Cultural Competency in Mental Health Peer-Run Programs and Self-Help Groups: A Tool to Assess and Enhance Your Services

Evaluation Report
Of the Assessment Tool & Guide

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Purpose of the Pilot Test

The Cultural Competency Assessment Tool and accompanying Guide were developed collaboratively by the University of Illinois at Chicago (UIC) and the NAMI STAR Center, with feedback from a national group of experts in peer-led services, cultural competency, and program administration. Following extensive revisions based on the written comments of a group of expert reviewers, UIC conducted a national pilot-test of the materials with peer-run programs in all regions of the U.S. The goal of this three-month pilot test was to learn whether peer-run mental health programs and self-help groups would find the Tool easy to use and effective in bringing about needed changes. Pilot sites that used the materials were asked to provide feedback regarding what parts of the manual were helpful in promoting change and which parts were problematic. In addition, the pilot test provided an opportunity to identify additional resources needed by peer programs to utilize the Guide effectively, and provided insights into what kinds of supports are needed by programs attempting to use the assessment. Finally, the pilot-test presented an opportunity to discover what external factors impact upon the successful use of the assessment Tool and Guide.

A. Selection of Pilot Sites

In order to recruit sites for the pilot test, UIC and the STAR Center issued an announcement inviting peer-run mental health programs across the country to participate in the pilot test. The announcement was sent out to various programs and mental health list servs throughout the country (e.g. NAMI newsletter "Recovery for All," CMHS Consumer Affairs E-News Listserv, and the Boston University Center for Psychiatric Rehabilitation Mental Health & Rehabilitation eCast). A copy of the announcement is attached as Figure 1. In addition, a recruitment flyer (Figure 2) was distributed at mental health consumer-relevant conferences, such as the Alternatives conference. A personal email was sent to every Director of Consumer Affairs in the State Mental Health Authority of all 50 states and U.S. territories. UIC and the STAR Center also contacted key stakeholders throughout the country to see if they could recommend any peer programs. Some of these key collaborators included: Sam Shore, Transformation Director for the Texas Department of State Health Services; Maria Restrepo-Toro, Project Director of the Latino Consumer Provider Training Program at Boston University; Larry Fricks, Director of the Appalachian Consulting Group and Vice President of Peer Services for the Depression and Bipolar Support Alliance; Michael Shafer, Professor of Applied Behavioral Health Policy at Arizona State University; Laura Van Tosh, Adult Services Coordinator of the Washington State Department of Human Services; and Wendy Warren, Recovery-Focused Quality Improvement Specialist in the Wisconsin Bureau of Mental Health and Substance Abuse Services. Any programs that expressed interest in the pilot study or programs that were recommended to UIC and the STAR Center were contacted by project staff in order to talk more about the goals of the pilot study and the commitment required from participating organizations. All organizations were asked to complete an application form, where they detailed the types of services and total number of service hours provided each week, their geographical locations, a description of their challenges and successes in regards to working with peers from diverse backgrounds, and a summary of the cultural diversity of their current program participants. All organizations were informed that they would receive a $1,000 stipend for their participation. Programs that expressed interest in participating included: CHEEERS, INC., Phoenix, AZ; Recovery Empowerment Network, Phoenix, AZ; Pacific Clinics, Arcadia, CA; Project Return Peer Support Network, Commerce, CA; Focus on Recovery, Middletown, CT;Perry Wellness Center, Americus, GA; United Self Help, Honolulu, HI; Metro Suburban Learning Community, Quincy, MA; Northwest Independent Living Program, Inc., Lawrence, MA; Benton County Health Services, Corvallis, OR; Empowerment Initiatives, Portland, OR; Amarillo Area Mental Health

Consumers, Amarillo, TX; Prosumers, International, San Antonio, TX; Psychiatric Rehabilitation Services, Inc., Falls Church, VA; Genesis, Ashland, WI; Cornucopia, Inc.; The Wellness Shack, Eau Claire, WI; The Gathering Place, Green Bay, WI; Madison, WI; Warmline, Inc., Milwaukee, WI; and Miriam's House, Washington, D.C.

Nine programs were chosen to participate in the evaluation. The final set of participating programs included: CHEEERS, INC., Phoenix, AZ; Recovery Empowerment Network, Phoenix, AZ; Project Return Peer Support Network, Commerce, CA; United Self Help, Honolulu, HI; Empowerment Initiatives, Portland, OR; Amarillo Area Mental Health Consumers, Amarillo, TX; Prosumers, International, San Antonio, TX; The Wellness Shack, Eau Claire, WI; and The Gathering Place, Green Bay, WI. A summary of the groups and activities provided at these organizations is included in Figure 3. Each program completed a pre-test regarding cultural competence activities prior to beginning the pilot study. This pre-test is attached as Figure 4.

B. Training Received by Sites with Assessment and Guide

Each program participated in a two-hour telephone training, convened by UIC and the STAR Center, to discuss the Assessment Tool and how to use it. The agenda used for these trainings is attached as Figure 5. During the training, pilot site and UIC/STAR Center responsibilities were reviewed. Each pilot site was required to review and sign an agreement form (Figure 6) outlining tasks they were responsible for completing during the course of the pilot test. Training content included a review of how the Assessment Tool and Guide were developed, a discussion of each section of the assessment, and provision of technical assistance and guidance for sites regarding who should be involved in completing the assessment. Sites were also informed that they would be asked to complete a post-test at the end of the three-month follow-up period, in order to determine how effective the pilot test was in promoting increased cultural competency at their peer program.

Sites were asked to complete the assessment and create their agency's Diversity Action Plan within the two weeks following the training, and return it to UIC prior to the next conference call. To develop their Diversity Action plan, participants were told to focus on producing a plan for the next year, and to concentrate specifically on the next three months by including some activities that could be completed during the pilot test follow-up period. Also discussed at the training were the incentive payments to sites for participating in the project. Each site was informed they would receive $400 dollars for participating in the initial 2-hour training, a payment of $300 would be distributed to each site that turned in a completed assessment and Diversity Action Plan for their program, and each site would receive $300 upon completion of the first scheduled activity named in their organization's Diversity Action Plan (for a total of $1000). Finally, a time was scheduled for bi-monthly conference calls to allow programs to provide feedback and get technical assistance from UIC and the STAR Center for the duration of the 3-month pilot test.

C. Ongoing Support Provided to Sites

Conference calls were held every two weeks during the pilot test and presented an opportunity for sites to check in about progress on their Diversity Action Plan and any barriers they were encountering in executing their plans. Each conference call lasted approximately one hour. During the calls, sites discussed some of the resistance they faced from current program members regarding efforts to reach out to diverse groups in the community, difficulties in confronting and addressing some of the biases and prejudices within their programs, and the need to find qualified trainers to educate them about working with various cultures in their communities and these cultures' differing views of mental health. UIC and the STAR Center

provided sites with resources and contact information for trainers and other multicultural experts who could assist in addressing some of these issues. For example, one program encountered difficulties it experienced in conducting outreach to the Hmong community and was connected to Mr. Can Troung, a mental health stakeholder with extensive experience working with Asian populations. These calls also provided an opportunity to develop strategies to focus on some of the barriers faced by participating peer organizations. For example, time was devoted to brainstorming possible training resources for a peer-led program that was in need of cultural diversity education for its staff and members. This discussion resulted in the peer program contacting the Women's Studies Department at a local university and arranging for training and on-going consultation. Some sites also indicated an interest in using a valid and reliable research measure to capture any changes in their organization that would result from ongoing use of the Tool. During a subsequent call, UIC provided sites with five different evaluation measures (Figure 7) that also could be used to ascertain change within the programs. The advantages and disadvantages of each measure were discussed as well as potential ways to adapt the measures.

