

LESSON PLAN COVER SHEET

COURSE NAME: Georgia Crisis Intervention Team (CIT) Training		UNIT CODE:
LESSON TITLE: Cultural Sensitivity		HOURS: 01
PREPARED BY: Pierluigi Mancini, Ph.D., NCAC II	DATE: 11-15-04	APPROVED BY:
REVISED BY: Pierluigi Mancini, Ph.D.		DATE(S): 12-01-05
INSTRUCTIONAL METHODS: Lecture/Power Point		CLASSROOM SETTING: Academic
TERMINAL PERFORMANCE OBJECTIVE (TPO): The Crisis Intervention Team (CIT) officer will be able to incorporate his/her newfound knowledge of cultural competence to ensure all persons with a mental illness are treated with respect and equality, through dealing with issues on prejudice, discrimination, or harassment directed towards any person or group.		
TRAINING MEDIA (see Appendix A): <i>[check each that apply to your lesson plan]</i> <input type="checkbox"/> Transparencies <input type="checkbox"/> Videotape <input type="checkbox"/> Chalkboard <input type="checkbox"/> Flip chart <input type="checkbox"/> Audiotape <input type="checkbox"/> Other: <i>[list additional training media needed here]</i> <input checked="" type="checkbox"/> Slides <input type="checkbox"/> Poster		
EQUIPMENT/MATERIALS (description and quantity): Computer with PowerPoint 7.0, Multimedia, Screen, Laser Pointer, Pen/Paper, PowerPoint slide handouts with three slides, per page and space for trainee's notes		
HANDOUTS (see Appendix B): PowerPoint Presentation Slides		
REFERENCES: Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989) <u>Towards a Culturally Competent System of Care, Volume I.</u> Washington, D.C.: Georgetown University Child Development Centre, CASSP Technical Assistance Center. Adams, Diane L., (Ed.). (1995). <u>Health Issues for Women of Color: A Cultural Diversity Perspective.</u> Thousand Oaks: SAGE Publications Texas Department of Health, National Maternal and Child Health Resource Center on Cultural Competency. (1997) <u>Journey Towards Cultural Competency: Lessons Learned.</u> Vienna, V.A. Maternal and Children's Health Bureau Clearinghouse. Evelyn Harden (Original Author)		
STUDY ASSIGNMENTS:		

CULTURAL SENSITIVITY

Overview

Cultural competence is the next step after diversity and encompasses the total workforce embracing a new paradigm. This paradigm is a continual process of creating an environment that enhances and utilizes diversity as a competitive edge. Cultural competence for law enforcement equips officers with the ability to ensure all persons are treated with respect and equality through dealing with issues on prejudice, discrimination or harassment directed towards any person or group.

In today's society, human diversity training is a must for law enforcement agencies. This specialty course provides attendees with a contemporary of tools to address the sensitive issues endemic to culturally diverse communities and crisis intervention.

I. Defining Cultural Competence and its Origination

When considering cultural competence, a concise, practical definition and some explanation of relevant ideas are needed. Cross, Bazron, Dennis & Isaacs (1989) explored the concept of cultural competence in the system of care, and developed the definition and framework used here. They are appropriately applied in the law enforcement programs that will be highlighted later in this training.

A. Set of congruent:

1. behaviors
2. attitudes
3. policies that
4. come together in a system, agency or among professionals
5. enables that system, agency or those professionals to work effectively in cross-cultural situations

(Cross, et. al., 1989; Isaacs & Benjamin, 1991)

(Note: Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services)

B. Culture is used because it

1. implies the integrated patterns of human behavior
2. thoughts
3. communications
4. actions
5. customs
6. beliefs
7. values
8. institutions of racial, ethnic, religious or social groups

C. Competence is used because it implies having the capacity to function in a particular way: the capacity to function within the context of culturally integrated patterns of human behavior by a group. Competence involves:

1. learning new patterns of behavior
2. effectively applying them in the appropriate settings

D. Diversity is defined as the condition of being diverse; variety. Diverse is defined as being differing from one another; composed or distinct or unlike elements or qualities.

1. Examples of different cultures include

- a) age
- b) gender
- c) blue collar/white collar
- d) gay/straight
- e) race
- f) ethnicity
- g) country of origin.

E. Cultural competence is a developmental process that occurs along a continuum.

1. There are six possibilities, starting from one end and building toward the other

- a) cultural destructiveness
- b) cultural incapacity
- c) cultural blindness
- d) cultural pre-competence
- e) cultural competency
- f) cultural proficiency.

