



CAREGIVERS' PERSPECTIVES ON CULTURAL COMPETENCE

The Research and Training Center on Family Support and Children's Mental Health recently reported on research that focused on caregivers' perspectives on the cultural competence of services provided to their children, who were diagnosed with emotional or behavioral disorders (Walker, 2000; Walker, 2001). Our research study relied primarily on an analysis of caregivers' own descriptions of specific occasions when they experienced satisfaction or dissatisfaction with the extent to which respect for the family's beliefs and values was demonstrated. We asked specifically about the extent to which providers demonstrated respect during assessment, during the development of service plans, and during the course of services and activities provided to the child and family.

Results from our study highlight similarities and differences between and among members of different ethnic communities regarding satisfaction and dissatisfaction with the cultural competence of services. The study also provides specific information and examples about what goes wrong—and what goes right—when families and children interact with service providers and systems. Finally, our study also provides some insight into the major themes that are blended together in caregivers' own definitions of "culture."

The Study

Data for the study were collected from 286 caregivers (90% female) whose children (6 to 18 years old, mean 11.9) had emotional or behavioral disorders. Children were primarily White (67%), with 22% being African American, 9% Native American, and 3% from other races. In addition to open-ended questions asking about specific occasions of satisfaction and dissatisfaction, the interview included questions asking caregivers to rate how important they thought it was for their culture to be considered in the service plan, and the extent to which their culture had been taken into account in the services and activities provided under the plan.

Caregivers also provided information about their educational background, household income, and overall satisfaction with services.

Results revealed that 82% of respondents viewed culture to be of at least moderate importance in designing service plans. African American families were significantly more likely to rate this as an important issue as compared to Caucasian caregivers (100% as compared to 80%). Forty-seven percent of caregivers indicated that culture had indeed been taken into account in the design of their own child's service plan, with no differences between racial groups.

Responses to the open-ended questions were coded into five broad categories (community or ethnic values, religious values, parenting values, respect for child, and respect for caregiver), with several subcategories. Data were coded to reflect whether caregivers expressed satisfaction or dissatisfaction within each category. Analysis of satisfaction/dissatisfaction by race showed that African American and Native American caregivers offered significantly more examples of both satisfaction and dissatisfaction in the "community or ethnic values" category than did Caucasian caregivers. Although both African American and Native American caregivers reported a fairly high percentage of comments indicating satisfaction with cultural competence in the "community or ethnic values" category (35% and approximately 25% respectively), more expressed dissatisfaction. Further analysis of subcategories within the community or ethnic values category revealed that African American and Native American caregivers were dissatisfied with the lack of ethnic-targeted programs, scarcity of therapists from their own racial group, and service providers' lack of understanding of cultural norms. Significant differences were found between Caucasian and African American caregivers in the "strict discipline" subcategory of parenting values. Specifically, African American caregivers more often expressed the specific dissatisfaction that service providers were too lenient in the discipline they prescribed or used, or that

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they unfairly condemned caregivers for using forms of discipline that were strict.

Interestingly, level of formal schooling, employment status, and single parenthood were not related to levels of satisfaction or dissatisfaction. However, caregivers with low household incomes were significantly more likely to report dissatisfaction with the extent to which they felt respected by service providers. In fact, our analyses showed that caregivers from low-income households were almost three times more likely than other caregivers (19% versus 7%) to talk about a specific incident during which they had felt personally disrespected.

An additional analysis examined whether being dissatisfied in the area of cultural competence would be associated with caregivers' overall satisfaction with services. Controlling for problem severity and family participation in planning, results revealed that overall satisfaction was not related to caregiver minority/majority status. However, an interaction effect revealed that satisfaction with services was significantly lower for minority caregivers who had expressed dissatisfaction in the community or ethnic values category. Both minority and majority caregivers were significantly less satisfied with services if the caregiver was kin of the child (as opposed to a foster parent) and/or if the caregiver expressed any type of dissatisfaction related to cultural competence of services.

Conclusions: Caregivers say that...

...there is some success in the provision of culturally competent services.

Results from our study show that about half of caregivers—regardless of race, education, or other personal variables—felt that service providers had done at least a fairly good job in respecting their cultural values during treatment planning and service delivery. What is more, over one third of minority caregivers gave specific examples of ways that their community or ethnic values had been respected by service providers.

...more providers need to see caregivers as capably parenting unique children.

More than a quarter of all caregivers expressed concern that providers failed to see each child as a unique individual, not just a syndrome, a label, or a problem. About a quarter of caregivers also said that service providers failed to appreciate caregivers' knowledge of

their children, and caregivers' ability to parent effectively. On the other hand, 28% of caregivers expressed satisfaction with the extent to which service providers did appreciate the children as individuals, while only 10% noted that providers saw caregivers as capable parents.

...there are many ways in which services are not respectful of the beliefs and values of children and caregivers from minority communities.

Close to half of minority family caregivers described specific ways that their community or ethnic values were disrespected by service providers. The results reinforce the words of minority caregivers who emphasized: [Providers] in general could be more sensitive and conscious of the struggles with racism in this culture. Don't say, "Just put it behind you." That does not validate the reality of what people of color experience with racial prejudice.

...providing culturally appropriate services is more difficult than just following a recipe.

Caregivers' voices emphasize that not all minority families want or need the same kinds of services. For example, some caregivers said that children from minority cultures needed therapists from the same background, or that they needed targeted programs to support their culture. At the same time, other minority caregivers insisted that the best services were those that were "colorblind" and treated all children the same. This study indicates that service providers need to develop their understanding of the values, norms, and ways of life typical of different communities and cultures. At the same time, providers also need to be able to see people as individuals who reflect culture and community in unique ways. Promising research in cultural competence suggests that an important first step is for families and providers to work together to define their goals, how the goals can best be achieved, and how they can resolve disagreements when they arise (Sue, 1998).

... providers need to work with caregivers more flexibly around issues of discipline.

Caregivers—particularly African American caregivers—were also dissatisfied with providers' ideas about discipline. In particular, many caregivers felt that providers were too lenient with discipline in general, and also too rigid in their belief that physical punishment was never appropriate. Caregivers in this study pointed out that there is a difference between spanking (or other physical punishment) and abuse, and they voiced a belief

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that there were times when physical punishment was necessary. There is clearly a need for providers to be more flexible in working with caregivers around issues of discipline.

...providers need to understand the additional burdens that come with having limited income.

Almost one in five low-income caregivers described ways in which service providers had disrespected them, viewing them, for example, as “lazy”, or “losers” or “trash.” Caregivers’ words tell us that many service providers are not sensitive to the ways that having limited income places multiple additional burdens on caregivers as they interact with the mental health system. Caregivers indicate a serious need for more attention to this issue, not just by increasing provider sensitivity, but also by finding ways to offer services and supports in ways which do not end up actually increasing the stresses faced by families with limited economic resources.

References

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