Since many sites experienced significant barriers in implementing their Diversity Action Plans, an expert consultant, MaJose Carrasco, Director of the NAMI Multicultural Action Center (MAC) was invited to provide technical assistance during one of the project conference calls. During this call, Ms. Carrasco discussed her experiences in conducting outreach to diverse groups and talked extensively about the need to educate staff and members of peer organizations first, before trying to do outreach to diverse communities. She explained that part of becoming culturally competent requires a willingness to move outside of one's comfort zone, and to experience feelings of discomfort. Ms. Carrasco also suggested that programs may need to begin engaging slowly with diverse cultures in their community by joining a local task force or coalition on culture or diversity, and by attending local cultural events. She discussed how it takes time to build new relationships and that peer programs must demonstrate their desire to learn more about different cultures in their communities, and have the chance to educate these communities about mental health peer support. In addition, Ms. Carrasco provided a number of different resources that focused on training, outreach and other issues to assist sites in becoming more culturally competent.

D. Evaluation Findings

Data for the pilot test was collected in several ways. First, detailed notes were taken during the regularly scheduled conference calls held with the pilot-test sites. These notes were then summarized and common themes were abstracted. Second, a pre-test/post-test design was used to evaluate changes in each program's activities, membership, and leadership. This involved administering an adapted version of items from several published cultural competency scales. In addition to data collected using notes, scales, and responses to closed-ended questions, participants from the nine pilot sites also provided qualitative information about their experiences using the Tool and Guide, challenges they encountered, and successes they experienced in becoming more cultural competent and diverse. These data included information such as the types of diverse groups in their areas and whether members of these groups participated in mental health peer-led activities or services.

i. Qualitative Results

The programs universally shared that they found the Tool and accompanying Guide to be user-friendly, encouraging, and practical. Most programs felt that they had made significant progress in becoming more culturally competent as a result of using the Tool, and they also noted that

the Guide had helped them to create Diversity Action Plans containing goals and activities that were manageable and achievable. Programs reported that they particularly liked the sections of the Guide entitled “Bright Ideas.” These sections provided concrete recommendations about things that programs could do to increase their cultural competency. Many programs also reported that they had not thought much about these issues before, and found the process of completing the assessment educational and transformative.

Sites also reported challenges in using the Tool and making program changes. Perhaps the primary concern was the lack of time, staff, and money to do the assessment and introduce changes in their programs. One program was in the process of being audited and had little time to devote to working on these issues during that period of time. Programs also reported that many of their members felt hesitant or resistant to engage in discussions or activities related to topics of race, ethnicity, culture, sexual orientation, and diversity. One program shared that some of their members felt that in their quest to assimilate to U.S. culture, they had been forced to give up their identification with their own heritage, leading to a sense of loss and resentment. Other program members felt that they were being asked to forsake their own beliefs and culture in order to become culturally competent. The pilot-test programs also detailed difficulties in finding cultural experts and leaders to assist them in staff and membership training efforts. One program reported that when they spoke to different community members to get recommendations for training, they were referred to someone who belonged to a diverse community but had no experience doing training or addressing multicultural issues. Programs also struggled to have more diverse personnel affiliated with their organizations. Most programs currently were not hiring, and many programs had existing personnel that were primarily white. These organizations struggled with finding ways to increase diversity other than through new hires. Some of these programs focused on recruiting new board members from different communities as a way to bring more diversity into the organization.

All of the programs discussed challenges related to knowledge about and ways for accommodating different cultural viewpoints surrounding the nature of mental health and mental illness. Most programs also confronted the pervasive stigma about mental illness across cultures, leading many diverse people to avoid help. Finally, programs discussed the challenges they had in being completely honest with themselves throughout the assessment process, and the need to regularly check in with one another to ensure ongoing objectivity about their struggles to overcome barriers related to promoting inclusion.

However, the majority of sites reported many successful strategies that were developed to promote cultural competence. For example, one program started a book club so that program staff and members could learn more about different cultural groups by reading about their experiences and discussing them. Another program began offering GED classes and found that those opportunities brought more Latinos and African American participants into the program. Some agencies encouraged program participants to create artwork reflecting their cultures and heritage, then used these creative pieces to decorate the program space. Another program chose to make their annual agency picnic a celebration of cultural diversity. They hired musicians from different cultures in their community to provide entertainment (i.e., a Filipino singer, a West African drumming band, gospel singers). Other programs began reaching out to diverse organizations in their communities to find individuals who could provide training, translation services, or consultation.

ii. Quantitative Results

Data were collected from all nine sites first at pretest (i.e., before using the Tool to conduct their organizational assessment and then using the Guide to develop their Diversity Actions Plans) and again at posttest (i.e., after three months of putting their Plans into action). The survey evaluation instrument was comprised of items adapted from standardized scales in the cultural competency field, such as the Cultural and Linguistic Competence Policy Assessment (2006). Survey items examined the nature of programs, their membership, services provided, and their infrastructure.

Overall, based on survey data at pretest, only 11% of agencies indicated they had a cultural competence component in their agency mission statement. However, more than 67% reported that this component was present after participating in the pilot study. Another area where improvement was noted was in the development of culturally-relevant program policies. Overall, 55% of agencies reported improving their knowledge about diverse cultural practices in their surrounding local communities between pre- and posttest. They also reported developing new program policies that incorporated this knowledge. For the most part, however, these policies were still informal and in the development stages.

Another specific agency change noted from survey results was related to diversity in signage and other posted materials. Programs were asked whether they posted materials in languages other than English, and on topics related to non-Western cultures. The proportion reporting diverse signage doubled between pre- and post-test, with 33% noting these postings at pretest and 67% doing so at post-test. With regard to services offered specifically for culturally diverse individuals (e.g., support groups led in languages other than English, mutual aid targeted to diverse groups), less than half (44%) of agencies reported that such services were offered at pre-test. After their participation, however, over three quarters (78%) reported convening groups and offering other culturally-specific services within their agencies. Furthermore, culturally competent peer education also improved. Sixty-seven percent of agencies indicated moderate improvements in peer education about cultural competency, with 11% noting substantial improvements in this area. Results regarding partnerships with diverse groups were similarly encouraging; 44% of the pilot-sites reported ongoing collaboration with diverse groups, and 56% reported improvement in their collaborations. In addition, close to 78% reported consistent outreach to diverse groups, with nearly a quarter (i.e., 22%) noting improvements in their outreach efforts at posttest.

The overall impact of using the Assessment Tool and Guide was evaluated using inferential analyses to determine whether the pilot produced meaningful changes within agencies. This was accomplished by computing a total score reflecting the global integration of culturally diverse groups at agencies, services provided to diverse populations, and outreach efforts to new communities. Total scores were analyzed using paired t-tests. Results indicate a significant impact following use of the Tool and Guide such that, on average, agency scores reflected higher levels of cultural integration at posttest compared to pre-test, $t(8) = -4.1$, $p < .004$, CI (-19.3, -5.3).

Next, specific areas targeted by the pilot program were examined using paired t-test analyses. Composite scores were computed for domains reflecting “internal” aspects of agency structure (e.g., including cultural competency in the agency mission statement), as well as “external” aspects of agency operations (e.g., conducting outreach to culturally diverse groups). Both domains had two subscales. In the internal domain, one subscale examined the level of diversity in program personnel, and the second assessed the level of culturally diverse and

culturally competent activities conducted at those agencies. In the external domain, the first subscale examined existing outreach activities, partnerships, and collaborations with other groups focused on diverse populations, and the second examined where these outreach efforts with other community groups and stakeholders were focused (i.e., locations). Results of test-test analyses of peer program's scores on these scales are presented in Table 1. Significant changes from pre-test to post-test were observed for the subscale measuring increases in diverse agency activities, and in the subscale measuring outreach activities to new groups and communities.