2. Law enforcement agencies and staff should assess where they fall along the continuum. *(Such an assessment can be useful for further development.)*

II. How Cultural Competence differs from cultural sensitivity and awareness

The idea of more effective cross-cultural capabilities is captured in many terms similar to cultural competence. Cultural knowledge, cultural awareness and cultural sensitivity all convey the idea of improving cross-cultural capacity, as illustrated in the following definitions:

A. Cultural Competence: Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices and attitudes used in appropriate cultural settings to increase the quality of services.

B. Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems and behaviors of the members of another ethnic group (*Adams, 1995*).

C. Cultural Awareness: Developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others.

(Note: Cultural awareness must be supplemented with cultural knowledge)
(*Adams, 1995*)

D. Cultural Sensitivity: Knowing that cultural differences as well as similarities exist, without assigning values (*i.e., better or worst, right or wrong, to those cultural differences*)
(*National Maternal and Child Health Center on Cultural Competency, 1997*).

III. Ethnic and Cultural Background

Describe your own ethnic and cultural background and how it helps shape your identity, communication style, values, beliefs and behaviors. One of the underlying aspects of cultural competence is for students to understand who they are and how they feel about people who are different from them.

A. What makes each person unique:

1. Biology: Determines gender, body size, skin, hair and eye color.
2. Ethnicity and cultures: Customs, language and sense of identity often shared by people with similar roots.
3. Family life: Family size, values, traditions and social class.

4. Beliefs: One's religion or philosophy of life
5. Geography: How one feels about being from a certain neighborhood, city or region.
6. Experience: School, work, travel, recreation... and with other people.

B. What makes you a person:

1. There are a few characteristics that make you a person and give you personality. (*The person is what comes out of the body.*)
 - b) Emotions
 - c) Will
 - d) Intellect
 - e) Feelings

2. People differ in many ways:

Through the cultural self-assessment process, officers or administrative staff are better able to see how their actions affect people from other cultures. The most important actions to be conscious of are usually taken for granted. For instance, physical distance during social interactions varies by culture. If a person is aware of his or her own cultural behaviors, he or she can learn to modify them when appropriate.

C. Examples include the following:

1. Body language
2. Listening and speaking
3. Expressing opinions
4. Working styles

D. Cultural Identity

1. Country of Origin
2. Language
3. Acculturation
4. Gender
5. Age
6. Class
7. Religious/Spiritual Beliefs
8. Sexual Orientation
9. **Physical Disabilities**

E. Cultural Competencies

Involve understanding and respecting the person's cultural values, beliefs, and practices such as:

1. Views about law enforcement
2. Views about health and health care
3. Family and Community relationships
4. Language and communication styles
5. Ties to another country or part of the US
6. Food preferences
7. Religion and views about death

It can help to have some basic knowledge about the major cultural and religious groups. It's important to know your own culture. This can help you remember that a patient may hold different views. By being open-minded and respectful toward their beliefs, values, and practices, you can help people feel more comfortable. Factors that may differ from person to person include ethnic, religious, and occupational factors. Some people belong to more than one ethnic group, as well as cultural groups. Other people have fewer group identities. Others keep traditions only on special occasions or not at all. Different cultures have different ideas about how to express and respond to pain. Some cultures value bearing pain silently, while others expect expressiveness. Different cultures have different views about when to seek professional medical help, treat oneself, or be treated by a family member or traditional healer.

F. Issues involving Language:

1. The degree to which a patient or staff member is fluent in English, or any other language you speak, will have a bearing on your interactions.
2. A prime factor affecting this communication is your attitude toward people who speak limited English.
3. How open are you to working with people who speak with accents?
4. How do you feel when people speak with family members or co-workers in their native language while you are working with them?
5. If you are irritated in these situations, consider what it feels like for them.
6. Do you know a second language?
7. How easy is it for you to sue, and how confident are you about your effectiveness when using it?
8. Those whose English is limited often say that they speak their native language when possible because both their explanations and their understandings can be more accurate, and because it is more comfortable.

G. Cultural Influences

1. Are complex and multifaceted
2. It is impossible to know all the rules about each specific group.
3. Cultural generalizations categorize areas of similarity in preferences, norms, and values, which should not be applied with certainty to each individual.
4. When dealing with a person who is from a different background, it is more effective to investigate and check out your assumptions than to operate on incorrect predications.

