Cultural Competence in School Social Work: A Personal and Professional Learning Curve

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A Personal and Professional Learning Curve

by

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota, and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This study is neither a Master’s thesis nor a dissertation.
Abstract

As the nation grows more diverse and the numbers of American youth with mental illness climb, the importance of culturally responsive school social work practice is critical. Research suggests cultural competence is a fluid concept but one that improves service and client outcomes. Studies link cultural competence to licensure levels and practice experience, as well as primary social work competencies. Studies also indicate practitioners consider professional development and a supportive school environment to aid in cultural competency efforts, while societal influences and personal lack of knowledge and self-awareness can impede the process. This study obtained primary data from a purposive sample (n = 7) of licensed school social workers in an urban school district. A semi-structured interview afforded quantitative and qualitative data regarding demographics and perceptions on knowledge, skills, influences, and evaluative measures deemed relevant to cultural competence. The findings echo previous research that suggests cultural competence involves adopting key social work principles and therapeutic skills in the aim to meet individual client needs, rather than those assumed to belong to an overt cultural group. Supports were seen as generally stemming from more immediate factors, while barriers were seen as stemming from larger, more removed influences; this also supports previous research. This study suggests social workers’ abilities to model cultural responsiveness and a willingness to assess their own competencies in diverse ways are important practice components. It also highlights the need for more balanced, behaviorally based cultural competency measures. Future research to explore clients’ perspectives of practitioners’ cultural competence and relevant case studies is recommended. While this study’s qualitative nature allowed for personal insight and experiences, it remains highly exploratory.
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The French critic and essayist Charles Du Bos wrote, “The important thing is this: to be able at any moment to sacrifice what we are, for what we could become.” Surely, much has been sacrificed in my return to school (beyond merely sleep), but much more has been gained (beyond just a textbook education). This endeavor was largely possible due to the loving presence and involvement of my husband, Kevin Baltus; my children, Rachel and Heidi Baltus; my parents, Kent and Kathy Kehrberg and Jorge and Brenda Llambes; my dearest friends, Heidi Losleben and Meg O’Keefe Andrea; and all the wonderful people I have met in this program and on the job. To you, I give my most sincere thanks.
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Introduction

Serving youth from pre-Kindergarten age through senior high, school social workers help address and minimize gaps that impede students’ learning. Their efforts are both fundamentally supportive and inherently instrumental in helping to ensure accessible, equitable education for all students, but specifically for those facing internal or external barriers to learning, such as housing and transportation issues, learning disabilities, and mental health concerns.

School social workers also help students manage issues involving academic performance, interfering behaviors and truancy, peer relations and bullying, pregnancy, chronic health conditions, and home and family dynamics. They help students, families, and staff to navigate existing and emerging cultural concerns, such as issues ranging from race, religion, and socioeconomic class to gender identity and sexual orientation.

In this aim, school social workers must meet guidelines established to uphold effective practice and protect clients. These include professional and ethical standards enacted to promote culturally appropriate service for students and their families. The process by which social workers “respond respectfully and effectively” to aspects of diversity, including age, race, religion, ethnicity, gender, culture, etc., is generally referred to as cultural competence (National Association of Social Workers [NASW], 2007, p. 12). The National Association of Social Workers (NASW) believes cultural competence reflects “a heightened consciousness of how clients experience their uniqueness and deal with their differences and similarities within a larger social context” (2007, p. 8). The ever-evolving nature of cultural competence is pivotal to its meaning. It is a practice standard that is “never fully realized, achieved, or completed,” but rather continually learned and acquired (NASW, 2007, p. 12).
A myriad of research and statistics underscores the importance of school social workers’ aim for cultural competence. This includes an increasingly diverse population, increases in the number of children experiencing mental health issues, and the fact that most children receiving mental health care services do so in school. Cultural competence is a distinguishing factor of ethical practice and has also been linked to more positive clinical outcomes for clients (Mancoske, Lewis, Bowers-Stephens, & Ford, 2012).

At the same time, research indicates a gap exists between practitioners’ self-perceptions of cultural competence and the opinions of observers and of clients (Cartwright, Daniels, & Zhang, 2008). Within the nation, Minnesota has one of the largest academic achievement gaps between white students and students of color. The state also has the nation’s lowest on-time graduation rates for Hispanic and American Indian students (U.S. Department of Education, 2011). Such statistics further highlight the importance of culturally competent social work practice in school settings. The purpose of this study is to explore school social workers’ definitions of cultural competence, perceptions of their own cultural competence, and issues surrounding this pressing topic.

**Changing demographics**

America is a melting pot now more than ever. In 2010, minorities, i.e., those individuals reporting their race and ethnicity as something other than non-Hispanic single-race white, accounted for more than one-third (36.1%) of the population, reflecting a 29% growth rate over the past decade (U.S. Census Bureau, 2011). In addition, the Census Bureau (2004) reports that by 2050 minorities are expected to account for almost half of the U.S. population.