Table 1. Summary of Paired-t-test Analyses for Pilot Evaluation Measure

Evaluation Domain	Average Scores	t (df)	Sig.	95% confidence Interval
Diverse Agency Personnel	Pretest: 8.1 Posttest: 8.8	-.71 (8)	.50	(-3.3, 1.7)
Diverse Agency Activities	Pretest: 12.0 Posttest: 17.3	-4.1 (8)	.003	(-8.3, -2.4)
Outreach Activities	Pretest: 9.2 Posttest: 12.0	-2.4 (8)	.05	(-5.5, -.07)
Outreach Locations	Pretest: 13.0 Posttest: 15.8	-1.2 (8)	.25	(-8.3, 2.5)

E. Conclusions

The results of the pilot test revealed that the Tool and Guide were successful in helping peer-run programs increase their level of cultural competence and diversity. The results of the pre-test/post-test evaluation suggest that it was easier for organizations to change internal policies and the program environment than it was to make significant changes in personnel. Given the short duration of the pilot study's follow-up period, this is not surprising, since this type of organizational change is likely to require more time and effort. It also seems logical that participating programs might increase their outreach activities immediately, but might require more time to develop trusting relationships with members of diverse communities.

Each of the peer programs reported great enthusiasm about the progress they had made and looked forward to implementing additional activities and training in the remainder of the year as outlined in their Diversity Plans. It is clear that ongoing consultation would be beneficial to these programs given that all expressed positive evaluations of the technical assistance provided by UIC and STAR Center personnel during the ongoing conference calls.

At the conclusion of the pilot-test, all nine programs were given an opportunity to apply for a mini-grant from the STAR Center in order to continue their work on cultural competency. Six pilot programs applied for these grants and all six received additional funds to continue their work during the coming year. Hopefully, these additional resources along with a longer follow-up period in which to implement their Diversity Plans will result in even more positive outcomes for the programs.

Figure 1.

An Announcement from the University of Illinois at Chicago
National Research and Training Center

We are looking for peer-run programs that are interested in reaching out to diverse cultures and in completing an assessment regarding cultural competence.

The NAMI STAR Center and the UIC National Research and Training Center on Psychiatric Disability have developed a cultural competency assessment and program planning tool for peer-run services. To better evaluate the utility of the tool, we are conducting a pilot test in which peer-run programs will use the tool to first assess and then alter their programs, while providing feedback regarding the tool's usefulness. We are looking for programs that are interested in participating in this project. This pilot test will take place for 3 months starting in February 2009.

Qualified programs or groups:

1. Provide peer support, services, or group sessions at least 5 hours per week.
2. Are located in various regions of the United States.
3. Are willing to participate in a training and ongoing conference calls, starting January 2009.
4. Are interested in completing an assessment of their successes and struggles in reaching peers across cultures.
5. Will receive a modest monetary stipend for their time and effort.

Figure 2.

Is your peer-run program or self-help group interested in reaching out to diverse cultures?

If so, you may be want to be a pilot site to test a cultural sensitivity assessment tool for peer-run services.

The NAMI STAR Center and the UIC National Research & Training Center on Psychiatric Disability are seeking consumer-operated programs and self-help groups interested in testing a cultural diversity assessment.

Qualified programs or groups:

1. **Provide peer support, services, or group sessions at least 5 hours per week.**
2. **Are willing to participate in a training and ongoing conference calls, starting February 2009.**
3. **Are interested in completing an assessment of their successes and struggles in reaching peers across cultures.**
4. **Will receive $1000 for their time and effort.**

Call today to learn more and find out how to submit a simple application!

UIC Project Office: 1-877-780-3678

Figure 3. Cultural Competency Assessment Pilot Sites

AGENCY/LOCATION	Groups/Activities
Amarillo Area Mental Health Consumers P.O. Box 44 Amarillo, TX 79105 806-373-9730	26 hours per week Mental Health Education groups, Peer Groups, Computer education classes, Vocational class, Current Events, Social Night, Community Outings, Guest Speaker Living Skills group.
CHEEERS INC 1950 W. Heatherbrae Drive Suites 2 & 5 Phoenix, AZ 85015 602-246-7607 x116 cheeers.org	40 hours per week Self-help groups, informational groups, computer classes, WRAP education, life skills, socialization activities
Empowerment Initiatives, Inc. 825 NE 20th Avenue, Suite 130 Portland, OR 97232 Office: (503) 249-1413, ext. 277	40 hours per week person centered planning/goal plan creation, distribution & use of self-directed support funds, resource development/advocacy Peer to peer emotional, crisis, and problem solving supports
The Gathering Place, Inc. 1001 Cherry St. Green Bay, WI 54301 920-430-9187	38 hours per week Support groups, life skills, out reach presentations, art therapy, bible study, cooking class and dinner
Project Return Peer Support Network (PRPSN) 6055 E. Washington Blvd. Commerce CA 90040 323.346.0960	335 hours per week Support groups, computer/ writing groups, after hours warm-line, Recovery International groups, WRAP education, community integration program in locked facilities, Spanish Language Wellness Center
Prosumers International 4218 Eisenhauer Rd. San Antonio, TX 78218 www.prosumersinternational.org 210-653-5267 Voice	20 hours per week Empowerment meeting, arts and crafts, journaling, recovery presentations, warm line & resource referral line
Recovery Empowerment Network P.O. Box 7732 Phoenix, AZ 85012 602-248-0368 work	40 hours a week 5 service sites Support groups, life skills, community outings, educational groups, current events, socialization activities
United Self Help 277 Ohua Ave. Honolulu, Hawaii 96815 www.unitedselfhelp.org 808-947-5558 phone	25 hours a month BRIDGES classes, outreach and education, support groups, warm lines, computer classes, socialization activities, fitness activities
The Wellness Shack Inc 515 S. Barstow St., Suite 117 715-855-7705 Eau Claire, WI 54701 www.wellnessshack.org	34 hours per week Social Groups, Educational groups, Support Groups, 7 hours of drop-in meetings

Figure 4. **Cultural Competency Pre-Training Questions**

These questions will help identify the ways in which your peer program is already culturally competent. It also will help determine where you might want to grow in the future.

Name of Program: _____

I. The Community Context of Your Peer Program

1. As of today, are you able to identify the multicultural groups living in your city or local area? Throughout this questionnaire, by "multicultural groups," we mean people who are diverse ethnically, racially, and culturally, as well as by age, sexual orientation, religion, and so forth.

ÿ Yes ÿ No ÿ Some of them

If you answered yes above, please list below as many of the multicultural groups living in your local area as you can:

2. Which of the multicultural groups in your local area are currently attending your program? Remember, these groups may include people who are diverse ethnically, racially, and culturally, as well as by age, sexual orientation, disability status, religion, income level, family status, military experience, and so forth.

II. Peer Program Policies and Personnel

3. Does your program have a mission statement that specifically mentions cultural and linguistic competence?

ÿ Yes ÿ No

4. Does your peer program have a written plan about how to achieve cultural competence?

ÿ Yes ÿ No

5. Does your program have formal or informal policies to help people in the program (both staff/supporters and members) learn about the range of cultural beliefs and practices in your community?

