of view of really being comfortable in saying, "Hey, we are not there yet, but we are going to make real efforts." And that's the next step, that step is called cultural competency. At that point that you've reached this step, you can truly and comfortably say, "we are not there yet, we understand the importance of it, we can be comfortable about saying we're not there yet, and we can make honest differences, we are really going to give it a try," and that's really important. At this level people make a chance to expand their knowledge base, and they apply it. It's not just token writing, they actually apply the knowledge base, their planning into their preparedness plans, policies, and procedures. They actually take steps to identify gaps in their knowledge and maybe it could involve targeting the hiring of staff that will bring that knowledge and expertise to the agency. Or forming contractual relationships with people who can bring that knowledge and expertise into the agency. By the time we get to cultural proficiency, because basically cultural proficiency does all the things in step five, cultural competence, but you go one step further. What this additional step involves is really looking at knowledge and research and adding to the policies and best practices that we can create. It's like really making special effort to form relationships with universities, with people that do research. And really not only expanding the knowledge base but sharing it with people that are going to use it.

#### Slide 4: "9 Guiding Principles for Cultural Competence in Disaster Response"

Mr. Ken Lee:

We are now going to change our topic here, and you can flip your page. I've listed nine guiding principles for developing cultural competence in disaster response. This slide pretty much speaks for itself, but I just want to highlight a couple of things. A lot of people have some difficulty saying, well, let's look at number two. "How do I maintain a profile with the cultural composition of our community?" How would you guys do it? Any ideas?

Audience member:

How would you define communities? By neighborhood? By island? By state?

Mr. Ken Lee:

However your agency defines its area of responsibility. Ed Teixeira would use the acronym AOR, right Ed? But if it's the state, if you worked for county civil defense and someone is on Oahu, it would be Oahu. If it is, I work for an agency that deals with deaf people, it would be your deaf community, okay? Well I'm going to

move the agenda. A simple way is census data. If you're in a healthcare field, and you defining your community by a diagnostic group, than someone like the Hawaii Healthcare Association, would have that information. If we are talking about ethnic and racial communities, the Red Cross has a really neat system on their computer, and it's called CrossNet, and they maintain profiles of every single community the Red Cross serves. This is useful for us, because if we have a disaster in XYZ community, we can immediately go to CrossNet and pull up the most recent census data, you can consolidate a report, to find out what the composition of the community is. And even a geo-ethnic mapping as to where the concentration of these people are. Then we simply overlay a disaster area, and we have some ideas of what we're getting into. Step number three is really important for recruiting disaster workers who are representatives of the communities you are going to serve; we call these door openers. Remember the Big Island quake? Of course you do. Our big disaster here was the lights went off for a day. But let me tell you, it was different on the Big Island. One out of 25 homes got, not necessarily destroyed, but got damaged; 1 out of 25. So how did we respond to the people that had long-term needs, we're talking about houses that were completely demolished, people did not have insurance, people had limited resources through the Red Cross, I mean, we don't rebuild houses. FEMA would offer them loans to help them partially recover. But they still had large unmet needs. So we began to use what we call the VOAD system. VOAD is an acronym, Voluntary Organizations Active in Disasters, and they have a long-term needs committee. They solicit help from agencies who are willing to donate. Like if you go to City Mill and they say, "We'll give you lumber." Okay. You go to a faith-based group like the Mennonites, and they say "We'll get the lumber and we'll build the house." And on and on and on. That's what the VOADs do. Someone needs to case manage that process, it becomes so complex, because there's so many agencies involved. So when I was introduced, you heard something of how I was involved in establishing and developing a long-term case management system for disasters. And that's basically what I did for the past year for U of H. The system that we used was based on a notion of cultural competence. There were a lot of people who were just doing standard training and case management, we said we're going to do something different. Instead of doing a semester long course, we are going to develop a course that takes one and a half days, and that's it. Instead of recruiting generic people, we are going to wait for the disaster to happen, we are going to go to the community that's affected, and we're going to say, "How many people in this community want to work for us as case managers? We'll give you a 1 1/2 day training program, we will pay you to do this job, and we do what we call a "just-in-time training"." I mean, why train generic strangers to come into some community, and they don't know what's going on. It's better to get people from that community, give them just-in-time training, and then they have credibility, they have some ability to make the applicants responsible and accountable. Like Joe will come up and go, "oh, you know, my wall. My wall broke down." And a caseworker will say, "Joe, half that wall was broken before the earthquake. I drove by it every single day. What are you talking about?" And Joe goes, "Oh yeah, okay. Maybe it all didn't