H. A number of aspects of interacting and sharing information, besides language, are significantly influenced by culture, including:

1. Directness “Spit it out” and “Say what’s on your mind” are popular American expressions of the value of getting to the point.
2. In languages that depend on subtle contextual cues and that leave it to the listener to infer meaning, as would be the preference in Arabic or Japanese, information is implied rather than stated.
3. Facial expressions, body language, and tone of voice play a much greater role in cultures where people prefer indirect communication and talking around the issue.
4. For example, rather than pointing out that part of the form has missing or incorrect information, indirect communicators might praise the sections that were correctly completed, implying that the incomplete section is a problem.
5. In another variation, among Hispanics directness in expressing negative feelings or information is discouraged.
6. This taboo may result in a person not following directions.
7. Differences regarding directness can be particularly frustrating, especially when specific information and answers are needed.
8. “Do you understand?” and the response is a nod or a yes.
9. Individuals from Mexico and much of Asia find it nearly impossible to say no directly because it signals disrespect, and can cause loss of face and makes them feel inadequate.
10. A response such as “maybe” or “that would be difficult” is probably a no polite.
11. Avoiding yes/no questions by phrasing the inquiry as a multiple choice question is one way around this impasse.
12. For example, you might ask, “Which of these medications have you taken?” rather than “Did you take this one?”

I. Gestures and Facial Expressions

Another culturally influenced aspect of communication is the demonstration of emotion, such as joy, affection, anger, or upset.

1. While Americans widen their eyes to show anger, Chinese people narrow their eyes.
2. Vietnamese, conversely, consider anger a personal thing, not to be demonstrated publicly.
3. Smiling and laughter may be signs of embarrassment and confusion on the part of some Asians.
4. Talking with one's hands is more common in southern Europe than in northern Europe.
5. A direct stare by an African-American or Arab is not meant as a challenge to your authority, while dropped eyes may be a sign of respect from Latino or Asian patients and co-workers.
6. Use gestures with care, as they can have negative meanings in other cultures.
7. Thumbs-up and the OK sign are obscene gestures in parts of South America and the Mediterranean.
8. Pointing with the index finger and beckoning with the hand as a "come here" sign are seen as rude in some cultures much as snapping one's fingers at someone would be viewed in the US.

J. Distance

1. American culture generally expects people to stand about an arm's length apart when talking in a business situation.
2. Any closer is reserved for more intimate contact or seen as aggression.
3. In the Middle East, however, it is normal for people to stand close enough to feel each other's breath on their faces.
4. Latinos typically favor closer proximity than do non-Hispanic whites.
5. Thus, moving away and keeping greater distance might be perceived by Latinos as aloofness and coldness.
6. In much of Asia, where cities are crowded and space is at a premium, jostling and bumping in public places are not seen as intrusive or inconsiderate and do not require an "excuse me".

K. Touch

1. To touch or not to touch is only part of the question.
2. Cultures also have different rules about who can be touched and where.
3. A handshake is generally accepted as a standard greeting in business, yet the kind of handshake differs.

4. In North America, it is a hearty grasp; in Mexico, it is often a softer hold; and in Asia a soft handshake with a second hand brought up under the first is a sign of friendship and warmth.
5. Religious rules may also apply.
6. For devout Muslim and Orthodox Jews, touching between men and women in public is not permitted, so a handshake would not be appropriate.
7. Touching the head, even tousling a child's hair as an affectionate gesture, would be considered offensive by many Asians.
8. Individuals will usually let you know their preferences through their behavior.
9. Following the other person's lead is generally a good guideline.
10. If you need to touch someone for purposes of a pat down or search, explain the purpose and procedure before you begin.

L. Other Important Factors

1. An aspect related to self-disclosure is loss of face, important in some manner in all cultures.
2. In Asia, the Middle East, and to some extent Latin America, one's dignity must be preserved at all costs.
3. In fact, death is preferred to loss of face in traditional Japanese culture, hence the suicide ritual, hara-kiri, as a final way to restore honor.
4. Any embarrassment can lead to loss of face, even in the dominant American culture.
5. To be criticized in front of others, publicly snubbed, or fired would be humiliating in most any culture.
6. However, behaviors that we see as harmless can be demeaning to others.
7. Inadvertent slights or unconscious faux pas can cause serious repercussions in intercultural relationships.

M. Income

In 1994, minority families were at least three times as likely as white families to have incomes placing them below the federally established poverty line. Asian-Americans are more than one and a half times more likely than whites to live in poverty.

1. Socioeconomic Status and Mental Illness
2. People in the lowest socioeconomic status strata are about two and a half times more likely than those in the highest strata to have a psychiatric disorder.

IV. General Application of Cultural Competence skills in Crisis Situations.
It is important for the instructor to understand the information and the dynamics of the cultures listed.

- A. Race is a social construct that people use to associate behaviors and attitudes with physical characteristics.
- B. Assimilation and acculturation can create kaleidoscopes of socioeconomic status that can be more powerful than racial factors.

There are many factors that can affect cross-cultural interactions. For example, biases based on historical and cultural experiences can explain some current attitudes. Native Americans and African-Americans, among other groups, have experienced discrimination and unfair treatment from members of the dominant American cultures. These experiences and the mistrust that grew from them are passed down among members of historically oppressed groups, but it is often ignored within the dominant culture. There often exists an understandable mistrust towards members of the dominant culture by historically oppressed groups.