ÿ No policy ÿ Informal policy ÿ Developing a policy ÿ Formal policy

6. Does your program have multicultural individuals as:

- Board members? ÿ None ÿ Some ÿ Quite a few ÿ Many ÿ NA
- Directors/group leaders? ÿ None ÿ Some ÿ Quite a few ÿ Many ÿ NA
- Managers? ÿ None ÿ Some ÿ Quite a few ÿ Many ÿ NA
- Peer support staff? ÿ None ÿ Some ÿ Quite a few ÿ Many ÿ NA
- Administrative staff? ÿ None ÿ Some ÿ Quite a few ÿ Many ÿ NA
- Consultants? ÿ None ÿ Some ÿ Quite a few ÿ Many ÿ NA
- Volunteers? ÿ None ÿ Some ÿ Quite a few ÿ Many ÿ NA

7. Do you provide multicultural education to peer supporters and members?

ÿ Not at all ÿ Sometimes ÿ Fairly Often ÿ Very Often

8. Does your program provide opportunities for members to share experiences and knowledge about diverse communities?

ÿ Not at all ÿ Sometimes ÿ Fairly Often ÿ Very Often

9. Does your program provide opportunities for members to evaluate how sensitive the program is to the needs of people from diverse communities?

ÿ Not at all ÿ Sometimes ÿ Fairly Often ÿ Very Often

10. Does your program have a conflict or grievance resolution process that is culturally, linguistically, and gender sensitive and appropriate?

ÿ Not at all ÿ Somewhat ÿ Very Much

III. Peer Supports/Activities

11. Does your program decor reflect the different cultural groups living in your community?

ÿ Not that much ÿ A little ÿ Quite a bit

12. Does your program offer multicultural social activities, events, & celebrations?

ÿ Not that much ÿ A little ÿ Quite a bit

13. Does your program post signs in languages other than English?

ÿ Not that much ÿ A little ÿ Quite a bit

14. Does your program offer culturally specific services, support groups, & mutual aid?

ÿ Not that much ÿ A little ÿ Quite a bit

15. When food is served at your program, does it reflect varying ethnic cuisines?

ÿ Not that much ÿ A little ÿ Quite a bit

16. Are you able to provide interpreter services for:

a. peers with limited English proficiency

ÿ Not that much ÿ A little ÿ Quite a bit

b. peers who are deaf or have hearing impairments?

ÿ Not that much ÿ A little ÿ Quite a bit

17. Does your program:

a. translate and use forms, educational materials, and other information in languages other than English?

ÿ Never ÿ Seldom ÿ Sometimes ÿ Regularly

b. use materials written for people with lower literacy?

ÿ Never ÿ Seldom ÿ Sometimes ÿ Very Often

IV. Outreach to Multicultural Individuals

18. Does your program conduct specific outreach to culturally diverse groups?

ÿ Never ÿ Seldom ÿ Sometimes ÿ Regularly

19. Do the materials you use to advertise your program reflect the multicultural groups living in your community?

ÿ Never ÿ Seldom ÿ Sometimes ÿ Regularly

20. Does your program collaborate (formally or informally) with representatives from different cultures to identify and address multicultural people's mental health needs?

ÿ Never ÿ Seldom ÿ Sometimes ÿ Regularly

21. Does your program have social or professional contacts that would help you in identifying multicultural people's mental health needs and how to address them?

ÿ Never ÿ Seldom ÿ Sometimes ÿ Regularly

a. Does your program know how to develop such contacts, if you don't have them now?

ÿ Yes ÿ No

22. Does your program identify opportunities within multicultural communities for peer staff and members to:

a. Attend cultural and ceremonial functions

ÿ Not at all ÿ Sometimes ÿ Fairly Often ÿ Very Often

b. Participate in community education activities

ÿ Not at all ÿ Sometimes ÿ Fairly Often ÿ Very Often

23. Does your program reach out to the following people or groups <u>in order to develop supports for multicultural program members and staff</u>?

	Never	Seldom	Sometimes	Regularly
A. Places of worship (e.g., temples churches, mosques, kivas)?				
B. Traditional healers (e.g., medicine men or women, curanderas, espiritistas, promotoras, or herbalists)?				
C. Mental health providers, doctors, dentists, chiropractors, and licensed midwives?				
D. Providers of complimentary and alternative medicine (e.g., homeopaths, acupuncturists, or lay midwives)?				
E. Ethnic radio, cable/TV, newspapers, or other ethnic media sources?				
F. Human service agencies in non-mental health fields?				
G. Tribal, cultural, or advocacy organizations?				
H. Local business owners such as barbers, cosmetologists, sports clubs, restaurateurs, casinos, salons, and other ethnic businesses?				
I. Social organizations (e.g., civic/neighborhood associations, sororities, fraternities, ethnic associations)?				
J. Primary and secondary schools, trade schools, colleges, or universities				
	Never	Seldom	Sometimes	Regularly

24. Please list any additional policies or activities that your program uses to support cultural and linguistic competence:

Items adapted from the following sources: 1) Cultural and Linguistic Competence Policy Assessment (2006), National Center for Cultural Competence, Georgetown University Center for Child and Human Development; 2) Assessment of Organizational Cultural Competence (2004), Association of University Centers on Disabilities Multicultural Council; and 3) Oregon Addictions and Mental Health Division Cultural Competency Plan (2009), AMH Cultural Competency Workgroup, Oregon Department of Human Services.

Figure 5.

Cultural Competency Assessment Pilot Test Training Agenda

1. Welcome (**Steve, Judith - 3 minutes**) *3:00*
    a. Introductions (**Jessica – 22 minutes**)

2. Overview of how assessment was developed (**Judith – 5 minutes**) *3:25*

3. Review pilot site responsibilities *3:30*
    a. Ways to get organized in completing assessment (**Steve – 10 minutes**)
        i. provide copy of assessment to UIC/STAR Center
    b. Complete pretest and posttest (**Judith sections b-e:10 minutes**) *3:40*
    c. Complete plan for next year, with special attention to next 3 months and provide copy to UIC/STAR Center
    d. Provide feedback about assessment process
    e. Attend conference calls and provide feedback regarding progress on plan

4. Review Assessment (**Judith and Steve**) *3:50*
    a. Definitions (**Judith – sections a-c: 15 minutes**)
    b. Five sections
    c. Rating pages
    d. Action plan (**Steve – d, e; 20 minutes**) *4:05*
    e. Resources

5. Who completes the assessment? (**Judith – sections a-c: 10 minutes**) *4:25*
    a. Diversity committee/other committee
    b. Include people from diverse backgrounds
    c. Include both "staff" and participants

6. Set time for twice monthly conference calls (**10 minutes**) *4:35*

7. Remind participants to complete assessment before next conference call (**10 minutes**) *4:45*

8. Review payment scheme, discuss when organizations will receive checks (**Judith and Steve – 5 minutes**) *4:50*

Figure 6.

Pilot Site Agreement
UIC/STAR Center Cultural Competence Assessment Pilot Project

The UIC/STAR Center Cultural Competence Assessment Pilot Project will test a Tool designed to help mental health peer-led programs assess and enhance their organization's cultural competency. This project involves collaboration between peer-led programs, UIC, and the STAR Center. The agreement below summarizes each party's responsibilities in the project and the kinds of support and assistance each can expect from the other. All parties are asked to read and sign this agreement.

Pilot Site Responsibilities

As a pilot site for the UIC STAR Center Cultural Competence Assessment, we understand that our organization has the following responsibilities:

1. Identification of a Point Person. Our Point Person will be responsible for making sure that our organization completes all tasks related to the project. He or she will be the primary liaison between UIC/STAR Center staff and our organization, and will maintain on-going contact between all parties. He or she will also attend the 2-hour telephone training for the project and share information from this training with our organization's staff and members. If the Point Person becomes unable to fulfill his or her responsibilities, we agree to name a replacement as soon as possible and promptly notify UIC and STAR Center staff.