Minnesota’s changing demographics reflect those of the nation. Between 2000 and 2010 nearly 60% of counties experienced minority population growth rates greater than the national
average, including the entire seven-county Twin Cities metropolitan area (U.S. Census Bureau, 2011). Similarly, the state’s minority population is growing faster than its white counterpart, and there are more young Minnesotans of color than there are white children (Minnesota Department of Health [MDH] & Healthy Minnesota Partnership, 2012).

Immigration is the main cause of Minnesota’s increased racial and ethnic diversity, and much of this variation exists within broad categories. For example, the state’s Asian immigrants have roots in 19 countries, including Vietnam, Laos, Cambodia, Korea, and most recently, Burma (MDH & Healthy Minnesota Partnership, 2012). Minnesota’s African immigrant residents also have origins in many countries, including Liberia, Somalia, the Sudan, Nigeria, Ethiopia, and Eritrea (The Minneapolis Foundation, 2004).

**Challenges Facing Youth**

The importance of culturally appropriate school social work is further accentuated by the record number of youth facing mental illness. At last report, one in five youth had a diagnosable mental or addictive disorder (U.S. Department of Health and Human Services [USDHHS], 1999). Studies have shown perpetual increases in diagnoses, leading the government to declare childhood mental illness a public health crisis (U.S. Public Health Service [USPHS], 2000). In 2012, mental health issues rather than physical concerns became the leading cause of pediatric disability, according to research by Halfon, Houtrow, Larson, and Newacheck. Such limitations, as reported by parents, include a speech deficit, learning disability, attention-deficit/hyperactivity disorder, other emotional, mental, or behavioral problems, and other developmental problems (Halfon et al., 2012). Yet findings regarding children’s mental health, especially in relation to diversity, are limited (Brauner & Stephens, 2006).
Mental health issues cause suffering in children, with some consequences lasting a lifetime. Alarmingly, about three-fourths of young people who need mental health services do not receive proper care (Sturm, Ringel, Stein, & Kapur, 2001). Research by Smith (2005) indicates that adults with childhood mental, behavioral, or developmental problems missed more school and had fewer educational opportunities than those children who had a chronic physical illness. This corresponded to a 37% decline in future family income. The families, teachers, and classmates of affected youth can also be impacted in negative ways. In the worst case scenario, unresolved mental health issues can result in suicide, currently the third leading cause of death among persons ages 15 to 24 (Centers for Disease Control and Prevention, 2010). There are financial implications too, particularly in relation to public health, housing, and safety.

Families and/or individual youth may fail to seek mental health care because they are unsure the presenting issue or behavior warrants treatment or they fear a diagnosis that will cause stigmatization or discrimination. They may have negative conceptions about care, be unaware of available services, or prefer to avoid governmental or bureaucratic systems. Race, ethnicity, and socioeconomic class are compounding factors, and are associated with disparities in access and quality of mental health care as well as research (USDHHS, 2001). In this context, school social workers have both the responsibility and capability to improve the lives of disadvantaged students through education, support, advocacy, and other assistive measures.

Key findings also indicate cultural and ethnic differences impact the preventive and treatment decisions parents make (Weisz, Sandler, Durlak, & Anton, 2005). Among these, language barriers and stigmatizing attitudes play significant roles in rates of care, with limited English proficiency affecting outcomes more than variables such as health and insurance status (Brach, Fraser, & Paez, 2005). Adolescents are at particular risk for not receiving care (Borjas,
2011, as cited in The Center for Health and Health Care in Schools [CHHCS], 2011a). They may be more developmentally capable of seeking help but also more hesitant to do so for fear of stigma, the need for parental consent, or possible administrative or legal action.

In many communities, youth mental health services are unavailable, unaffordable, or inappropriate (Brauner & Stephens, 2006). When resources do exist, they form a fragmented network, including primary care and the child welfare and juvenile justice systems, which can confuse families. Lack of health insurance is another factor. In 2007, one in every nine children was uninsured and thus less likely to receive care (DeNavas-Walt, Proctor, & Smith, 2008). School social workers are in a position to identify children who lack needed services. Their knowledge of existing disparities, as well as specific resources that can bridge such gaps, strengthens their roles as social justice advocates and direct service practitioners.

**The Critical Role of School-Based Services**

Given the preceding considerations, it is not surprising that schools serve as the primary mental health system for most children: Between 70-80% of children who receive mental health care receive it in school (Rones & Hoagwood, 2000). Children spend a large part of their day in school, which means teachers and staff are often the first to notice changes in a child’s behavior and well-being. Schools are the number one means outside the family by which children learn, practice, and obtain essential life skills. As such, they provide a convenient and appropriate setting for the identification and treatment of challenges to growth and development.

In fact, the Individuals with Disabilities Education Act of 2004 (IDEA) requires that schools meet the academic needs of children with disabilities. Furthermore, the 2002 No Child Left Behind Act (NCLB) enables schools to expand such services to children not needing special education provisions. Intervention can be facilitated through family contact and intercession,
education and prevention measures, resource referrals, collaborative and/or onsite case management, and direct services. In 2003, 87% of public schools sampled nationwide provided mental health assessments, behavior management consultations, and crisis interventions. A bulk of these schools also provided individual and group counseling, as well as case management services. Notably, the need for services increased in almost 70% of districts while the availability of outside providers decreased in one-third of districts (Foster et. al., 2005).