C. Hispanic Culture: This group includes Mexican, Puerto Ricans, Cubans, South Americans and Central Americans.

1. Address the language issue.
2. It is recommended that when referring to a Hispanic individual or to a specific ethnic group that the name of the country of origin be utilized.
3. Provide substantial expressions of friendliness and encouragement.
4. Formality is viewed as a sign of respect. First names should not be used without the client's permission.
5. Hispanics tend to be physically expressive, such as gesturing with their hands and face (e.g., eyes/eyebrows and mouth).
6. A Hispanic person will likely feel more comfortable interacting with Hispanics as compared to non-Hispanic staff members under most circumstances.
7. The church plays an extremely strong role in the life of many Hispanics. The use of pastoral counselors can be particularly effective.
8. In suicide prevention and depression relief, the help of a religious peer can be particularly effective in helping to relieve guilt, inspire hope or encourage the will to live.

9. The Mexican culture is quite different from the rest of Latin America. As a result, Mexicans do not relate as well to the other segments.
10. Cubans and Puerto Ricans are in many respects “first cousins” but they segregate themselves in many neighborhoods.

D. African-American Culture: People of African descent born of United States slaves. People from the continent of Africa are addressed by their nationality.

1. Remember that there are more similarities than dissimilarities in treating African-Americans and a white culture.
2. Do not assume that Africans are all the same.
3. Speak with courtesy and respect and use preferred name.
4. When anger, suspiciousness and prejudice are directed toward white staff, attempt to have African-American staff intervene.
5. African-Americans tend to be physically expressive, such as gesturing with their hands and face (e.g., eyes/eyebrows and mouth.)
6. Tone of voice may escalate when agitated.
7. Certain words have an offensive connotation and should not be used in reference to Blacks, e.g., boy, nigger, gal, coon, colored, or spook.
8. Employ indigenous community helpers, such as the church and community healthcare centers.
9. The extended family is an important part of the treatment of an African-American client.
10. Language difference can result in a form of cultural bias.
11. Be aware of your biases—African-Americans are severely stereotyped by whites.
12. Mother and grandmother are sacred. Depending on the situation these two people are the greatest asset.
13. Extended family members are extremely important.

14. African-Americans place a high value on the spiritual aspect of their lives. If they are a member of a church, locate the pastor or someone whom they respect in the church.

E. Asian Culture: Vietnamese, Hmong, Koreans, Laotians, Chinese-Americans, Indochinese-American, Japanese-Americans and Filipino-Americans

1. This is the most ethnically diverse group of American minorities.
2. Must address the language issue.
3. Language differences can result in a form of cultural bias.
4. Formality is viewed as a sign of respect. First names should not be used without the client's permission.
5. They shun the display of personal and family problems.
6. Family plays a central role in most cultures.
7. Involve the family in crisis intervention.
8. Many American words do not translate easily into Asian languages.
9. Belief in spirits.
10. The body is very important (all flesh is given by the parents.)

F. American Indians and Alaska Natives

1. Although relatively little evidence is available, the existing data suggest that American Indian and Alaska Native youth and adults suffer a disproportionate burden of mental health problems compared with other Americans.
2. Given the high rates of suicide documented among some segments of this population, they are likely to experience increased need for mental health care as compared with white Americans.
3. Despite the mental health problems that plague Indian and Native people, the majority, though at risk, are free of mental illness.

D. Application of Cultural Competence skills in crisis situations.

Diversity between cultures must be recognized, but also the diversity within them. Individuals are exposed to many different cultures. People generally assume a common culture is shared between members of racial, linguistic, and religious groups. The larger group may share common historical and geographical experiences. However, individuals may share nothing beyond similar physical appearance, language or spiritual beliefs.

Cultural Competence Action Steps:

- a. Respect the patient and his/her culture and beliefs.
- b. Understand that the patient's view of you may be defined by ethnic or cultural stereotypes.
- c. Be aware of your own biases and preconceptions.
- d. Know your limitations in addressing the crisis intervention issues across cultures.
- e. Understand your personal style and recognize when communication may not be working with a given person.

Wrap Up and Review

The effectiveness of law enforcement in reaching and working with multicultural populations rests heavily upon the sensitivity, respect and understanding paid to ethnic diversity. In order for an organization to continue to thrive, its culture (assumptions, values, and practices) must remain compatible with the environment in which it operates. Through cultural competence, law enforce officers are better able to see how their actions affect people from other cultures. The most important actions to be conscious of are usually taken for granted. For instance, eye contact, ideas about mental health, physical distance during interactions varies by culture. If a person is aware of his or her own cultural behaviors, they can learn to modify them when appropriate.