2. Conducting the Assessment. Our Point Person will be responsible for ensuring that the cultural competence assessment is completed within two weeks after attending the telephone training. This person will also forward copies of our organization's completed assessment to UIC and the STAR Center by the agreed-upon deadline.

3. Creating the One-Year Action Plan. Our Point Person will take the lead in working with our staff and members to create a 12-month Action Plan for our organization that is based on the results of our assessment. This plan will reflect issues identified in our organizational assessment and specify what cultural competency activities we will engage in, who will be responsible for carrying out the activities, and a timeline for completion of the activities. Our Point Person will send copies of our Plan to UIC and STAR center by the agreed-upon deadline.

4. Bi-Monthly Conference Calls. Our Point Person will attend bi-monthly conference calls to share our organization's progress over the past two weeks. If the Point Person is unable to attend a call for any reason, we agree to arrange for a backup representative to attend the call and make a report about our activities.

5. Completion of a Pre- and Post-Questionnaire. Our organization agrees to complete and return to UIC and the STAR Center a questionnaire about our membership and cultural diversity experiences at the beginning and end of the pilot project.

UIC/STAR Center Responsibilities

As the tool creators and evaluators for the UIC STAR Center Cultural Competence Assessment, we understand that our organizations have the following responsibilities:

6. Timely Payment. We at UIC and the STAR Center agree to provide the first payment of $400 in the form of a check to all organizations that attend the 2-hour telephone training for the project. We will mail this check on the day after the training. We will make the next payment of $300 upon receipt of both the completed Assessment and the 12-month Action Plan. We will mail this check on the day after we receive the Action Plan. We will make the final payment of $300 upon completion of the first scheduled activity named in each organization's Action Plan. We will mail this check upon receipt of an email notifying us that the activity has been completed.

7. Responsiveness to Inquiries. We agree to respond to all questions from pilot sites in a timely fashion, usually within 24-48 hours, by email or by telephone.

8. Convening Bi-Weekly Calls. We agree to convene and cover the costs of a teleconference that will be held every two weeks throughout the pilot project period. During these calls, we will invite pilot sites to share their progress, challenges, suggestions for overcoming barriers, and other relevant information.

9. Sharing Pilot-Test Findings, Soliciting Feedback, and Acknowledgement. We agree to share with all pilot sites the results of the pilot test and solicit and consider each site's feedback and interpretations of the data and conclusions. We agree to acknowledge each site's contributions to the pilot-test in all written and verbal presentations regarding the pilot-test.

On behalf of _____, I certify that we understand the
(organization name)

responsibilities outlined above, and agree to fulfill these obligations.

_____(Signature)

_____(Printed Name)

_____ (Title)

_____ (Date)

Figure 7

Scales

CCCI-R **Cross-Cultural Counseling Inventory-Revised**
LaFromboise, T. D., Coleman, H. L. K., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. Professional Psychology: Research and Practice, 22, 380-388.
20 items

MAKSS **Multicultural Awareness Knowledge Skills Scale**
D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. Journal of Counseling & Development, 70, 143-150.
60 items

SACA **Self-Assessment of Cultural Awareness**
Majumdar et al. 2004, Journal of Nursing Scholarship, 161-166.
Basanti Majumdar, B.Sc.N., M.Sc.N, M.Ed., M.Sc.(T), Ph.D.
10 pages

MMHAS **Multicultural Mental Health Awareness Scale**
Khawaja, N.G., Gomez, I., Turner, G. (2009). Development of the Multicultural Mental Health Awareness Scale 2009 Australian Psychologist, Volume 44, Issue 2 June 2009 pp 67-77
(Description of 34 items)

MCKAS **Multicultural Counseling Knowledge and Awareness Scale**
(revised from the MCAS)
Donald B. Pope-Davis, William Ming Liu, Rebecca L. Toporek
Handbook of multicultural competencies in counseling & psychology
Published by SAGE, 2003 - pg 137
32 Items

CCCI-R

CROSS CULTURAL COUNSELING INVENTORY—REVISED

The purpose of this inventory is to measure your perceptions about the Cross Cultural Counseling Competence of the counselor you have just read about. We are interested in your opinion so please make a judgment on the basis of what the statements in this inventory mean to you. In recording your response, please keep the following points in mind:

a. Please circle the appropriate rating under each statement.

b. Please circle only one response for each statement.

c. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgment—please do not omit any.

Rating Scale:
1 = strongly disagree
2 = disagree
3 = slightly disagree
4 = slightly agree
5 = agree
6 = strongly agree

1.	Counselor is aware of his or her own cultural heritage.	1	2	3	4	5	6
2.	Counselor values and respects cultural differences.	1	2	3	4	5	6
3.	Counselor is aware of how own values might affect this client.	1	2	3	4	5	6
4.	Counselor is comfortable with differences between counselor and client.	1	2	3	4	5	6
5.	Counselor is willing to suggest referral when cultural differences are extensive.	1	2	3	4	5	6
6.	Counselor understands the current socio-political system and its impact on the client.	1	2	3	4	5	6
7.	Counselor demonstrates knowledge about client's culture.	1	2	3	4	5	6
8.	Counselor has a clear understanding of counseling and therapy process.	1	2	3	4	5	6
9.	Counselor is aware of institutional barriers which might affect client's circumstances.	1	2	3	4	5	6

Rating Scale:	1 = strongly disagree 2 = disagree 3 = slightly disagree	4 = slightly agree 5 = agree 6 = strongly agree

10.	Counselor elicits a variety of verbal and non-verbal responses from the client.	1	2	3	4	5	6
11.	Counselor accurately sends and receives a variety of verbal and non-verbal messages.	1	2	3	4	5	6
12.	Counselor is able to suggest institutional intervention skills that favor the client.	1	2	3	4	5	6
13.	Counselor sends messages that are appropriate to the communication of the client.	1	2	3	4	5	6
14.	Counselor attempts to perceive the presenting problem within the context of the client's cultural experience, values, and/or lifestyle.	1	2	3	4	5	6
15.	Counselor presents his or her own values to the client.	1	2	3	4	5	6
16.	Counselor is at ease talking with this client.	1	2	3	4	5	6
17.	Counselor recognizes those limits determined by the cultural differences between client and counselor.	1	2	3	4	5	6
18.	Counselor appreciates the client's social status as an ethnic minority.	1	2	3	4	5	6
19.	Counselor is aware of the professional and ethical responsibilities of a counselor.	1	2	3	4	5	6
20.	Counselor acknowledges and is comfortable with cultural differences.	1	2	3	4	5	6

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MAKSS

Evaluating the Impact of Multicultural Counseling Training

APPENDIX 1

The Multicultural Awareness-Knowledge-Skills Survey (MAKSS)

Developed by Michael D'Andrea, EdD

Judy Daniels, EdD

Ronald Heck, PhD University of Hawaii-Manoa
Honolulu, Hawaii 96822 (808)956-7901

This survey is designed to provide the Multicultural Trainer information regarding the needs of a group of trainees interested in enhancing their effectiveness as multicultural counselors. *It is not a test.* No grade will be given as a result of completing this survey. Confidentiality will be guaranteed by recording your social security number instead of your name.

Please complete the demographic items listed below.

Following the demographic section, you will find a list of statements and/or questions related to a variety of issues related to the field of multicultural counseling. Please read each statement/question carefully. From the available choices, circle the one thatbestfits your reaction toeach8tatement/question. Thank you for your cooperation.

