

PROMOTING CULTURAL DIVERSITY AND CULTURAL AND LINGUISTIC COMPETENCY

Self-Assessment Checklist for Staff of Residential Programs Providing Behavioral Health Services and Supports to Children, Youth, and their Families

HOW TO USE THIS CHECKLIST

This checklist is designed for staff to indicate the extent to which they believe their residential programs demonstrate an environment that values cultural diversity and supports cultural and linguistic competence. Concrete examples of the kinds of values, practices, and resources that foster such an environment are included in checklist items.

This checklist can be completed by program administrators, staff, providers, and other personnel. Respondent feedback can provide information about the extent to which program staff perceive that practices which support cultural diversity and cultural and linguistic competence are incorporated in many daily program operations.

Results can be used: 1) to identify perceived program strengths and areas for growth, 2) as a basis to engage program staff in discussion and planning efforts to enhance cultural and linguistic competence, 3) to discuss ways to elicit the opinions of youth and their families about how their cultural preferences and needs are being addressed. Results can also be used to position the residential program to conduct an organizational self-assessment process that will yield a rich fund of information that can improve service utilization, outcomes, and satisfaction.

It is recommended that program administrators introduce the checklist to staff and clearly delineate the purpose and intended outcomes. Staff should be informed that the checklists will be completed anonymously. Staff should be guaranteed that the process is safe and that they are encouraged to share their opinions in a candid manner. NOTE: Administering this type of checklist is only an initial step in a comprehensive process to examine cultural diversity and cultural and linguistic competence in residential programs serving children, youth, and their families.

There is no answer key with correct responses. If staff frequently responded “C,” however, the residential program may not necessarily demonstrate an environment that values cultural diversity and supports cultural and linguistic competence.

DIRECTIONS: Please select **A**, **B**, or **C** for each item listed below:
A = Statement applies to a *great* degree.
B = Statement applies to a *moderate* degree.
C = Statement applies to a *minimal* degree or *not at all*.

PHYSICAL ENVIRONMENT, MATERIALS, AND RESOURCES

In my view, our residential program:

1. Displays magazines, brochures, posters and other materials that reflect the different cultures, ethnicities, sexual orientations and gender identities of children, youth, families and the larger community. A B C
2. Uses videos, films, CDs, DVDs and other media resources for behavioral health prevention, treatment, and other interventions that reflect the cultures, ethnic backgrounds, sexual orientations and gender identities of children and youth in care and their families. A B C
3. Ensures books, movies, and other media resources are screened for negative cultural, ethnic, or racial stereotypes before sharing them with children and youth receiving program services. A B C
4. Provides meals to children and youth in care that include foods that are unique to their cultural and ethnic backgrounds. A B C
5. Has arrangements for unisex bathrooms, showers, and sleeping accommodations for youth who self-identify as transgender or are gender-nonconforming. A B C

COMMUNICATION AND LINGUISTIC COMPETENCE

In my view, our residential program:

6. Provides professional development and training to staff on the principles and practices of linguistic competence. A B C
7. Has staff that have the capacity to apply principles and practices of linguistic competence to their respective roles and responsibilities. A B C
8. Employs behavioral health providers and specialists who are familiar with and use cultural terms during assessment, treatment, or other interventions to communicate:
 - a. more effectively with children and youth A B C
 - b. with children and youth who speak languages other than English. A B C
9. Has staff that are able to identify familial colloquialisms used by children, youth, and families that may impact on assessment, treatment, and/or other interventions. A B C
10. Has staff that know how to use visual aids, gestures, and physical prompts in interactions with children and youth who have limited English proficiency. A B C

Communication and Linguistic Competence

- 11. Ensures that bilingual staff and/or multilingual trained or certified interpreters are available during assessments, treatment sessions, meetings, and for other events for families who require this level of assistance. A B C
- 12. Ensures all notices and communiqués to parents, families and caregivers are written in their language of origin for those who require this level of support. A B C
- 13. Supports staff to use alternative formats and varied approaches to communicate and share information with children, youth and/or their family members who experience disability or who are deaf or hard of hearing. A B C

PROGRAM PRACTICES TO SUPPORT CULTURAL AND LINGUISTIC COMPETENCE

In my view, our residential program has a process to:

- 14. Periodically review our mission statement, goals, policies, and procedures to ensure they incorporate principles and practices that promote cultural diversity and cultural and linguistic competence. A B C
- 15. Seek information on acceptable behaviors, courtesies, customs and expectations unique to children and youth in care (and their families) based on race, culture, ethnicity, language, sexual orientation, and gender identity. A B C
- 16. Adapt services and supports to respond to the preferences and needs of children and youth in care (and their families), based on race, culture, ethnicity, language, sexual orientation, and gender identity. A B C
- 17. Regularly review current research on disparities in behavioral health and health care related to race, culture, ethnicity, language, sexual orientation, and gender identity. A B C
- 18. Adapt evidence-based prevention and intervention practices to ensure they are effective with children, youth, and their families from culturally and linguistically diverse groups. A B C
- 19. Recruit, hire, train, and support a workforce that is diverse and culturally and linguistically competent, including parent and youth partners. A B C
- 20. Discourage children and youth in group therapy, treatment situations and the therapeutic milieu from using hurtful language and slurs based on race, culture, ethnicity, language, sexual orientation and/or gender identity. A B C
- 21. Intervene in an appropriate manner when staff and/or families engage in behaviors that show cultural insensitivity, bias, or prejudice. A B C

PROGRAM VALUES AND WORLD VIEW

In my view, our residential program respects and supports the following values and world view about family:

22. Family is defined differently by different cultures (e.g., extended family members, fictive kin, godparents, etc.). A B C
23. Children and youth may identify and define their family to include individuals that comprise their “family of choice” in addition to, or instead of, their “family of origin.” A B C
24. Male-female roles in families may vary significantly among different cultures (e.g., who makes major decisions for the family, play and social interactions expected of male and female children). A B C
25. Age and life cycle factors must be considered in interactions with children, youth and families (e.g., high value placed on the decisions of elders or the role of the eldest male in families). A B C
26. Religion, spirituality, and other beliefs may influence how families respond to mental or physical illnesses, disease, disability, and death. A B C
27. Families from different cultures will have different expectations of their children for acquiring self-help, social, emotional, cognitive, and communication skills. A B C
28. Individuals from culturally diverse background may desire to acculturate into the dominant or mainstream culture in varying degrees, even within a single family. A B C
29. The ultimate decision makers for services and supports for youth in care are parents, guardians, or other authorized adults in the youth’s life. A B C

In my opinion, our residential program respects and supports the following values and world view about behavioral health services and supports.

30. The meaning or value of prevention, intervention, and treatment for behavioral health challenges may vary greatly among diverse cultural and ethnic groups. A B C
31. Beliefs and concepts about emotional well-being and mental illness may vary significantly from culture to culture. A B C
32. The impact of stigma associated with behavioral health services may vary within culturally and ethnically diverse communities. A B C

Adapted from Goode, T. D. (2009). *Promoting cultural diversity and cultural competency: Self-assessment checklist for personnel providing behavioral health services and supports to children, youth, and their families*. Washington, DC: National Center for Cultural Competence (NCCC), Georgetown University Center for Child and Human Development (GUCCHD). ©2009 NCCC GUCCHD. Modified by Tawara D. Goode, Sylvia K. Fisher, and Wendy Jones with permission from the NCCC. ©August, 2013.