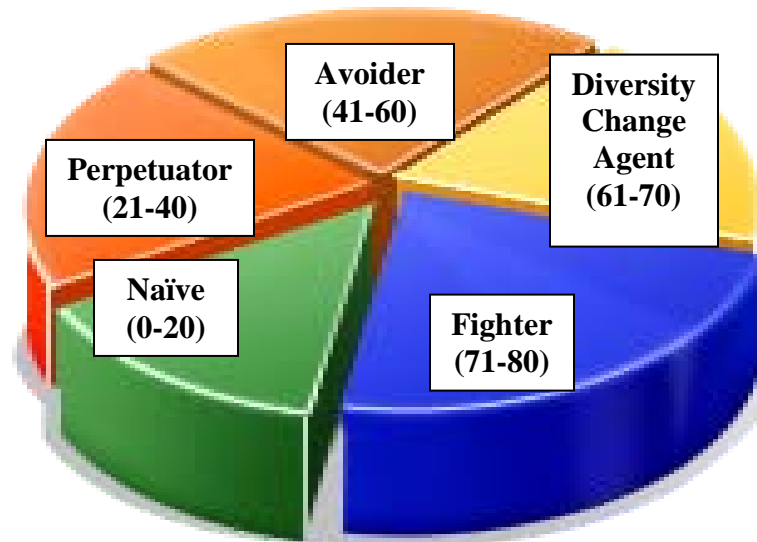## Awareness Spectrum[1]

Naïve – Acts with no knowledge or awareness of biases and prejudices and their impact.

Perpetuator – Aware of biases and prejudices, but continues behaviors and reinforces and rewards bigotry.

Avoider – Aware of biases and prejudices, but does nothing and plays it safe. Tolerates unjust behavior. Silently condones continuation of inappropriate behavior.

Fighter – Attacks all actions and confronts all behaviors. On the lookout for prejudice.

DIVERSITY CHANGE AGENT - Acts as a role model. Takes action when appropriate and addresses behaviors when important. Takes risks. Generates dialogues for connections

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[1] http://wastatecouncil.shrm.org/webmodules/webarticlesnet/articlefiles/8-Awareness Spectrum.doc

Diversity Change Agent[2]

A diversity change agent takes action when appropriate and addresses inappropriate behaviors when important. A diversity change agent acts as a role model. Becoming a diversity change agent often takes personal courage.

Talk to yourself about it….first	**Address the issue…the real issue**
Ask yourself:	
Are any of my biases getting in the way?	Set up a private meeting
Am I overreacting?	Be direct and honest
Is a response appropriate?	Demonstrate empathy
Am I prepared to focus on specific behavior?	Describe the facts as you know them
	Voice your perceptions and feelings clearly
	Be specific. Have hard data.
	Describe your feelings, thoughts, and perceptions
	Explain Impact
	Make "I" statements ("you" statements place blame).
	Avoid reprimand
	"I don't feel like we are working together as well as we could. Do you?"
Listen and ask	**Keep an open mind**
"What is your perception of the situation?" Listen without judging.	Acknowledge your mistakes and learn from them.
"What do you need from me in order to succeed?"	Be forgiving when others make mistakes.
What in the environment is getting in the way?	Determine level of comfort with the interaction
Observe behaviors and listen to conversations of your co-workers.	Establish ongoing communications
Respect different points of view.	Appreciate differences…all kinds of differences
	Don't take yourself too seriously.
	Realize that risk taking is a big part of being a Diversity Change Agent.

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[2] http://wastatecouncil.shrm.org/webmodules/webarticlesnet/articlefiles/8-Awareness Spectrum.doc

Cultural Competence Model by Terry L. Cross

1. Cultural destructiveness is at the far negative end of the spectrum while cultural proficiency represents the positive end of the continuum.

2. Cultural Destructiveness: It refers to the blatant attempts to destroy the culture of a given group. There is also an assumption that one group is superior to another."[1] It acknowledges only one way of being and purposefully denies or outlaws any other cultural approaches.

3. Cultural incapacity: "An individual or organization lacks the capacity to be responsive to different groups, but this is not intentional. Ignorance and unfounded fear is often the underpinning of the problem."[2] Incapacity might consist of the failure to recognize when mistreatment is due to cultural differences thereby perpetuating its occurrence.