SS# *Circle one* *Male Female*
Age *Race*
Ethnic/Cultural Background
Residence: State *Country (if not in the US)*
Educational Level *Occupation*
Annual Family Income (Check one):

Less than $10,000	$60,000$70,000-
$20,000-$30,000	$70,000 $80,000-
$30,000-$40,000	$80,000 $90,000-
$40,000-$50,000	$90,000-$100,000
$50,000-$60,000	More than £100,000

1. Culture is not external but is within the person.
   Strongly Disagree Disagree Agree Strongly Agree
2. One of the potential negative consequences about gaining information concerning specific cultures is that students might stereotype members of those cultural groups according to the information they have gained.
   Strongly Disagree Disagree Agree Strongly Agree
3. At this time in your life, how would you rate yourself in terms of understanding how your cultural background has influenced the way you think and act?
   Very Limited Limited Fairly Aware Very Aware
4. At this point in your life, how would you rate your understanding of the impact of the way you think and act when interacting with persons of different cultural backgrounds?
   Very Limited Limited Fairly Aware Very Aware
5. How would you react to the following statement? While counseling enshrines the concepts of freedom, rational thought, tolerance of new ideas, and equality, it has frequently become a form of oppression to subjugate large groups of people.
   Strongly Disagree Disagree Agree Strongly Agree
6. In general, how would you rate your level of awareness regarding different cultural institutions and systems?
   Very Limited Limited Fairly Aware Very Aware
7. The human service professions, especially counseling and clinical psychology, have failed to meet the mental health needs of ethnic minorities.
   Strongly Disagree Disagree Agree Strongly Agree
8. At the present time, how would you generaUy rate yourself in terms of being able to accurately compare your own cultural perspective with that of a person from another culture?
   Very Limited Limited Good Very Good
9. How well do you think you could distinguish "intentional" from "accidental" communication signals in a multicultural counseling situation?
   Very Limited Limited Good Very Good
10. Ambiguity and stress often result from multicultural situations be cause people are not sure what to expect from each other.
   Strongly Disagree Disagree Agree Strongly Agree
11. The effectiveness and legitimacy of the counseling profession would be enhanced if counselors consciously supported universal definitions of normality.
Strongly Disagree Disagree Agree Strongly Agree
12. The criteria of self-awareness, self-fulfillment, and self-discovery are important measures in most counseling sessions. Strongly
Disagree Disagree Agree Strongly Agree
13. Even in multicultural counseling situations, basic implicit concepts, such as "fairness" and "health," are not difficult to understand.
   Strongly Disagree Disagree Agree Strongly Agree
14. Promoting a client's sense of psychological independence is usually a safe goal to strive for in most counseling situations.
   Strongly Disagree Disagree Agree Strongly Agree
15. While a person's natural support system (i.e., family, friends, etc.) plays an important role during a period of personal crisis, formal counseling services tend to result in more constructive outcomes.
   Strongly Disagree Disagree Agree Strongly Agree
16. How would you react to the following statement? In general counseling services should be directed toward assisting clients to adjust to stressful environmental situations.
   Strongly Disagree Disagree Agree Strongly Agree
17. Counselors need to change not just the content of what they think, but also the way they handle this content if they are to accurately account for the complexity in human behavior.
   Strongly Disagree Disagree Agree Strongly Agree
18. Psychological problems vary with the culture of the client.
   Strongly Disagree Disagree Agree Strongly Agree
19. How would you rate your understanding of the concept of "relativity" in terms of the goals, objectives, and methods of counseling culturally different clients?
   Very Limited Limited Good Very Good
20. There are some basic counseling skills that are applicable to create successful outcomes regardless of the client's cultural background.
   Strongly Disagree Disagree Agree Strongly Agree At the present time, how would you rate your own understanding of the following terms:
21. Culture"
   Very Limited limited Good Very Good
22. "Ethnicity"
   Very Limited Umited Good Very Good
23. "Racism"
   Very Limited Limited Good Very Good
24. "Mainstreaming"
   Very Limited Limited Good Very Good
25- "Prejudice"
   Very Limited Limited Good Very Good
26. "Multicultural Counseling"
   Very Limited Limited Good Very Good
27. "Ethnocentrism"
   Very Limited Limited Good Very Good
28. "Pluralism"
   Very Limited Limited Good Very Good
29. "Contact Hypothesis"
   Very Limited Limited Good Very Good
30. "Attribution"
   Very Limited Umited Good Very Good
31. "Transcultural"
   Very Umited Umited Good Very Good
32. "Cultural Encapsulation"
   Very Umited Umited Good Very Good
33. What do you think of the following statement? Witch doctors and psychiatrists use similar techniques.
   Strongly Disagree Disagree Agree Strongly Agree
34. Differential treatment in the provision of mental health services is not necessarily thought to be discriminatory.
   Strongly Disagree Disagree Agree Strongly Agree
35. In the early grades of formal schooling in the United States, the

academic achievement of such ethnic minorities as African Americans, Hispanics, and Native Americans is close to parity with the achievement of White mainstream students. Strongly Disagree Disagree Agree Strongly Agree

36. Research indicates that in the early elementary school grades girls and boys achieve about equally in mathematics and science.
Strongly Disagree Disagree Agree Strongly Agree

37. Most of the immigrant and ethnic groups in Europe, Australia, and Canada face problems similar to those experienced by ethnic groups in the United States.
Strongly Disagree Disagree Agree Strongly Agree

38. In counseling, clients from different ethnic/cultural backgrounds should be given the same treatment that White mainstream clients receive.
Strongly Disagree Disagree Agree Strongly Agree

39. The difficulty with the concept of "integration" is its implicit bias in favor of the dominant culture.
Strongly Disagree Disagree Agree Strongly Agree

40. Racial and ethnic persons are underrepresented in clinical and counseling psychology.
Strongly Disagree Disagree Agree Strongly Agree

41. How would you rate your ability to conduct an effective counseling interview with a person from a cultural background significantly different from your own?
Very limited Limited Good Very Good

42. How would you rate your ability to effectively assess the mental health needs of a person from a cultural background significantly different from your own?
Very Limited Limited Good Very Good

43. How well would you rate your ability to distinguish "formal" and "informal" counseling strategies?
Very Limited Limited Good Very Good

44. In general, how would you relate yourself in terms of being able to effectively deal with biases, discrimination, and prejudices directed at you by a client in a counseling setting?
Very Limited Limited Good Very Good

45. How well would you rate your ability to accurately identify cultur ally biased assumptions as they relate to your professional training?
Very Limited Limited Good Very Good

46. How well would you rate your ability to discuss the role of "method" and "context" as they relate to the process of counseling?
Very Limited Limited Good Very Good

47. In general, how would you rate your ability to accurately articulate a client's problem who comes from a cultural group significantly different from your own?
Very Limited Limited Good Very Good

48. How well would you rate your ability to analyze a culture into its component parts?
Very Limited Limited Good Very Good

49. How would you rate your ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural/racial/ethnic backgrounds?
Very Limited Limited Good Very Good

50. How would you rate your ability to critique multicultural research?
Very limited Limited Good Very Good

51. In general, how would you rate your skill level in terms of being able to provide appropriate counseling services to culturally different clients?
Very Limited Limited Good Very Good

52. How would you rate your ability to effectively consult with another mental health professional concerning the mental health needs of a client whose cultural background is significantly different from your own?
Very Limited Limited Good Very Good

53. How would you rate your ability to effectively secure information and resources to better serve culturally different clients?
Very Limited Limited Good Very Good

54. How would you rate your ability to accurately assess the mental health needs of women?
Very Limited Limited Good Very Good

55. How would you rate your ability to accurately assess the mental health needs of men?
Very Limited Limited Good Very Good

56. How well would you rate your ability to accurately assess the mental health needs of older adults?
Very Limited Limited Good Very Good

57. How well would you rate your ability to accurately assess the mental health needs of gay men?
Very Limited Limited Good Very Good

58. How well would you rate your ability to accurately assess the mental health needs of gay women?
Very Limited Limited Good Very Good

59. How well would you rate your ability to accurately assess the mental health needs of handicapped persons?
Very Limited Limited Good Very Good

60. How well would you rate your ability to accurately assess the mental health needs of persons who come from very poor socioeconomic backgrounds?
Very Limited Limited Good Very Good

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SACA

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

How do you feel about the following statements? Please check die appropriate box.