The integral role of school-based mental health services underscores the importance of cultural competence. Mental health care and clinical social work depend on a strong therapeutic alliance, which is built on a framework of rapport, understanding, and trust. Children who receive effective age-appropriate services are more likely to finish high school, stay out of jail, and improve their ability to live independently (Karoly, Kilburn, & Cannon, 2005). Cultural competency skills can help facilitate relationships and effectively inform treatment plans.

The Role of Social Work and the Importance of Cultural Competence

Embedded in the educational system, school social workers are both well positioned and well equipped to enhance the lives of children and their families, as well as to educate and assist teachers, administration, and other school personnel. Social workers’ bio-psycho-social approach and person-in-environment perspective make them sensitive to students’ diverse experiences and needs. The value of social work also stems from the values that define ethical practice. The NASW Code of Ethics speaks to diversity in many ways, including commitments to service, competence, and social justice. To effectively serve clients and foster change, practitioners must continually assess and adapt their knowledge and skills (NASW, 2008).

The application of expertise and personal character not only defines skilled practice, it is a signature aspect of social work (Dewane, 2006). Critical reflection and understanding of one’s
own values and biases is a significant concern. Self-awareness promotes increased understanding of others and supports the empowerment practice model by affirming clients’ inherent dignity and worth. Lastly, social workers are professionally mandated to pursue social change. Their firm grasp of the role of one’s culture helps to ensure best practice for the sake of social justice and for the people they serve.

**Research Questions**

Given the preceding considerations, this study proposed to answer the following research questions: How do school social workers define and perceive their own cultural competence in everyday practice, and what are the relevant issues surrounding this critical standard?

**Literature Review**

Cultural competence is a relevant and widely discussed topic in social work literature. Its importance is emphasized by the inclusion of cultural competence in the profession’s clinical and ethical standards and indicators (NASW, 2001; 2007; 2008). What does cultural competence look like in practice and how do practitioners reach this important goal? For further exploration, the following literature review will discuss definitions of culture, the challenges inherent in achieving cultural competence, and the role cultural competence is suggested to play within social work. This review will also consider the typical responsibilities of school social workers and current findings related to their perceived levels of cultural competence, their ongoing competency efforts, and the supports and challenges they face in achieving this objective.

**What is Culture?**

Merriam-Webster (2012) defines culture as “the customary beliefs, social forms, and material traits of a racial, religious, or social group; also: the characteristic features of everyday existence … shared by people in a place or time” (5b). Notably, it is a constant, pervasive
component of human development and being. Culture is also dynamic. This is evidenced by the
many ways societies have defined and viewed culture (Kohli, Huber & Faul, 2010). In contrast to
earlier perspectives in which culture was seen as something static or fixed across settings, Laird
(1998) and other postmodernists view culture as individually and socially constructed (as cited in
Dean, 2001). In this vein, culture is more than those expected, concrete aspects, such as
“language, ideas, beliefs, customs, taboos, codes, institutions, tools, techniques, works of art,
rituals, ceremonies, and symbols,” that are outlined in the dictionary definition (Merriam-
Webster, 2012). Rather, as Laird (1998) notes, culture is “always contextual, emergent,
improvisational, transformational, and political; above all, it is a matter of linguistics or of
linguaging, of discourse” (as cited in Dean, 2001, p. 625).

Today, social constructivism is the predominant framework in which cultural diversity
is viewed, discussed, and taught in social work education. This framework supports the field’s
current emphasis on acknowledging, validating, and appreciating individual differences on
the basis that reality is socially constructed (Kohli et al., 2010). In addition, it is assumed that
individuals experience multiple realities; that these realities are held by and impact both the
practitioner and client; and that education on diversity topics positively impacts the development
of cultural competence (Kohli et al., 2010). The social constructionist lens also upholds social
work’s values as outlined in the Code of Ethics (NASW, 2008) and is apparent in the NASW
definitions of cultural competence previously discussed.

The Challenges of Becoming Culturally Competent

The understanding that both culture and cultural competence are ever-evolving constructs
and processes has led to earnest discussion in the literature about how to develop, demonstrate,
and evaluate culturally competent social work practice and whether the achievement of such is
even an actual possibility (Dean, 2001; Johnson & Munch, 2009; S. Sue, 2006). Dean (2001) and Johnson and Munch (2009) are among authors who have identified contradictions in the notion of cultural competence. With “client as expert” at the focus, Dean (2001) offers an alternative model based on the understanding that competence in another’s culture is impossible and the practitioner’s lack of competence should be emphasized and accepted as a means to gaining continued understanding. Johnson and Munch (2009) suggest that certain components of cultural competence are inconsistent with current social work practice and may even compromise individual human dignity. This includes the belief that an emphasis on “a priori knowledge” fosters stereotyping, impedes the practice of learning from the client, and provides no assurance the knowledge is valuable or that it will be used in a valuable way (Johnson & Munch, 2009, p. 222). It is Johnson and Munch’s (2009) estimation that cultural competence is “so ill defined” there is no way of determining proficiency (p. 229).

