

Culture and Trauma Brief

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Organizational, Cultural, and Linguistic Competence

Introduction

In an effort to provide optimal trauma-informed mental health treatment to the growing array of ethnic and cultural groups residing across the country, special care must be taken to ensure cultural and linguistic competence across service systems. An essential ingredient of eliminating racial, ethnic, and other disparities in the quality of and access to services is the provision of the most culturally and linguistically competent mental health services possible. Organizations that promote culturally and linguistically competent practice through formal and informal policies may help increase the likelihood that traumatized individuals from different cultural groups will seek treatment and benefit from those services. Both individuals and organizations must be aware of and attuned to cultural differences and how they affect mental health and the mental health service experience.

This brief provides an overview of organizational cultural and linguistic competence, organizational assessment, and resources. Much of the information provided in this brief is adapted from resources provided by the National Center for Cultural Competence (NCCC) at the Georgetown University Center for Child and Human Development in Washington, DC. The NCCC provides national leadership and contributes to the body of knowledge on cultural and linguistic competence within systems and organizations. Major emphasis is placed on translating evidence into policy and practice for programs and personnel concerned with health and mental health care delivery, administration, education and advocacy. The NCCC uses four major approaches to fulfill its mission, including (1) web-based technical assistance, (2) knowledge development and dissemination, (3) support of a "community of learners" and (4) collaboration and partnerships with diverse constituency groups. These approaches entail the provision of training, technical assistance, and consultation and are intended to facilitate networking, linkages, and information exchange. The NCCC has particular expertise in developing instruments and conducting organizational self-assessment processes to advance cultural and linguistic competency. For more information go to the NCCC website at <http://gucchd.georgetown.edu/nccc>.

The Culture and Trauma Briefs series serves to support the NCTSN commitment to raising the standard of care for traumatized children, their families, and their communities by highlighting the diversity of needs and experiences of those children, families, and communities.

Culture and Trauma Brief

NCCC Definition of Culture

Culture is an integrated pattern of human behavior which includes but is not limited to thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals and manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, spiritual, social or political group; the ability to transmit the above to succeeding generations; and dynamic in nature (as cited in Bronheim et al., 2006).

What Is Organizational Cultural Competence?

It is important to recognize that there are many different terms used to discuss organizational response to culture, and thus, organizations may vary widely in the degree to which they address cultural competency. For example, there are significant differences between being “culturally competent,” “culturally aware,” “culturally sensitive,” and “linguistically competent.” A clarification of terms, therefore, is essential before attempting to assess or promote the cultural competence of a program or organization. The following definition has been adapted by the NCCC from the seminal work on cultural competence, *Towards a Culturally Competent System of Care*, developed at Georgetown by Cross, Bazron, Dennis, and Isaacs (1989):

Cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve systematically consumers, key stakeholders, and communities.

Cultural competence cannot be achieved immediately; rather, it is a developmental process that evolves over an extended period of time. Indeed, Cross and colleagues (1989) describe a continuum of stages, for individuals and organizations, which range from cultural destructiveness to cultural competence to cultural proficiency. Likewise, both individuals and organizations can be at various levels of awareness, knowledge, and skills along the cultural competence continuum (Cross et al., 1989).

What Is Linguistic Competence?

The following definition, developed by the NCCC, provides a foundation for determining linguistic competency in mental health, health care, and human service delivery systems. It encompasses a broad spectrum of constituency groups that could require language assistance or other supports from an organization, agency, or provider:

Linguistic competence refers to the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity. This may include, but is not limited to, the use of the following:

Culture and Trauma Brief

U.S. Census Bureau data suggests that there are more than 48 million individuals, residing in the US, who speak a language other than English at home (U.S. Census Bureau, 2004).

- Bilingual/bicultural or multilingual/multicultural staff
- Cross-cultural communication approaches
- Cultural brokers
- Foreign language interpretation services, including distance technologies
- Sign language interpretation services
- Multilingual telecommunication systems
- Videoconferencing and telehealth technologies
- TTY and other assistive technology devices
- Computer assisted real time translation (CART) or viable real time transcriptions (VRT)
- Print materials in easy to read, low literacy, picture, and symbol formats
- Materials in alternative formats (e.g., audiotape, Braille, enlarged print)
- Varied approaches to share information with individuals who experience cognitive disabilities
- Materials developed and tested for specific cultural, ethnic, and linguistic groups
- Translation services, including those of:
 - Legally binding documents (e.g., consent forms, confidentiality and patient rights statements, release of information, applications)
 - Signage
 - Health education materials
 - Public awareness materials and campaigns
 - Ethnic media in languages other than English (e.g., television, radio, Internet, newspapers, periodicals). (Goode & Jones, 2004).