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fall down.” But you know, it's that kind of dynamic, where they not only come in with cultural knowledge, but they know their neighbors, and they have that credibility. So that's, that's how, you know, you can integrate concepts of cultural competence, and how you set up a whole training program. In terms of training targets, you really need to look at a couple things. First is, you know, in terms of providing training you need to really address general attitudes and values. And we all have our own hang-ups, you've got to admit it, we all have our own hang-ups. But you need to address first of all, what people instinctively feel when they hear talk about or meet someone from a different culture. Only then can you target changing behaviors and practices. But it's got to start from the inside before you can operationalize it on the outside.

#### Slide 5: “9 Guiding Principles (Cont.)”

Mr. Ken Lee:

Continuing the nine guiding principles, let's see. That slide again pretty well speaks for itself. Number six I wanted to make a comment on, recognizing the role of help-seeking behaviors, customs and natural support networks. Good example of this, I think, is when I went to Guinsaugon, that landslide in South Leyte. I was really surprised because what we did was, through a lot of local translators and stuff, we got the word out that we were here to help; nobody came. Nobody came. It was the strangest thing. So after about a half a day of waiting, and I that we were being pretty patient. I thought maybe, you know, their sense of time was different. After about a half a day of waiting, we jumped in our Jeeps and 4-wheel-drives and we went out to where the people were, some of it was still tent city and some of it was fairly remote, and we were doing what we call outreach. What they thought was the landslide happened because of God, and it was not proper for them to go out and challenge God by getting help. And it had never occurred to us that this was their frame of view, that there'd be something wrong about asking for help. So we simply began to, after recognizing this, we got all the provisions and all the stuff they needed and we simply dropped it off at the houses saying, “This is from God. God is giving this to you and you don't have to ask.” You know, it's okay. It then became okay. But without that kind of outreach or awareness that there may be a difference in cultural perception, this stuff would've sat in the warehouse, guys, and people would have said, “Oh, I guess they don't need it, let's send it back.” Number eight, I wanted to make a little comment about ensure services and information are linguistically competent, and again, this means two things. It's not only getting translators, people that will do a good job translating; they are so important. But make sure that after you do a cultural mapping of whatever your target population is, do handouts in different languages, because that handout material is just so important. Make sure that when you send out flyers saying that we are opening an Assistance Center in a certain area, that the flyers are not only printed out in the language that the cultures are going to be using, but in terms that is culturally acceptable. For example, if our handouts in South Leyte said, “God wants you to go to the Center and get help,” maybe people would have



showed up. But we didn't know that. The handouts simply said, "For help, come to XYZ Center in St. Bernard," and we didn't know any better at that time.

#### Slide 6: Important Considerations for Cross Cultural Interactions"

Mr. Ken Lee:

Let's talk about a few considerations, and this is kind of good because, again, our keynote speaker highlighted a lot of this stuff. I'm just going to say a few more words on it. I highlight five areas, communication, concept of personal space, social organization, concept of time, and environmental control. The first, language; language isn't only getting translation services, but it's knowing who to address, how to address them. Again, if I flash back on that Salt Lake family, you know, I handed the lady the bear. I went up and humbly asked for their help, "Does anybody speak English?" Two people came forward, what do you think the next thing I did was? I said, "Who speaks for the family? Who's the chief?" Because in my rudimentary knowledge of Pacific island cultures, there is a chief. In Samoa, they actually say, "You are the talking chief." It's an identified role, because you could have many chiefs, but there's one talking chief. And that's the person that speaks for the tribe. Well, it turned out that this Chuukese family essentially was the tribe. There were seven different families, 31 people living under one roof, so I had to identify who is the person I speak with, that speaks for the tribe. And they immediately pointed to an individual, they knew who this person was. So, this person unfortunately did not speak good English, so I said, "Who is willing to help translate?" And they began working with the chief. Once that happened, it just became so simple. The chief could identify the seven different groups. So each group had a sub chief, we had the sub chiefs come up, they wrote down the family names and the people under them, and interestingly enough there was always a pecking order. You know, you start listing names in your family, you instinctively do it by pecking order. So relatively quickly, in 20 minutes we had the names and the pecking orders of seven different families. The police didn't have it, the Fire Department didn't have it, and they had no idea how to get it. So, basically when you look at communication, it's not only what we say, but it's who you say it to and how do you find that person? I'm also going to say communication is extremely complex, and that there's a lot more that goes on besides flapping of the jaws. We all know nonverbals are so important. Very often, nonverbals speak so much more eloquently than verbals. This is why when I approach the family, I tried to approach them in a humble way. Just think about your, you know, what you take for granted in terms of nonverbals. Here in American culture, when I speak to people, I want to look them directly in the eye. And we kind of think that if people don't look us directly in the eye, they are kind shifty, there's something wrong with them. In a lot of Asian and Pacific cultures this is disrespectful. You don't do that, because you're challenging somebody. So what I do is I become very sensitized to what they're doing. I start by looking them in the eye and if they're doing this while they talk or if they're looking at the ground while they talk, I do the same thing. I mirror their behavior because they're giving me cues, cultural cues that I've got to be open to and what I do just instinctively now is I do whatever they're doing. If they move back, it means I'm

standing too close. Okay. We are getting the concept of personal space. If they move forward, I move forward. If they lean forward, I lean forward. If they lean back, I lean back. Here in Hawaii, you know, it's probably a little confrontational for two people to sit directly across from each other; there's some degree of tension. In the US that is how people sit, you sit directly across from somebody. And there may or may not be a table. Here in Hawaii we sit maybe at a 45° angle, or even side-by-side. So we can look at each other when we talk. But this whole concept of personal space is really important. And you have to take cues with the population you are working with. Again, social organization is like, who's the talking chief, who's the person that you've got to deal with? You can really insult and alienate people by dealing with someone who's not an authorized speaker for the family. In the U.S., we have such strong values based on individualism. Everybody's got a right to make their own decision, personal choice and all that stuff. It's not so in most of the world's cultures. Pacific islanders and Asian cultures; it's the group, it's the family, it's the community that has priority over the individual. It's what makes sense for the most rather than what makes sense for me, and it's something we have got to appreciate. The last one, environmental control, I already made some reference to it when I talk about Guinsaugon, environmental control is just basic beliefs that might be based on religious traditions or cultural traditions. And people have different beliefs as to why disasters happen. A lot of people, like the people in Guinsaugon, are unwilling to seek help thinking that it was against the will of God, so you have got to understand that.

#### Slide 7: "Cultural Competence Self-Assessment"

Mr. Ken Lee:

Okay, we are going to start on tools that I have provided you. Hopefully we're all at the stage of at least Stage 3, you know, which is kind of the midline stage. We are all willing to say cultural competence is important, I do recognize that I am not really there yet, my agency is not really there yet. Okay, and what we are talking about is being willing to do an honest self-assessment and I'm giving you a tool there in terms of how to do it. It's in the handout section, okay, and the handout section is really a section I think you'll find useful, because it just expands on all the things I've covered so far. But in the handout section there is already a self-assessment tool. Everybody see it? You can take that in the privacy of your own home. It would be also interesting to take it back to your agencies and Xerox it and have all your workers take it in the privacy of their own home. And they can anonymously give you what the results are, and all of a sudden you have a fairly good map as to where your staff in your agency is in terms of developing cultural competence. You get the use of that? How many people are going to do this? Good, good. I'm going to hold you to it now!