**Empirical research on the development of cultural competence and its impact on treatment is limited** (Dumas, 2012; S. Sue, 2006). Diversity curricula, practice experience, and related professional training are all suggested to impact the development of cultural competence; however, questions remain. For example, how does academic knowledge relate to practice?

Efforts to quantify cultural competence often involve questionnaires designed to measure respondents’ awareness and beliefs, knowledge, and intervention skills (S. Sue, 2006). Many such measures are based on key frameworks of cultural competency developed by D.W. Sue, Ivey, and Pedersen (1996) and Cross, Bazron, Dennis, and Isaacs (1989); these measures include the Cultural Competence Self-Assessment Questionnaire (CCSAQ); the Multicultural Awareness, Knowledge, and Skills Survey (MAKSS and MAKSS-CE-R); and the Multicultural Counseling Inventory (MCI) (Dumas, 2012; S. Sue, 2006; Kumaş-Tan, Beagan, Loppie,
MacLeod, & Frank, 2007). One finding to emerge from studies using the measures mentioned is that cultural competence is gradual and it occurs over time (Cartwright et al., 2008; Dumas, 2012). Findings also show that multicultural awareness and related knowledge are reported by social workers to be the more well-developed components of their own cultural competence; less is known though about the progression and evaluation of culturally relevant skills (Dumas, 2012). Dumas (2012) has suggested a reason for this may be researchers’ failure to fully link operationalized constructs of cultural competence to behavioral indicators.

**Measures of cultural competence are flawed.** The contradictions proposed to exist at the heart of cultural competence have also been suggested to compromise the measures used to evaluate the standard, including those previously mentioned. If competency cannot be accurately assessed, it cannot be understood in a way that maximizes learning and improves practice. In addition, there is little uniformity among such instruments. Many have been cited only once in the literature and/or were created for specific research designs (Kumaş-Tan et al., 2007)

The notion that culture is defined by race and ethnicity is one of several long-standing assumptions that remain embedded in the field’s most-used measures (Kumaş-Tan et al., 2007). Other troubling presumptions include culture as belonging to the “ethnic and racialized Other,” that is, someone outside the “norm” and about whom the practitioner can and should acquire specific knowledge. In this vein, cultural incompetence stems from a lack of knowledge about and exposure to the “Other,” as well as from personal biases (Kumaş-Tan et al., 2007, p. 548). Subsequently, most measures fail to acknowledge structural and systemic inequities, implying instead that individual familiarity, comfort, and self-confidence are acceptable indicators of cultural competence.
Finally, Kumaş-Tan and colleagues (2007) report that most measures imply that cultural competence concerns white, Western practitioners working with minority clients. For example, the authors cite the survey item, “Do you attend cultural or racial group holidays or functions within communities of color?” (p. 554). This example and others led them to question how a practitioner who is a minority group member might respond and how his or her answer would reflect the ability to be culturally responsive. A corollary to this is that dominant groups do not have culture. Race and ethnicity are assumed to impact and apply only to minorities (Kumaş-Tan et al., 2007). This is evident, as highlighted by Kumaş-Tan and colleagues, in the survey item, “I have an understanding of the role culture and racism play in the development of identity and worldviews among minority groups.” The item presumes, according to the researchers, that individuals belonging to majority groups are not equally influenced by culture and racism.

These findings raise doubts about the validity of such measures in the critical sense that contact and familiarity with diverse individuals and cultures do not automatically warrant further insight. There is no guarantee any such knowledge would be used in practice; and self-confidence provides no assurance of practice effectiveness. In fact, self-assurance may indicate some level of ignorance, as previously noted by Dean (2001) and Johnson and Munch (2009). Teasley, Baffour, and Tyson (2005) also stress the need for reliable and valid instruments that specifically assess cultural competence in school-based social work practice.

**Cultural competence measures are based on self-reports.** Current evaluation measures are decidedly one-sided: they attempt to validate a practitioner’s level of cultural competence from his or her own perspective. Not only do self-report instruments fail to verify the use of specific competencies, they may also reflect biased scores due to the respondents’ desire for social acceptance. Not surprisingly, the need for outcome-based evidence has been documented,
as has the lack of measurement tools that account for client perspectives (Cartwright et al., 2008; Mancoske et al., 2012). Efforts by social workers to engage clients in providing feedback related to culturally responsive care are suggested as one way to improve care and outcomes for families with young children (Dumas, 2012; Lewis, 2000, as cited in Mancoske et al., 2012); however, the idea that a client or his or her family will provide a complete and honest account implies the respondent feels comfortable in doing so. In this manner, such efforts and/or related findings may be irrelevant if the relationship is already compromised by poor practice.