4. Cultural Blindness: "People who are culturally blind are ignorant of cultural differences and often perceive themselves as "unbiased". This is due to the fact that they believe that "culture makes no difference" in relation to the way the group acts or reacts."[3] Cultural blindness fosters the assumption that people are all basically alike, so what works with members of one culture should work with members of all other cultures.

5. Cultural Pre-competence: "This implies the movement towards cultural sensitivity. In this phase individuals actively pursue knowledge about differences and attempt to integrate this information into delivery of services. There is a recognition that cultural differences exist but those differences are acknowledged as "differences" and nothing more.[4]

Cultural pre-competence encourages learning and understanding of new ideas and solutions to improve performance or services.

6. Cultural competence:
"In this phase the organization or individual has the capacity to function in an effective manner within the context of the targeted group. Acceptance and respect of differences, continual self-assessment, attention to dynamics of differences, and continual expansion of knowledge about the target group are important factors of competency."[i] Cultural competency involves actively seeking advice and consultation and a commitment to incorporating new knowledge and experiences into a wider range of practice.

7. Cultural Proficiency: Cultural proficiency is at the positive end of the continuum. It is where health and human service providers should strive to be. It involves pro-actively regarding cultural differences and promotes improved cultural relations among diverse groups. "Individuals in this category hold culture in very high esteem and they are regarded as specialist in developing culturally sensitive practices."[ii]

Cultural Competence Model by Terry L. Cross

Cultural
destructiveness

Cultural
incapacity

Cultural
blindness

Cultural
pre-competence

Cultural
competency

Cultural
proficiency

Material taken from Building Bridges to Cultural Competency NYSDOH – AIDS Institute

Diversity and Human Rights Consortium:
What is Cultural Competency?
by Jason Mak, Lane Community College E-mail: makj@lanecc.edu

Cultural competence is defined as an **ongoing process** by which *individuals* and *systems* respond respectfully and effectively to people of all cultures, languages, classes, races, sexes, ethnic backgrounds, religions, sexual orientations, abilities and other diversity factors "in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each." (NASW, 2001)

Operationally speaking, culturally competent organizations and individuals are able to integrate and transform knowledge about diverse groups of people into "specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes." (Davis & Donald, 1997)

There are many developmental models of cultural competency in the multi-disciplinary field of diversity. However, a commonly used and referenced model has been the Cross Model. The Cross Model of Cultural Competence by Terry Cross (1988) offers both an institutional and individual framework to help gauge progress on various diversity initiatives. It describes cultural competency as movement along a continuum that is based on the premise of respect and appreciation of individuals and cultural differences. It is important to note that institutions and individuals can be at different stages of development *simultaneously* on the Cross continuum. For example, an institution or an individual may be at the Basic Culturally Competent stage with reference to race, but be at the Cultural Incapacity stage with regard to sexual orientation issues. Striving to approach the stage of "Advanced Cultural Competency" for all dimensions of diversity should be the goal of all DHRC partners as we seek to meet the needs of all of our clients and constituents.

Below is the continuum of the Cross Model. Note that while some of the labels used by Cross for the stages of cultural competence are inappropriate (e.g., "blindness"), the model is still useful to help guide the development of cultural competency trainings, policies and other action plan items for the DHRC as it addresses both the personal and systemic characteristics of each stage.

The Cross Model consists of six stages:
1. Cultural Destructiveness;
2. Cultural Incapacity;
3. Cultural Blindness;
4. Cultural Pre-Competence;
5. Basic Cultural Competence; and
6. Advanced Cultural Competence.

1. Cultural Destructiveness
This is the most negative end of the continuum. Individuals in this phase:

a) view culture as a problem;
b) believe that if culture or population can be suppressed or destroyed, people will be better off;
c) believe that people should be more like the "mainstream"; and
d) assume that one culture is superior and should eradicate "lesser" cultures.

At the organizational level, this viewpoint taken to the extreme leads to such things as genocide and the boarding schools mandated in the late nineteenth and early twentieth centuries by the Bureau of Indian Affairs. These schools attempted to destroy the cultures of many Native American tribes.

