

CULTURAL ASSESSMENT AND CULTURALLY APPROPRIATE SERVICES

1. INTRODUCTION

Crime victims bring to treatment life experiences that are, in part, determined by racial, ethnic, cultural, and community backgrounds. Ethnicity and culture are powerful, and sometimes subtle, determinants of an individual's patterns of thinking, feeling, and acting. Social and cultural background can significantly affect the way an individual responds to victimization. Cultural influences and patterns also determine how and when to express distress, when and from whom to seek help, and the kind of help that will be accepted.

Victims of crime are not unique in their need for culturally-sensitive services. Clinicians should be sensitive and value the differences individuals bring to a helping relationship. It is important to understand the individual's perspective of the victimization and trauma. In addition, it is essential to understand the victim's healing and helping practices and beliefs. Community leaders, healers, and professional colleagues can be of great help, especially when they understand the victim's cultural background.

In order to support clinicians in providing sensitive and culturally relevant services to crime victims, the Violent Crimes Compensation Board (VCCB) will pay for consultations that focus on increasing a therapist's clinical understanding of the role and impact of culture and social group for an individual client. For more information, please refer to the *VCCB Mental Health Treatment Guideline on Crisis Response, Initial Assessment and Documentation Procedures (2000)*.

2. CULTURALLY DIVERSE POPULATIONS

Our professional understanding of human personality and functioning has traditionally been influenced by a white, middle-class norm. People may be different from that norm by ethnicity and/or race, and by social and/or class differences, such as people in poverty, sexual minorities, or individuals who are physically or developmentally challenged (Pinderhughes, 1995). Individual culture is not necessarily visible to the eye. To provide sensitive and appropriate clinical care, clinicians must acknowledge the legacy and presence of bigotry and prejudice in society.

Clinicians should understand that cultural minority clients are, at least, "bicultural," and may have more than two cultural influences. For example, it should not be assumed that a client's race or culture of origin is not a factor if they were raised in a different culture than their birth family. Another example, is that an individual raised in a heterosexual culture, who as an adult identifies as gay or lesbian, is influenced by experiences from both cultures. This

multicultural status creates a unique set of social issues and the provider must be equipped to respond.

3. CULTURAL COMPETENCY IN TREATMENT

The word “culture” implies the integrated pattern of human behavior, which includes actions, assumptions, values, reasoning, and communication of a racial, ethnic, religious, or social group. The word “competence” implies having the capacity to function in a particular way. Therefore, culturally competent services refer to systems, agencies, and practitioners who have the capacity to respond to the unique needs of populations whose cultures are different than that which might be called dominant or mainstream American.

Cultural competence is a set of congruent behaviors, attitudes, structures and policies which come together to work effectively in inter-cultural situations. That set of behaviors can be adopted and practiced by a solitary professional or an entire system of care. Ideally, cultural competence would be exercised by everyone in every association (National Indian Child Welfare Association, 1999).

It is impossible for a clinician to fully understand the cultural background of every client. This guideline will outline some basic principles that can help therapists with clients from cultures different than their own. The perspectives and abilities that lead to cultural sensitivity and competence include the following:

- Clinicians must be curious and inquisitive. They must have the ability to respect, appreciate and accept the values, beliefs and practices of all clients, including those who are culturally different. They must perceive them as individuals not merely clients.
- Family, while defined in various ways, by different cultures, is most often the primary system of support, and the preferred point of intervention. Clinicians must be comfortable working in conjunction with these natural, informal supports, including helping networks within the clients’ community (e.g., churches, healers, spiritual leaders, respected leaders, etc.)
- Barriers to services, including, but not limited to language, must be eliminated. For additional information, refer to the *VCCB Mental health Treatment Guidelines on Utilization of Interpreters* and the guideline on *Meeting the Needs of Crime Victims with Disabilities*.
- It is important for clinicians to understand the specific values, beliefs and cultural practices of their clients in order to support client self-determination (Pinderhughes, 1995) and develop appropriate treatment plans. When treating victims of crime, it is necessary to understand the

meaning of victimization to the client's culture, as well as the meaning of seeking help from a mental health professional.

- Clinicians must be comfortable with difference in others, and avoid responding with anxious or defensive behavior (Pinderhughes, 1995).
- Clinicians must think flexibly and recognize that one's own way of thinking and behaving is not the only or the right way to think and behave (Pinderhughes, 1995).
- Clinicians must know when to seek additional information and assistance from a colleague with expertise in a specific culture, whether the need is for limited or ongoing consultation. It is also vital that clinicians assess their own abilities and refer a client, when appropriate, to a more culturally competent colleague.
- Continuing education, aimed at increasing clinical competency with specific cultures, is an important means of expanding one's knowledge and expertise.

4. WHEN AND HOW TO ACCESS CULTURAL ASSESSMENTS AND CONSULTATIONS

The decision to seek a cultural assessment or consultation is a subjective decision, and must be made by the treating clinician, for each client they serve. The decision to pursue a clinical consultation, or even to refer a client to a more culturally appropriate provider, should not be feared as an indication of clinical incompetence. Instead, it is an honest commitment to provide the best quality of care to the client.

The State of Alaska is rich in cultural diversity within its community of agencies and mental health providers. This guideline should help you identify available sources for clinical assessments or consultations. The VCCB does not specifically endorse the work of any agency or individual. The following list of resources serves cultural minority clients, making the process of locating a cultural consultant easier for clinicians.

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