In 2008, Cartwright and colleagues tested the predictive validity of individuals’ self-reported cultural competence by comparing the scores of 31 graduate counseling students at a large American university with scores generated by independent observers who reviewed the same students in videotaped role plays. Their findings indicated significant differences between the two ratings, with all students assessing themselves as more competent than did the reviewers. The results suggest that practitioners must be cautious in using self-report measures as the primary source of assessing cultural competence (Cartwright et al., 2008). Cartwright and colleagues (2008) are among other researchers who stress the importance of employing multiple assessment methods in an effort to obtain a measure of cultural competence, including qualitative and mixed methods; examples include direct observations, supervisor ratings, service learning, journaling, and written and oral testing (Kumaş-Tan et al., 2007; Mancoske et al., 2012).

**The Role of Cultural Competency in Social Work**

In addition to those definitions discussed earlier, cultural competence is viewed by the NASW as a tool for meeting professional expectations, improving the quality and delivery of social work services, and increasing the likelihood of better client outcomes and satisfaction with service (Simmons, Diaz, Jackson, & Takahashi, 2008).
Professional expectations regarding cultural competence. The NASW (2001) identifies culturally appropriate service as a priority standard within all specialties, including school social work (2012). The Council on Social Work Education (CSWE) (2008) also requires all accredited social work institutions to have diversity content in their curricula. In 2003, the government acknowledged culturally sensitive practice as an important component in the ongoing aim to improve children’s mental health. The New Freedom Commission on Mental Health (2003) called for significant changes in mental health care, including counseling services that are individually relevant and contextually rooted within culture. Not surprisingly, the commission cited several strategic service imperatives that speak directly to the social work model, including care that is family driven, community centered, and strengths focused (2003).

Cultural competence improves the quality and delivery of service. From a social work perspective, appropriate service begins with an understanding of the “person in environment.” In this manner, the client’s socio-cultural context is as present and tangible as the chair in which he or she is sitting. In Copeland’s (2006) discussion of the mental health disparities facing low-income African American adolescents, enhancing cultural competence was presented as a pivotal way to improve the population’s access to and utilization of services. Brach and Fraserirector (2000) also named the “careful and appropriate implementation of sound cultural competency techniques” as an effective means of reducing disparities (as cited in Dumas, 2012, p. 18).

Additionally, recent research by Mancoske et al. (2012) indicates that caregivers (n = 111) who report their children as receiving higher perceived levels of culturally and linguistically competent care also report better perceived clinical outcomes; these outcomes included greater levels of access to services, active participation in service planning, satisfaction
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with services, and service outcome improvement. Cultural sensitivity was measured with survey items related to “understanding traditions, beliefs, respect, understanding backgrounds, and speaking in ways the client understands” (Mancoske et al., 2012, p. 205). Survey items related to service satisfaction mentioned provider patience and dedication, interventions, and listening skills, for example. Service outcome was measured by the child’s ability to get along with family and others, to cope, and to do better in school, among other things (Mancoske et al., 2012).

Of note, Mancoske and colleagues (2012) also looked into whether racial matching had an influence on caregivers’ perceptions of service delivery in relation to cultural competency. The majority (81.5%) of the study’s participants were African-American children; 16.7% were white; and 1.8% belonged to other racial or ethnic groups. Outside of two variables, caregivers whose children received services from a provider of the same race/ethnicity felt the provider demonstrated no more cultural competency than did caregivers whose children had providers of a different race/ethnicity. The exceptions involved reports by caregivers that same-race providers were perceived to have a better understanding of how the family’s own culture differs from other families and also that they were more likely to speak the language understood by the family (Mancoske et al., 2012). Despite the study’s limitations, including its narrow focus on the mental health circumstances of primarily low-income, single-parent, African-American families, it provides foundational evidence linking perceived cultural competency and client outcomes, as well as testimony indicating racial matching is not essential for culturally competent service.

Cultural competence leads to better client outcomes and satisfaction. In addition to Mancoske and colleagues’ recent study, findings also support the notion that improvements in the quality and delivery of service through improved cultural competence should influence client outcomes and satisfaction (Jackson & Hodge, 2010, as cited in Mancoske et al., 2012). In terms
of school social work, this includes research demonstrating that effective practice impacts variables related to students’ educational success. In Teasley and Miller’s 2011 study, public school social workers (n = 201) were asked to assess their effectiveness at tasks related to reducing school suspension rates and undesirable behaviors among racial and ethnic groups within diverse geographical locations. The research showed significant relationships between increased cultural competence training and participants’ self-rated effectiveness (2011).

The aforementioned dearth of empirical literature regarding cultural competency extends to studies focusing on immigrant and refugee populations (CHHCS, 2011b), although case reports have documented direct positive outcomes stemming from culturally responsive efforts (Cox, Sullivan, Reiman, and Vang, 2009). Cox et al. (2009) documented the difficulties inherent in cross-cultural practice in their case study of “Mai,” a 15-year-old Hmong-American girl with suicidal and aggressive tendencies. After their initial interventions failed, the social work team sought assistance from a county-contracted cultural consultant who was able to identify several faulty assumptions made by the team. They then reframed the teen’s behaviors through insights and more respectful, informed efforts and interventions. The team reported the client made “substantial progress,” including “marked improvements in her behavior,” following the shift in strategies (Cox et al., 2009, “The Case of Mai,” para. 15). As noted in similar client reports published by Mancoske et al. (2012), Cox and colleagues (2009) reported the social work team’s decisions to acknowledge and incorporate the client’s cultural practices and to “stick with” the client were perceived by her family as contributing to her success and they expressed their appreciation for this.