Slide 8: "Cultural Competence Checklist"

Mr. Ken Lee:

There's something called a cultural competence checklist. Do you see it there? Okay. Again, that's something you can do; as a whole agency, you can do it anonymously, you can do it as a group where the group has to reach consensus on each one of those checkboxes. So that's a very valuable tool in terms of telling you where you are on the continuum. So I really encourage you to use this stuff if you're serious about developing cultural competence. This is stuff I really want you to use.

Slide 9: "List of Handouts"

Mr. Ken Lee:

So, you should have a list of all these handouts. If they're not in there, let me know.

Closing:

Once again, that was Ken Lee, the Disaster Mental Health Lead for the Hawaii Chapter of the American Red Cross. For more presentations from the Pacific EMPRINTS 2008 Pacific Preparedness Conference: Capacity Building to Address Vulnerable Populations, please watch Pacific EMPRINTS' website for upcoming offerings.

## NINE GUIDING PRINCIPLES OF CULTURAL COMPETENCE

- 1 – Recognize the importance of culture and respect diversity.
- 2 – Maintain a current profile of the cultural composition of the community that you serve.
- 3 – Recruit disaster workers who are representatives of the community or service area.
- 4 – Provide ongoing cultural competence training to disaster mental health staff.
- 5 – Ensure that services are accessible, appropriate and equitable.
- 6 – Recognize the role of help-seeking behaviors, customs, traditions, and natural support networks.
- 7 – Involve as “cultural brokers” community leaders and organizations representing diverse cultural groups.
- 8 – Ensure that services and information are culturally and linguistically competent and appropriate.
- 9 – Assess and evaluate the program’s level of cultural competence on a continuous basis.

## THE CULTURAL COMPETENCE CONTINUUM

1 – CULTURAL DISTRUCTIVENESS – Organizations or individuals at this stage view cultural differences as a problem and participate in activities that purposely attempt to destroy a culture. Examples of destructive actions include denying people of color access to their natural helpers, removing children from their families on the basis of race, and operating on the assumption that one race is superior.

2 – CULTURAL INCAPACITY – Organizations and individuals lack the ability to help cultures from diverse communities without intention to cause harm, believing in superiority of their own ethnic group. They may act as agents of oppression by enforcing racist policies and maintaining stereotypes.

3 – CULTURAL BLINDNESS (MIDPOINT) – Believe that culture makes no difference. Believe that they have no biases and that they address needs of different cultures, but do not perceive differences. Services and programs at this point are virtually useless to address the needs of diverse groups.

4 – CULTURAL PRE-COMPETENCE – Recognize weaknesses in their attempts to serve various cultures and make some efforts to improve services. Include people from different cultures in activities. Organizations at this stage usually run the risk of being complacent and “tokenism” is a danger.

5 – CULTURAL COMPETENCE – Accept and respect differences and participate in continuing self-assessment. Continuously expand cultural knowledge and resources and modify service models. Programs at this point actively strive to hire unbiased employees and seek advice from the cultures they serve.

6 – CULTURAL PROFICIENCY – Hold diversity in high esteem, conducting research, developing new therapeutic approaches, and publishing and disseminating the results of evidence-based practice. Strive to hire staff members who are specialist and educators in culturally competent practice in respect to the cultures they serve.

Achieving cultural competence and progressing along the continuum does not happen by chance. Policies, procedures, hiring practices, service delivery, and community outreach must all include the principles of cultural competence. For these reasons, a commitment to cultural competence must permeate an organization BEFORE A DISASTER STRIKES.

If the concepts of cultural competence and proficiency have been integrated into the philosophy, policies and day-to-day practices of the disaster mental health provider agency they will be naturally be incorporated into the disaster recovery efforts. Attempts to apply these principles during the “fog of disaster” will almost always fail.