2. Cultural Incapacity

Individuals in this phase:
a) lack cultural awareness and skills;
b) may have been brought up in a homogeneous society, been taught to behave in certain
ways, and never questioned what they were taught;
c) believe in the racial superiority of a dominant group and assume a paternalistic posture toward others; and
d) maintain stereotypes.

At the organizational level this translates into supporting segregation or having lower expectations of persons from other cultures.

3. Cultural Blindness

Individuals in this phase:
a) see others in terms of their own culture and claim that all people are exactly alike;
b) believe that culture makes no difference ("we are all the same"); and
c) believe that all people should be treated in the same way regardless of race, etc.

At the organizational level, services are so ethnocentric that they are virtually useless to all but the most assimilated.

4. Cultural Pre-Competence

Individuals in this phase:
a) recognize that there are cultural differences and start to educate themselves and others concerning these differences;
b) realize their shortcomings in interacting within a diverse environment; but
c) may become complacent in their efforts.

At the organizational level, this phase leads institutions to attempt to address diversity issues by, for instance, hiring a diverse staff, offering cultural sensitivity training, promoting diverse staff to upper management, and so on.

5. Basic Cultural Competence

Individuals in this phase:
a) accept, appreciate, and accommodate cultural differences;
b) value diversity and accept and respect differences;
c) accept the influence of their own culture in relation to other cultures;
d) understand and manage the dynamics of difference when cultures intersect; and
e) are willing to examine components of cross-cultural interactions (communication, problem solving, etc.).

At the organizational level, this phase leads to an effort to hire unbiased employees, to seek advice from communities of color (and others), and to assess what can be provided to diverse clients.

6. Advanced Cultural Competence

Individuals at this phase:
a) move beyond accepting, appreciating, and accommodating cultural difference and begin actively to educate less informed individuals about cultural differences; and

b) seek out knowledge about diverse cultures, develop skills to interact in diverse environments, and become allies with and feel comfortable interacting with others in multicultural settings.

At the organizational level, this translates into conducting research on diversity, hiring staff who are specialists in cultural competence practices, and acting as an advocate for historically underrepresented groups and for multiculturalism.

In surveying different models of cultural competency, listed below are the basic set of common skills that individuals need to interact in a culturally competent manner: (Anand, 2000)

1. Being aware of one's own culture, values, and biases.
2. Being aware of and working at controlling own biases and how these may affect interactions with others.
3. Culture-specific knowledge.
4. Knowledge of institutional barriers that prevent some populations from accessing resources.
5. Ability to build strong cross-cultural relationships and to be at ease with difference.
6. Flexibility and ability to adapt to diverse environments.
7. Ability and willingness to be an ally to individuals who are different from oneself.
8. Effective communication skills across differences.
9. Able to mediate cross-cultural conflicts.

Remember that cultural competency is much less an outcome than it is a process that seeks to continually improve and adapt interactions, relationships, services, coalitions, and planning for a more equitable, caring and inclusive future.