On a grander scale, the Minneapolis public school district has demonstrated decreases in the number of disciplinary referrals and school suspensions and increases in academic
performance and attendance figures for students participating in a grant-funded program designed to develop and implement focused mental health systems for vulnerable populations (CHHCS, 2011b). Program efforts include culturally specific trainings for school social work staff, increased community-based communication and intervention, and specific treatment strategies. “Eduardo” is one such immigrant student who has flourished in the program, demonstrating “significant progress” following community-based culturally responsive mental health services implemented in partnership with school staff, and the corresponding use of appropriate goals and incentives in the classroom (CHHCS, 2011b, last para.). Such efforts capitalize on school social workers’ unique role and abilities in helping to create and support a continuum of care for students, and acknowledge the traditional “medical model” of mental health care is not always the most effective approach.

**Responsibilities of School Social Workers**

The NASW (2012) recognizes school social work as a distinct and multifaceted field of practice that involves multiple stakeholders with varying levels of influence. In particular, school social workers are affected by shifting district, state, and national educational policies, emerging educational and social work research, and ever-evolving practice models. On a national level, the 2002 NCLB act envisions an effective, highly accountable education system in which parental involvement, evidence-based strategies, and data-informed decisions are the standard (NASW, 2012). *The NASW Standards for School Social Work Services* (2012) identifies and incorporates into its content five principles of educational research expected to directly impact school social work practice on an ongoing basis. They are:

1. integrated intervention efforts that emphasize primary prevention;

2. early screening and intervention;
(3) approaches to intervention that target multiple risk factors in home, school, and community settings and involve parents, teachers, and administrators;

(4) approaches that seek to improve individual and system factors contributing to academic success; and

(5) data-informed decision making and intervention fidelity. (p. 2-3)

In practice, school social work is similar to other specialties in that it encompasses several domains with diverse responsibilities, including education and policy reform, social justice, and prevention and intervention efforts (NASW, 2012). On a day to day basis, the responsibilities of school social workers may include but are not limited to:

- conducting and participating in assessments and interviews;
- providing direct services, including counseling, crisis intervention, and conflict resolution;
- providing active referrals, including helping families complete forms, making calls, or aiding with transportation, and conducting post-referral follow up;
- assisting families in accessing school and community resources;
- providing staff with student-specific information essential to learning, in-service programs, and general classroom support;
- initiating, developing, and advocating for improved relationships and resource management within the district and community;
- developing and implementing programs for children with a variety of needs; and
- identifying and reporting suspected child abuse and neglect (Kontak, 2012).

As previously mentioned, mental health concerns create significant barriers for many children. In 73% of schools surveyed by Foster et al. (2005), social, interpersonal, or family
problems were identified as the most frequent causes of mental health problems for students. Notably, reports of such stress and internalization of problems are greater for urban youth than suburban youth (Weist et al., 2000). At the same time, school-based mental health services are rated by clinicians as comparable to clinic-based services as evidenced by the overall functional improvement rates of urban students (Armbruster & Lichtman, 1999). The U.S. Surgeon General defines mental health as “… the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity” (USDHH, 2001). Helping students improve and fulfill relationships with others, specifically key support systems, is a task understood to be more easily accomplished using culturally sensitive attitudes and methods.

Factors Impacting Self-Perceptions of Cultural Competence

Using both quantitative and qualitative methods, researchers have explored and identified factors that positively influence how practitioners evaluate their cultural competency. While findings are mixed, the variables most often studied and generally shown to be associated with aspects of increased cultural competence include social work licensure levels; the total number of years spent practicing social work and school social work; time spent at current agency or school; and race (Cartwright et al., 2008; Dumas, 2012; Teasley et al., 2005). In one such study, Teasley and colleagues (2005) surveyed 214 school social workers to test the hypothesis that professional licensure levels and years of experience impact cultural competence in the same way they impact general social work competence. The participants were urban public school practitioners whose school populations were largely comprised of African-American students. The Cultural Competence Self-Assessment Questionnaire Revised for School Social Workers, a modified form of the CCSAQ, was used to assess participants’ (1) knowledge of communities,
(2) resources and linkages, and (3) service delivery and practice via the survey’s corollary subscales (Teasley et al., 2005). The first subscale relates to how well respondents feel they understand key community dynamics, including racial and socio-economic composition and cultural norms and values of people of color. The second subscale explores respondents’ use of formal and informal knowledge, materials, and resources related to the community, as well as their understanding of child cultural development. The third examines practitioners’ grasp of relevant treatment interventions and advocacy measures for people of color. Key demographics of the sample included race and ethnicities (African American, n = 91; white, n = 119) and licensure levels (MSW, n = 202; BSW, n = 12; PhD, n = 2) (Teasley et al., 2005).