## IMPORTANT CONSIDERATIONS WHEN INTERACTING WITH PEOPLE FROM OTHER CULTURES

Giger and Davidhizar's "transcultural assessment and intervention model" was developed to assist in the provision of transcultural nursing care. It is currently used by several other health and human services professions. The model identifies five issues that can affect the interactions of providers and service recipients. These issues, adapted below to apply to disaster crisis counseling, illustrate the importance of acknowledging culture and of respecting diversity. A complete description of the model can be found in "Transcultural Nursing Assessment and Intervention", (Giger and Davidhizar, 1999).

**COMMUNICATION** – Both verbal and non-verbal communication can be barriers to providing effective disaster crisis counseling when workers and survivors are from different cultures. Culture influences how people express their feelings as well as what feelings are appropriate to express in a given situation. The inability to communicate can make both parties feel alienated and helpless.

**PERSONAL SPACE** – "Personal space" is the area that immediately surrounds a person, including the objects in that space. Spatial requirements tend to be similar among people in a given cultural group. A person from one culture might touch or move closer to another as a friendly gesture, whereas someone from a different culture might consider such behavior invasive. Disaster crisis counselors must look for clues to a survivor's need for space. Such clues may include for example moving the chair back or stepping closer.

**SOCIAL ORGANIZATION** – Beliefs, values, and attitudes are learned and reinforced through social organizations such as family, kinships, tribes, and political, economic, and religious groups. Understanding these influences will enable disaster crisis counselors to more accurately assess a survivor's reaction to disaster. A survivor's answer to seemingly trivial questions about hobbies and social activities may lead to insight into what was important in his or her life before the disaster.

**TIME** – An understanding of how people from different cultures view time can help avoid misunderstandings and miscommunication. In addition to having different interpretations of the overall concept of time, members of different cultures view "clock time" (intervals and specific durations) differently. Social time may be measured in terms of "dinner time", "worship time", and "harvest time". Time perceptions may be altered during a disaster. Crisis counselors acting with their own sense of urgency may be tempted to set timeframes that are not meaningful or realistic to a survivor, thus frustrating both parties.

**ENVIRONMENTAL CONTROL** – A belief that events occur because of some external factor – luck, chance fate, will of God, or the control of others – may affect the way in which a survivor responds to disaster and the types of assistance needed. Survivors who feel that the events and recovery are out of their control may seem pessimistic regarding counseling efforts. In contrast, individuals who perceive that their own behavior can affect events may seem more willing to act. Disaster crisis counselors need to understand how such beliefs will affect the survivor's behavior.

# CULTURAL COMPETENCE SELF-ASSESSMENT FOR DISASTER COUNSELING PROGRAMS

Six elements are needed to ensure cultural competence of mental health agencies. Programs can use these elements to assess their level of cultural competence.

## 1 – LEADERSHIP:

\_\_\_ Are the leaders of the program committed to cultural competence?

\_\_\_ Does the project managers hold staff accountable for knowledge of the provision of appropriate services to all disaster survivors?

## 2 - UNDERSTANDING CULTURAL COMPETNECE:

\_\_\_ Has the program staff developed a common understanding of cultural competence and do they clearly and frequently communicate that understanding to others?

## 3 - ORGANIZATIONAL CULTURE:

\_\_\_ Does the crisis counseling program promote and encourage cultural competence?

\_\_\_ Is the program administered by an organization with a strong commitment to and history of working toward cultural competence?

\_\_\_ Are policies, procedures and systems in place for delivering interpretation, bilingual, or translation services?

## 4 – TRAINING:

\_\_\_ Have all crisis counseling staff members been trained in cultural competence, and are they familiar with the diverse cultural and ethnic groups in the community?

\_\_\_ Are training programs ongoing?

\_\_\_ Are regular meetings convened and educational opportunities offered for staff members to discuss cultural competence issues and concerns, build cross-cultural skills, and develop strategie

## 5 - CULTURAL COMPETENCE PLAN:

\_\_\_ Has the program identified goals designed to address the mental health needs of the community in a culturally competent manner?