1.	Multiculturalism understanding is an essential component of healthcare.	**Strongly Disagree** 1	2	**Neutral** 3	4	**Strongly Agree** 5
2.	My present level of knowledge of multicultural understanding related to health is:	**Very Little** 1	2	**Some** 3	4	**Considerable** 5
3.	My experience in interacting with clients from various cultural groups is:	**Very Little** 1	2	**Some** 3	4	**Considerable** 5
4.	My comfort level in interacting with people from other cultures is:	**Not Comfortable** 1	2	**Neutral** 3	4	**Very Comfortable** 5

5. I have met my stated objective:

Objective: _____

1 **2** **3** **4** **5**
Not at all **Some** **Completely**

6. Please list up to four important new ideas/knowledge that you have learned during cultural training sessions that you will use in your work setting.

1. _____
2. _____
3. _____
4. _____

7. In what ways do you plan to change your practice to include multiculturalism?

1. _____
2. _____
3. _____
4. _____

1

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

QUESTIONNAIRE T_1 Code__ __

Please answer the following questions:

1. Your present occupation:	V.O.N. 1 Home Care 2 Home Maker 3
2. Number of years in present occupation:	_____ Years
3. I am:	Canadian Born 1 Immigrant 2

4. In the last 3 months, approximately how many of your clients were:

   a. Non English / Non French Speaking _____

   b. French Speaking _____

   c. Member of Visible Minority _____

   d. Member of Hispanic Population _____

   e. Member of Aboriginal Population _____

How do you feel about the following statements:

5.. Multicultural understanding is an essential component of health care.	Strongly Disagree 1	2	Neutral 3	4	Strongly Agree 5
6. My present level of knowledge of Transcultural/ Multicultural understanding related to health is:	Very Little 1	2	Some 3	4	Considerable 5
7. My experience in interacting with clients from various cultural groups is:	Very Little 1	2	Some 3	4	Considerable 5
8. My comfort level to interact with people from other cultures is:	Not Comfortable 1	2	Neutral 3	4	Very Comfortable 5

9. State one learning objective related to multiculturalism you would like to achieve within the next 3 months.

_____

_____

_____

_____

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

QUESTIONNAIRE T_2 Code__ __

Please complete this questionnaire:

How do you feel about the following statements?

1. Multiculturalism understanding is an essential component of health care.	**Strongly Disagree** 1	2	**Neutral** 3	4	**Strongly Agree** 5
2. My present level of knowledge of Multicultural understanding related to health is:	**Very Little** 1	2	**Some** 3	4	**Considerable** 5
3. My experience in interacting with clients from various cultural groups is:	**Very Little** 1	2	**Some** 3	4	**Considerable** 5
4. My comfort level in interacting with people from other cultures is:	**Not Comfortable** 1	2	**Neutral** 3	4	**Very Comfortable** 5

5. I have met my stated objective:

Objective: _____

2 2 3 4 5

Not at all Some Completely

6. Please list up to four important new ideas/knowledge that you have learned during cultural training sessions that you will use in your work setting.

1. _____
2. _____
3. _____
4. _____

7. In what ways do you plan to change your practice to include multiculturalism?

1. _____
2. _____
3. _____
4. _____

3

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

QUESTIONNAIRE T_3 Code__ __

Please answer the following questions:

How do you feel about the following statements?

1. Multicultural understanding is an essential component of health care.	**Strongly Disagree** 1	2	**Neutral** 3	4	**Strongly Agree** 5
2. My present level of knowledge of Multicultural understanding related to health is:	**Very Little** 1	2	**Some** 3	4	**Considerable** 5
3. My experience in interacting with clients from various cultural groups is:	**Very Little** 1	2	**Some** 3	4	**Considerable** 5
4. My comfort level in interacting with people from other cultures is:	**Not Comfortable** 1	2	**Neutral** 3	4	**Very Comfortable** 5

5. I have met my stated objective:

Objective: _____

3 **2** **3** **4** **5**

Not at all **Some** **Completely**

6. Please list up to four important new ideas/knowledge that you have learned during cultural training sessions that you will use in your work setting.

1. _____
2. _____
3. _____
4. _____

7. In what ways do you plan to change your practice to include multiculturalism?

1. _____
2. _____
3. _____
4. _____

4

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

QUESTIONNAIRE T_4 Code __ __

1. In the last 3 months, how many of your clients were: (Check One)
   a. Non English / Non French Speaking _____
   b. French Speaking
   c. Member of Visible Minority _____
   d. Member of Hispanic Population _____
   e. Member of Aboriginal Population _____

How do you feel about these statements?

2.	Multicultural understanding is an essential component of health care.	**Strongly Disagree** 1	2	**Neutral** 3	4	**Strongly Agree** 5
3.	My present level of knowledge of Multicultural understanding related to health is:	**Very Little** 1	2	**Some** 3	4	**Considerable** 5
4.	My experience in interacting with clients from various cultural groups is:	**Very Little** 1	2	**Some** 3	4	**Considerable** 5
5.	My comfort level in interacting with people from other cultures is:	**Not Comfortable** 1	2	**Neutral** 3	4	**Very Comfortable** 5

6. I have met my stated objective:
   Objective: _____

   4 2 3 4 5
   Not at all **Some** **Completely**

7. In what ways have you changed your practice to include multiculturalism within the last six months?
   1. _____
   2. _____
   3. _____
   4. _____

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

QUESTIONNAIRE T_4 Code __ __

8. What has helped you to change your practice to include multiculturalism?

1. _____
2. _____
3. _____
4. _____

9. What has prevented you from changing your practice to include multiculturalism?

1. _____
2. _____
3. _____
4. _____

10. Would you be interested in pursuing further education in culture and health through:

a..	Continuing Education?	Yes 1	No 2
b.	Undergraduate Degree Course Work?	Yes 1	No 2
c.	Graduate Degree Course Work?	Yes 1	No 2

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

SUPPLEMENTARY QUESTIONNAIRE FOR RNs T_1 Code __ _

For each question below, check the box representing your skill / knowledge level.

1. To what extent do you understand how cultural differences relate to your work as a health care provider?

No Understanding 1 2 3 4 5 Clear Understanding
Some

Please cite an example.

_____

_____

_____

_____

2. To what extent do you seek information on cultural beliefs and assumptions during an assessment interview?

Never Seek 1 2 3 4 5 Always Seek
Sometimes

How do you do this?

_____

_____

_____

_____

3. To what extent are you able to adapt health care literature and/or practices to the cultural needs of your patients/clients?

Not Able Seek 1 2 3 4 5 Skillfully Able
Some Ability

List how.

_____

_____

_____

_____

4. What importance do you place on involving interpreters when interacting with non-English speaking patients/clients?

No Importance 1 2 3 4 5 Extreme Importance
Some

5. To what extent do you consider the social circumstances of a patient/client in your assessment(s) and in the development of health care plans?