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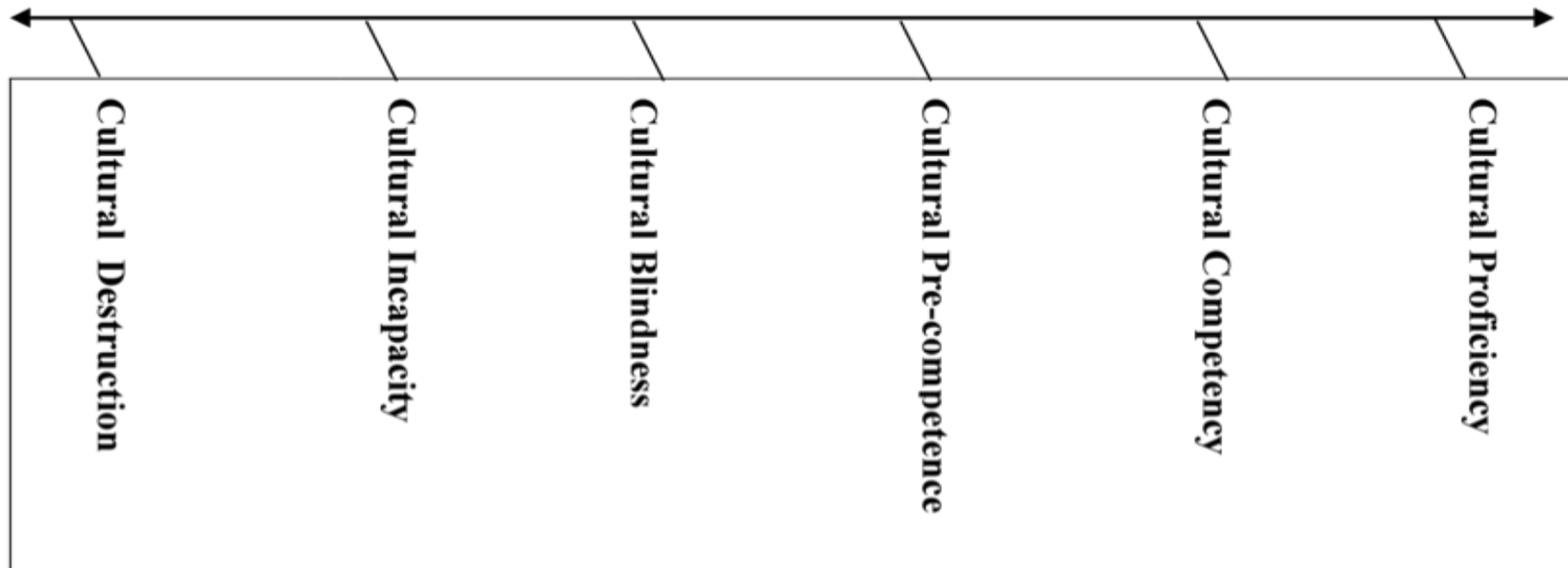
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(last updated: Wednesday, May 08, 2002)

Terry Cross' Cultural Competence Model

Cultural Destruction

Cultural Incapacity

Cultural Blindness

Cultural Pre-competence

Cultural Competency

Cultural Proficiency

Building Bridges to Cultural Competency – Module II,
Trainer Manual
NYSDOH – AIDS Institute

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[1] SISTA Community Facilitator Manual. *What is Culture?* Marilyn Moering, Jo-Anne Hoye. June 2004.

Cultural Competence Continuum: Agencies and Professionals

Cultural Destructiveness (is intentionally destructive)	Cultural Incapacity (is not intentionally destructive but lacks capacity to help people of color)	Cultural Blindness (expresses a philosophy of being unbiased)	Cultural Pre-Competence	Basic Cultural Competence	Advanced Cultural Competence
-- practices cultural genocide (e.g. Boarding schools for Native Americans)	--takes paternal posture toward "lesser" races	--believes that color or culture make no difference; we're all the same	--realizes its weaknesses in serving minorities and attempts to make specific improvements	--has acceptance and respect for differences	--holds culture in high esteem
--dehumanizes or subhumanizing clients of color	-disproportionately applies resources	--believes helping approaches used by dominant culture are universally acceptable and universally applicable	--tries experiments; hires minority staff, explores how to reach clients, trains staff on cultural sensitivity, recruits minorities for their boards and advisory committees	--engages in continuing self-assessment regarding culture	--adds to knowledge base by doing research, developing new approaches based on culture, publishing results of demonstration projects
--denies clients access to their natural helpers or healers	--discriminates based on whether clients "know their place" and believes in the supremacy of dominant culture helpers	--thinks all people should be served with equal effectiveness	--has commitment to civil rights	--makes adaptations to service models in order to meet client needs	--hires staff who are specialists in culturally competent practice
--removes children from their families on the basis of race	--may support segregation as a desirable policy	--ignores cultural strengths, encourages assimilation, and blames clients for their problems	--may feel a false sense of accomplishment that prevents further movement	--works to hire unbiased workers	--advocates for cultural competence throughout the system and improved relations between cultures throughout society
--risks client's well-being in social or medical experiments without their knowledge or consent	--enforces racist policies and maintains stereotypes --promotes ignorance and unrealistic fears of people of color --maintains discriminatory hiring practices --gives subtle "not welcome" messages --has lower expectations of minority clients	--follows cultural deprivation model (problems are the result of inadequate cultural resources) --practices institutionalized racism --sets ethnocentric eligibility for services	--may engage in tokenism	--seeks advice and consultation from minority community	

Source: Adapted with permission from Terry L. Cross, MSW, Director <u>National Indian Child Welfare Association</u>, Portland, Oregon