Study findings indicate that overall social work experience was significantly related to respondents’ perceived levels of cultural competence. The same held true for level of licensure, specifically in relation to service delivery and practice. Notably, African-American providers scored higher on all subscales than white providers, leading the authors to draw comparisons between their findings and previous research that suggests practitioners of color are more socio-demographically similar to their clients, are more likely to live in the same neighborhoods, and are frequently understood to choose their profession as a way to serve members of their own cultural group (Teasley et al., 2005).

It is important to consider that findings by Teasley et al. (2005) are based on the use of a self-report measure, with no ability for qualitative exploration into why practitioners responded as they did. It could be that white respondents in this study really believe themselves to be less culturally competent than their African-American counterparts or they may be socialized to downplay their own expertise when working with diverse populations.
Mancoske and colleagues’ (2012) finding that race was generally not a predictor of cultural competence, as previously mentioned, contrasts to Teasley et al.’s 2005 study; however, it should be noted that Mancoske et al.’s research was based on caregivers’ reports of perceived cultural competence on the part of the provider and may reflect the importance of other generally significant therapeutic variables such as empathy and warmth. Comments made by white social workers who participated in a qualitative research study by Dumas (2012) spoke to this effect. Participants described cultural competence as a “relational stance” that involves certain skills and attitudes, such as being open and accepting, and noted making attempts to tap into any sense of marginalization they had (Dumas, 2012, p. 122). In fact, general and multicultural competencies have been shown to be highly correlated. So much so, that they were suggested to be a single construct (Coleman, 1998, as cited in Dumas, 2012).

As previously suggested, there is little doubt that experience generates competence. Education also plays a role in the development of cultural competence as suggested by research and the addition of diversity-minded content to social work curricula (Cartwright et al., 2008; CSWE, 2008). Additionally, the role of education makes sense in relation to links between licensure and perceived cultural competence because licensure requires schooling. Dumas (2012) reviewed several studies documenting social workers’ perceptions that education, especially field education, plays a positive role in obtaining cultural competence, and subsequently saw similar results in her research. Other findings also offer measures beyond self-reports: Cartwright et al. (2008) recounted that approximately half of the graduate-level counseling students they studied made slight gains in their levels of cultural competence over the course of a single semester as assessed by independent observers.
Ongoing cultural competence training is recognized by researchers and professionals as vital for advancing competencies and practice outcomes (Mancoske et al., 2012; S. Sue, 2006) but there is limited research on its demonstrated effectiveness. Most of the evidence comes from qualitative studies of social workers who say they have completed such training and find it to be somewhat useful (Teasley et al., 2005).

**Specific Competency Efforts Cited in the Research**

Qualitative measures and professional essays provide a more detailed understanding of how individual social workers view their own cultural competence, as well as the factors they believe do and do not improve practice and the equivalent measures taken. For starters, one factor mentioned by social workers as essential to improving cultural competence is fully grasping culture’s role in shaping individual development (Dumas, 2012). In 2012, Dumas surveyed 11 white social workers—each with more than 10 years of experience—to examine the factors they believed to be relevant to their cross-cultural clinical work. Each had previously identified as having formed individual practice perspectives regarding cultural competence (Dumas, 2012). Diversity education in graduate school was most often criticized by participants for failing to attend to issues beyond race and for focusing too much on knowledge acquisition and less on practice skills; however, they acknowledged graduate school served other effective purposes, including the introduction of the notion that starting treatment from where the client is should extend beyond identifying the presenting problems and assessing the client’s ability to change to encompass social location, cultural norms, and much more (Dumas, 2012). They mentioned readings, fieldwork, instructor and supervisor role modeling, and honest discussion as having a significant, lasting impact on how they view work with diverse clients (Dumas, 2012).
A willingness to talk about real and perceived differences, especially in relation to difficult subjects like racism, economic class, sexuality, oppression, and religion, is frequently mentioned in the literature as one tool for improving cultural competence—both in practice with clients and in personal and professional discussions like supervision (Dean, 2001). The social workers in Dumas’s (2012) study felt that such opportunities paved the way for realistic and thoughtful introspection, another key component of social work practice. In fact, attending to one’s own uneasiness and resistance is one of the concrete “orientation” strategies proposed by S. Sue (2006) to help practitioners more effectively address diversity issues (p. 240).

Self-awareness also allows social workers the ability to acknowledge the role that culture plays in their own life and to explore how they interpret culture in relations with others. Self-reflection is a major social work component and one that is viewed by authors and practitioners as critical to promoting culturally competent service (Dean, 2001; Kohli et al., 2010; S. Sue, 2006). For the social workers in Dumas’s study (2012), this also meant acknowledging mistakes in session with clients and in supervision. Maintaining a high degree of self-awareness was also believed by participants to help minimize negative behaviors, such as accepting stereotypes, making automatic judgments, and failing to account for power differentials (Dumas, 2012).