What Are the Legal Mandates that Support Linguistic Competence?

There are legal mandates for providing language access services for children and families from diverse linguistic backgrounds. Examples include:

- Civil Rights Act of 1964, Section 601, Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons
- Executive Order 13166 Limited English Proficiency Resource Document: Tips and Tools from the Field.
- The Title VI Guidance Prohibiting Discrimination due to National Origin

Additional information can be obtained at the following website:

<http://www.lep.gov/agencyguide.html#hhsimpcomp>

What Are Some Guiding Principles about Organizational Self-Assessment?

The NCCC uses a set of values and principles to guide all of its self-assessment activities, including the development of knowledge and products, dissemination, and the provision of technical assistance and consultation:

Culture and Trauma Brief

- Self-assessment is a strengths-based model.
- A safe and nonjudgmental environment is essential to the self-assessment process.
- There should be meaningful involvement of consumers, communities, and key constituency groups.
- Results enhance and build capacity.
- Organizations should utilize diverse dissemination strategies.

How Can I Start the Process of Organizational Self-Assessment?

To find out additional information about the self-assessment process, the benefits of self-assessment, and the guiding values and principles delineated by the NCCC, visit the following:

- A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment:
<http://www11.georgetown.edu/research/gucchd/nccc/documents/ncccorgselfassess.pdf>.

The NCCC has also developed an instrument for organizational self-assessment supported by a comprehensive companion guide:

- Cultural and Linguistic Competence Policy Assessment
- Guide for Using the Cultural and Linguistic Competence Policy Assessment Instrument: <http://www.clcpa.info>.

What Does It Take to Become a Culturally and Linguistically Competent Organization?

The NCCC has a document that delineates the steps for getting started and provides some assistance as you move forward with the process of cultural and linguistic competence. Some useful steps to get you started include (1) creating a structure, (2) clarifying values and philosophy, (3) developing a logic model or schema for cultural and linguistic competence, (4) keeping abreast of community demographics, and (5) assessing family and youth satisfaction. Additional guidance is provided as you take additional steps and move on toward your goal of cultural and linguistic competence. Further, the organization needs to put in place structures, processes, and policies that support cultural and linguistic competence. These processes address (1) service functions, (2) human resources and staff development, (3) fiscal resources and allocation, (4) collaboration and community engagement, and (5) contracts. For more information see the documents listed below:

- Getting Started..and Moving On...Planning, Implementing and Evaluating Culturally and Linguistically Competency for Comprehensive Community Mental Health Services for Children and Families
http://www11.georgetown.edu/research/gucchd/nccc/documents/Getting_Started_SA_MHSA.pdf

Culture and Trauma Brief

- Planning for Cultural and Linguistic Competence in Systems of Care...for children and youth with social-emotional and behavioral disorders and their families
http://www11.georgetown.edu/research/gucchd/nccc/documents/SOC_checklist.pdf.

What Are Some Resources and Tools That Can Be Used to Facilitate Cultural and Linguistic Competence?

The National Center for Cultural Competence has developed a wide variety of resources and tools that can be used to assess and promote culturally competent organizational practices and policies. These resources include self assessment check-lists for individual practitioner, a web based self-assessment tool, and guidance on implementing culturally and linguistically competent practice. The following resources can be used by both individuals and organizations:

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- Promoting Cultural and Linguistic Competency: Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities and Special Health Needs and their Families
<http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist..doc.pdf>
- Promoting Cultural and Linguistic Competency: Self-Assessment Checklist for Personnel Providing Behavioral Health Services
<http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.doc.pdf>.
- Cultural Competence: It all starts at the Front Desk
<http://www11.georgetown.edu/research/gucchd/nccc/documents/FrontDeskArticle.pdf>.
- Information on Language Access, Frequently Asked Questions
<http://www11.georgetown.edu/research/gucchd/nccc/features/language.html>

References

Bronheim, S., Goode, T. & Jones, W. (Spring 2006). "Policy Brief: Cultural and Linguistic Competence in Family Supports." Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child Development.

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Toward a culturally competent system of care*. Volume I. Washington, DC: National Center for Cultural Competence, Georgetown University Child Development Center, CASSP Technical Assistance Center.

Goode, T., & Jackson, V. (2003). [Getting started and moving on...Planning, implementing and evaluating culturally and linguistically competent systems of care for children & youth needing mental health services and their families.](#) Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

Goode, T., Jones, W., Mason, J. (2002). *A guide to planning and implementing cultural competence organizational self-assessment*. Washington, DC: National Center for Cultural Competence, Georgetown University Child Development Center.