Never Consider 1 2 3 4 5 Always Consider
Sometimes

7

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

SUPPLEMENTARY QUESTIONNAIRE FOR RNs T_1 Code __ __

Please answer the following questions:

I. **Briefly define a cultural assimilator.**

_____

_____

_____

2. **How does the relationship between personal values and beliefs, and professional performance influence your professional practice?**

_____

_____

_____

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

SUPPLEMENTARY QUESTIONNAIRE FOR RNs T_4 Code __ __

For each question below, check the box representing your skill / knowledge level.

1. To what extent do you understand how cultural differences relate to your work as a health care provider?

No Understanding 1 2 3 4 5 **Clear Understanding**
Some

Please cite an example.

_____

_____

_____

_____

2. To what extent do you seek information on cultural beliefs and assumptions during an assessment interview?

Never Seek 1 2 3 4 5 **Always Seek**
Sometimes

How do you do this?

_____

_____

_____

_____

3. To what extent are you able to adapt health care literature and/or practices to the cultural needs of your patients/clients?

Not Able Seek 1 2 3 4 5 **Skillfully Able**
Some Ability

List how.

_____

_____

_____

_____

4. What importance do you place on involving interpreters when interacting with non-English speaking patients/clients?

No Importance 1 2 3 4 5 **Extreme Importance**
Some

5. To what extent do you consider the social circumstances of a patient/client in your assessment(s) and in the development of health care plans?

Never Consider 1 2 3 4 5 **Always Consider**
Sometimes

9

SELF-ASSESSMENT OF CULTURAL AWARENESS (Majumdar, B., et al)

SUPPLEMENTARY QUESTIONNAIRE FOR RNs T_4 Code __ __

Please answer the following questions:

1. **Briefly define a cultural assimilator.**

_____

_____

_____

2. **How does the relationship between personal values and beliefs, and professional performance influence your professional practice?**

_____

_____

_____

10

MMHAS

N. G. Khawaja et al.

Item Summary

Awareness

Aware of cultural bias inherent in tools and instruments
Aware how CALD consumers' assumptions about therapy may affect treatment
Awareness how cultural beliefs impact on the therapeutic relationship
Understanding of how language and culture affect clinical assessment
Awareness how cultural beliefs impact on treatment
Understanding of effects of language and culture on diagnosis
Familiarity of how cultural barriers impact on therapy
Understanding of the connection between cultural identity and mental health
Aware of how working with traumatized clients may affect me
Aware of CALD consumers' difficulties due to second language proficiency
Understanding of how my own cultural background influences my work with CALD consumers
Understanding of the stressors that families experience as a result of post-migration and adaptation
Aware of how a CALD consumer's culture impacts on his/her mental health Knowledge of various cultures
Knowledge of acculturation

Knowledge

Understanding of Australia's multicultural policy
Knowledge of the settlement and support services provided to CALD consumers
Knowledge about the Government policies regarding cultural diversity and service provision
Knowledge of frameworks for developing culturally responsive services
Knowledge of Australia's immigration program
Familiarity with the advantages and disadvantages of each mental health service model for CALD consumers
Familiarity with potential community linkages for CALD consumers
Knowledge of implementing culturally responsive services to produce change
Understanding of the major barriers to mental health services experienced by CALD consumers

Skills

Skills in providing clear messages
Ability to understand speech of people with strong accents
Ability to develop culturally appropriate response styles to meet the needs of CALD consumers and their families
Ability to address the service barriers for CALD individuals
Skills in identifying strategies for promoting mental health with CALD consumers
Skills in identifying strategies for preventing mental illness with CALD consumers
Ability to negotiate with a CALD patient a shared understanding of each other's beliefs regarding how mental illness is perceived
Skills in working with interpreters
Ability to develop a culturally appropriate treatment plan
Ability to respond to the needs of CALD torture and trauma survivors
Skills in building rapport with CALD consumers

Notes. CALD = culturally and linguistically diverse;
MMHAS = Multicultural Mental Health Awareness Scale.
Loadings > .30 are reported.

MCKAS (formerly MCAS)

ITEM CONTENT OF THE MULTICULTURAL COUNSELING KNOWLEDGE AND AWARENESS SCALE

1. I believe all clients, should maintain direct eye contact during counseling. (A)
2. I check up on my minority/cultural counseling skills by monitoring my functioning- via consultation, supervision, and continuing education. (K)
3. I am aware some research indicates that minority clients receive "less preferred" forms of counseling treatment than majority clients. (K)
4. I think that clients who do not discuss intimate aspects of their lives are being resistant and defensive. (A)
5. I am aware of certain counseling skills, techniques, or approaches that are more likely to transcend culture and be effective with any clients. (K)
6. I am familiar with the "culturally deficient" and "culturally deprived" depictions of minority mental health and understand how these labels serve to foster and perpetuate discrimination. (K)
7. I feel all the recent attention directed toward multicultural issues in counseling is overdone and not really warranted. (A)
8. I am aware of individual differences that exist among members within a particular ethnic group based on values, beliefs, and level of acculturation. (K)
9. I am aware some research indicates that minority clients are more likely to be diagnosed with mental illness than are majority clients. (K)
10. I think that clients should perceive the nuclear family as the ideal social unit (A)
11. I think that being highly competitive and achievement oriented are traits that all clients should work towards. (A)
12. I am aware of differential interpretations of nonverbal communication (e.g., personal space, eye contact, handshakes) within various racial/ ethnic groups. (K)
13. I understand die impact and operations of oppression and the racist concepts that have permeated the mental health professions. (K)
14. I realize that counselor-client incongruities in problem conceptualization and counseling goals may reduce counselor credibility. (K)
15. I am aware that some racial/ethnic minorities see the profession of psychology functioning to maintain and promote the status and power of the White Establishment (K)
16. I am knowledgeable of acculturation models for various ethnic minority groups. (K)
17. I have an understanding of the role culture and racism play in the development of identity and world views among minority groups. (K)
18. I believe that it is important to emphasize objective and rational thinking in minority clients. (A)
19. I am aware of culture-specific, that is culturally indigenous, models of counseling for various racial/ethnic groups. (K)
20. I believe mat my clients should view the patriarchal structure as ideal. (A)
21. I am aware of both the initial barriers and benefits related to the cross-cultural counseling relationship. (K)
22. I am comfortable with differences that exist between me and my clients in terms of race and beliefs. (K)
23. I am aware of institutional barriers which may inhibit minorities from using mental health services. (K)
24. I think that my clients should exhibit some degree of psychological mindedness and sophistication. (A)
25. I believe that minority clients will benefit most from counseling with a majority counselor who endorses White middle class values and norms. (A)
26. I am aware that being born a White person in this society carries with it certain advantages. (A)
27. I am aware of the value assumptions inherent in major schools of counseling and understand how these assumptions may conflict with values of culturally diverse clients. (K)

28. I am aware that some minorities see the counseling process as contrary to their own life experiences and inappropriate or insufficient to their needs. (K)
29. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face. (A)
30. I believe that all clients must view themselves as their number one responsibility. (A)
31. I am sensitive to circumstances (personal biases, language dominance, stage of ethnic identity development) which may dictate referral of the minority client to a member of his/her own racial/ethnic group. (K)
32. I am aware that some minorities believe counselors lead minority students into non-academic programs regardless of student potential, preferences, or ambitions. (K)

Note. The following items are reverse scored: 1, 4, 7, 10, 11, 18, 20, 24, 25, and 30. The Knowledge items are designated by the symbol K after the item, and the Awareness items are designated by the symbol A after the item.

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