\_\_\_ Has the program explored various methods of working with disaster survivors in a way that respects and is sensitive to the needs of all groups in the community?

\_\_\_ Has the program established partnerships with community-based agencies that serve cultural and ethnic groups of input on needs assessment, program planning, and evaluation?

\_\_\_ Has the program developed a mechanism to acquire knowledge about customs, values, and beliefs of special populations?

## 6 - MANAGING THE PLAN:

\_\_\_ Has a person or group been identified to evaluate the success of the program in addressing cultural competency issues?

\_\_\_ Have methods been instituted to recognize innovations in serving culturally distinct groups and implement those innovations project-wide

Material from:

Bernard, J.A. (1998) Cultural competence plans: A strategy for the creation of a culturally competent system of care. In M. Hernandez and M. Isaacs (Eds.), "Promoting Cultural Competence in Children's Mental Health Services". Baltimore, MD: Brookes Publishing Company.



## Cultural Competence Checklist for Disaster Crisis Counseling Programs

Cultural competence should be integrated into a community emergency mental health management plan before a disaster actually occurs. When disaster strikes, certain principles must be followed to ensure a culturally competent disaster crisis counseling program. The following checklist can assist in developing cultural competence in disaster crisis counseling programs. You also can use this checklist as an informal program assessment tool. For this purpose, use the check boxes to insert a numerical ranking from 1 to 3, with 1 reflecting the cultural pre-competence stage of development (good intentions, no actions yet); 2 representing the cultural competence stage (importance recognized, some actions underway); and 3 denoting the cultural proficiency stage (effective program in place). The terminology used to describe these phases was drawn from the Cultural Competence Continuum developed by Cross and colleagues (1989).

### Recognize the importance of culture and respect diversity.

- Complete a self-assessment to determine your own beliefs about culture.
- Encourage staff to complete self-assessments in order to understand their own cultures and worldviews; examine their own attitudes, values, and beliefs about culture; and acknowledge cultural differences.
- Assess capabilities of the counselors to understand and respect the values, customs, beliefs, language, and interpersonal style of the disaster survivor.
- Seek evidence that you/staff respect the importance of verbal and nonverbal communication, space, social organization, time, and environment control within various cultures.

### Maintain a current profile of the cultural composition of the community.

- Develop and periodically update a community profile that describes the community's composition in terms of race and ethnicity, age, gender, religion, refugee and immigrant status, housing status, income and poverty levels, percentage of residents living in rural versus urban areas, unemployment rate, language and dialects, literacy level, and number of schools and businesses.
- Include in the profile information about the values, beliefs, social and family norms, traditions, practices, and politics of local cultural groups, and historical racial relations or ethnic issues.
- Gather information in consultation with community cultural leaders who represent and understand local cultural groups.

### Recruit disaster workers who are representative of the community or service area.

- Review the community profile when recruiting disaster crisis counseling workers and attempt to recruit workers from the ethnic and cultural groups included among the survivors.
- If workers from the community or service area are not available, recruit others with backgrounds and language skills similar to those of local residents.
- Assess disaster workers' personal attributes, knowledge, and skills as they relate to cultural competence.

### Provide ongoing cultural competence training to disaster mental health staff.

- Offer ongoing cultural competence training (e.g., in-service training and regularly scheduled meetings) to service providers, administrators and managers, language and sign interpreters, and temporary staff.
- Involve community-based groups with expertise in cultural competence or in the needs of specific cultures.
- Allot time for training participants to examine and assess their values, attitudes, and beliefs about their own and other cultures.

### Ensure that services are accessible, appropriate, and equitable.

- Identify and take steps to overcome reluctance of ethnic groups to use services because of mistrust of the system or previous inequitable treatment.
- Identify and take steps to eliminate service barriers that occur as a result of racial and ethnic discrimination, language barriers, transportation issues, and the stigma associated with counseling services.

- Involve representatives of diverse cultural groups in program committees, planning boards, and policy-setting bodies and in decision making.
- Identify and use strategies to address specific concerns of refugees who had negative experiences that make them suspicious of government intervention.

*Recognize the role of help-seeking behaviors, customs and traditions, and natural support networks. Identify and use strategies to:*

- Identify cultural patterns that may influence help-seeking behaviors.
- Build trusting relationships and rapport with disaster survivors.
- Recognize that survivors may find traditional relief procedures confusing or difficult.
- Recognize individual cultures' customs and traditions related to healing, trauma, and loss, and identify how these customs and traditions influence an individual's receptivity to and need for assistance.
- Acknowledge cultural beliefs about healing and recognize their importance to some disaster survivors.
- Help survivors reestablish rituals; organize culturally appropriate anniversary activities and commemorations.
- Recognize that outreach efforts focused only on the individual may not be effective for people whose cultures are centered around family and community.
- Determine who is significant in survivors' families and social spheres by listening to their descriptions of the home, family, and community.

*Involve community leaders and organizations representing diverse cultural groups as cultural brokers.*

- Collaborate with trusted leaders (e.g., spiritual leaders, clergy members, and teachers) who know the community.
- Invite organizations representing cultural groups and other special interest groups in the community to participate in disaster mental health program planning and service delivery.

- Collaborate with community-based organizations to communicate with the cultural groups they represent.
- Identify effective ways to work with informal culture-specific groups.
- Coordinate with other public and private agencies in responding to the disaster.

*Ensure that services and information are culturally and linguistically competent.*

- Identify indigenous workers who speak the language of the survivors; use interpreters only when necessary.
- Identify trained interpreters who share the disaster survivors' cultural backgrounds.
- Determine the dialect of the disaster survivor before asking for an interpreter.
- Assess the level of acculturation of the interpreter in relation to that of the disaster survivors.
- Establish a plan for providing written materials in languages other than English and at the literacy level of the target population.
- Provide means to reach people who are deaf or hard of hearing.
- Consult with cultural groups in the community to determine the most effective outreach activities.
- Use existing community resources (e.g., multicultural television and radio stations) to enhance outreach efforts.

*Assess and evaluate the program's level of cultural competence.*

- Continuously assess the program to identify and correct problems that may impede the delivery of culturally competent services.
- Incorporate process evaluation into the crisis counseling program.
- Involve representatives of various cultural groups in process evaluation.
- Communicate process evaluation findings to key informants and cultural groups engaged in the program.

## Cultural Competence Resources and Tools

- American Psychological Association (1990). *APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations*. Washington, DC: American Psychological Association.  
  
Offers recommendations on working with ethnic and culturally diverse populations to providers of psychological services.
- Child Welfare League of America (1993). *Cultural Competence Self-assessment Instrument*. Washington, DC: Child Welfare League of America.  
  
A tool designed to help organizations providing family services identify, improve, and enhance cultural competence in staff relations and client service functions. The instrument, which has been field-tested, provides a practical, easy-to-use approach to addressing the major issues associated with delivering culturally competent services.
- Cohen, R. (1992). Training mental health professionals to work with families in diverse cultural contexts. *Responding to Disaster: A Guide for Mental Health Professionals*. Washington, DC: American Psychiatric Press, Inc.  
  
Explores cultural considerations for mental health workers and disaster survivors in the immediate and longer-term aftermath of a disaster. Examines issues of loss, mourning, separation, coping, and adaptation as they relate to disaster survivors from various cultures.
- Cross, T. L. (1989). *Towards a Culturally Competent System of Care. Vol. I: A Monograph of Effective Services for Minority Children who are Severely Emotionally Disturbed*. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.  
  
One of the first documents to provide practical information on operationalizing cultural competence. Provides definitions for competence, introduces the concept of a cultural competence continuum, and provides information that can be used at individual and organizational levels.
- Giger, J., and Davidhizar, R. (1999). *Transcultural Nursing: Assessment and Intervention*. St. Louis, MO: Mosby, Inc.  
  
Provides tools that can be used to evaluate cultures' perceptions and needs related to communication, space, social organization, time, environmental control, and biological variations. Giger and Davidhizar were among the first to develop the concept of cultural competence in the nursing profession. Now in its third printing, the publication is used by a number of other disciplines.
- Goode, T. D. (1999). *Getting Started: Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems in Primary Health Care Settings, Implications for Policy Makers and Administrators*. Washington, DC: Georgetown University, National Center for Cultural Competence.  
  
A checklist that can assist programs and organizations in initiating strategic development of policies, structures, procedures, and practices that support cultural and linguistic competence.
- Health Resources and Services Administration (1998). *Health Care Rx: Access for All*. Washington, DC: Health Resources and Services Administration.  
  
A chart book that provides a picture of the health of racial and ethnic minority Americans and the cascade of factors that limit access to health care, hamper workforce diversity, and limit culturally competent services.
- Hernandez, M., and Isaacs, M. (1998). *Promoting Cultural Competence in Children's Mental Health Services*. Baltimore, MD: Paul H. Brookes Publishing.  
  
Provides an excellent framework for developing a culturally competent mental health system. Focuses on the need to develop organizational infrastructures that support and further cultural competence and the need to ensure that programs are meaningful at the community and neighborhood levels. Also addresses special issues related to serving culturally diverse populations. Designed for planners, program

managers, policy makers, practitioners, parents, teachers, researchers, and others who are interested in improving mental health services for families.

- Hicks, Noboa-Rios (1998). *Cultural Competence in Mental Health: A Study of Nine Mental Health Programs in Ohio*. Columbus, OH: Outcomes Management Group, Ltd.

Provides an assessment of nine culturally competent programs that were funded to encourage the provision of cultural sensitivity training to the mental health community and to develop nontraditional, culturally sensitive methods of delivering services to persons of color. Prepared for the Multi-Ethnic Behavioral Consortium of the Ohio Department of Mental Health.

- Nader, K., Dubrow, N., and Stamm, H. (1999). *Honoring Differences: Cultural Issues in the Treatment of Trauma and Loss*. Ann Arbor, MI: Brunner/Mazel.

Discusses the treatment of trauma and loss while recognizing the importance of understanding the cultural context in which the mental health professional provides assistance.

- Perkins, J., Simon, H., Cheng, E., et al. (1998). *Ensuring Linguistic Access in Health Care Settings: Legal Rights and Responsibilities*. Los Angeles, CA: National Health Law Program.

An informative discussion on linguistic issues that can impede effective service delivery. Covers the importance of language access, use of community volunteers, limitations of interpretation, linguistic barriers in mental health, and effective use of written materials.

- Substance Abuse and Mental Health Services Administration (2000). *Cultural Competence Standards in Managed Mental Health Care for Underserved/Underrepresented Racial/Ethnic Groups*. Washington, DC: Western Interstate Commission for Higher Education and Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Provides information on cultural competence guidelines, performance indicators, and potential outcomes in the areas of triage and assessment,

care planning, treatment plans, treatment services, communication styles, and cross-cultural linguistic and communication support.

- Substance Abuse and Mental Health Services Administration (2000). Cultural strengths and challenges in implementing a system of care model in American Indian communities. *Systems of Care: Promising Practices in Children's Mental Health* (2000 Series, Vol. 1). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Examines promising practices of five American Indian children's mental health projects that integrate traditional American Indian helping and healing methods with the systems of care model.

- U.S. Department of Health and Human Services (1992-1999). *Cultural Competence Series*.

Monograph series sponsored by Bureau of Primary Health Care, Health Resources and Services Administration; Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration; and Office of Minority Health.

- Van der Veer, G. (1995). *Psychotherapeutic Work with Refugees*. New York: Plenum Press.

Suggests that the trauma that a refugee experiences in a disaster may not be an isolated incident, but part of a series of ongoing traumatic events. Stresses that overcoming cultural difference is essential in working with traumatized refugees and that such work requires creatively adjusting a variety of existing techniques.