The effective culmination of the strategies just mentioned is reflected well in research by Rousseau, Measham, and Bathiche-Suidan (2008), who propose that:

- taking culture into account in the assessment and subsequent treatment of children and youth does not aggravate the gap existing between the different cultural worlds they belong to but rather transforms the gap into a transitional space where multiple meanings can be constructed to account for the child’s experience. (p. 74)
The social workers surveyed by Dumas (2012) downplayed formal diversity training as often being too general and not promoting the kind of challenging dialogue and issue-examining that is helpful in discussions of cultural competence; accordingly, they reported attending few diversity-focused workshops or conferences outside the workplace. Professional development that provided education on client populations frequently seen by the social workers was viewed as being more practical and helpful (Dumas, 2012). Overwhelmingly, they named the internal workplace environment as offering a wellspring of opportunities for improving culturally responsive knowledge and skills, including peer support, group supervision, and case presentations (Dumas, 2012). Additionally, they felt their own teaching and supervising roles led to personal increases in learning, reflection, and competence (Dumas, 2012). At the same time, some participants account that being in an authority position diminishes opportunities for growth due to apprehension about being personally open in the workplace (Dumas, 2012).

Personal values and life experiences, including individual motivation for developing cultural competence, family of origin, significant interpersonal relationships, and parenting were also reported as influencing how social workers viewed aspects of cultural competence (Dumas, 2012). Finally, the literature contains several examples of specific perspectives and strategies, as well as literal “micro skills,” that promote culturally sensitive and responsive practice. These include efforts such as open-ended questions, noticing and choosing to use the client’s own words, becoming informed about the history and central concerns of cultural groups, developing outreach strategies to engage community leaders, pre-therapy intervention (educating the client about what treatment entails and what to expect), and utilizing cultural liaisons or consultants (Copeland, 2006; Cox et al., 2009; Dean, 2001; Dumas, 2012; S. Sue, 2006).
Supports and Challenges in the Aim for Cultural Competence

In their aim for cultural competence, social workers identify supports and challenges that stem from past and present experiences and situations. Some of the steps social workers take to increase cultural competence, such as developing relationships with both culturally similar and dissimilar colleagues, provide supportive benefits as well. While the research is mixed on whether exposure to diverse groups influences cultural competency, it is highly encouraged by field leaders and educators (Kohli et al., 2010); it plays a large role in quantitative measures of competency (Kumaş-Tan et al., 2007); and practitioners report cross-cultural experiences and relations have increased their comfort levels and added to their knowledge base (Dumas, 2012).

Viewing cultural competence as an ongoing process, as the literature suggests, provides practitioners some comfort and flexibility in taking practice risks, testing cultural hypothesis, and appreciating the concept of life-long learning (Dumas, 2012). All of the social workers surveyed by Dumas (2012) were “adamant” about the ever-evolving nature of competency, even after 20, 30, and 40 years in the field, and they seemed to Dumas to view this as a supportive belief, rather than a challenge. It also supports their individual choices to reject the term “cultural competence,” as have many professionals, due to the understanding it is literally impossible to become competent in something that is never fixed (Dumas, 2012; Johnson & Munch, 2009).

The practitioner’s immediate work environment or other external forces like an agency’s umbrella culture can encourage or impede efforts to engage in best practice. Notably, school-based social workers exist in a “host” environment, where they provide a supplemental service that aids the primary goal of education. Grier, Morris, and Taylor (2001) recognize that school-based mental health assessment strategies operate from a diagnostic stance that emphasizes problems as stemming from and belonging to the individual rather than his or her environment.
School social workers may need to educate teachers and staff about cultural and societal factors that can impact or influence how a child functions in school. School social workers may also face differences of opinion on sensitive topics, including when and where it is appropriate to discuss diversity issues with children, as did a practitioner in the Dumas (2012) study who had a tense encounter with a headmaster over race and social class.

In working with clients, social workers acknowledge it can be difficult to determine which facets of an individual’s cultural identity—whether self-recognized or not—are most personally relevant to his or her mental health treatment (S. Sue, 2006). While this may require one or more sensitive discussions with the client, such an action supports recommendations by KumAŞ-Tan et al., (2007) and others to look beyond race and ethnicity and class as a means to defining culture and to fully explore the cultural meanings of the client (Grier et al., 2001).

Personal limitations and biases and the failure to recognize privilege are additional barriers to becoming more cultural competent (Dean, 2001). Finally, the human capacity for diversity is a challenge in itself, but one in which social workers typically embrace. Practitioners indicate they see their motivation for cultural awareness as an extension of their personalities and characteristic evidence as to why they chose this field: They have a genuine interest in others and learning about what makes them tick (Dumas, 2012).

While its generalizability is minimal, Dumas (2012) has provided a comprehensive and detailed account of how 11 white social workers cultivate, understand, assess, and account for their cultural competence. The aim of this study is to narrow Dumas’s sample to urban school social workers and to consider race in a broader sense, while generating additional qualitative data on the topic. Specifically, this study questioned (1) How do urban school social workers
define and perceive their own cultural competence in practice, and (2) What barriers and supports do they identify as impacting achievement of this critical standard?

**Conceptual Framework**

This study explored cultural competence using an ecological framework. The ecological paradigm draws analogies between human communities and natural ecosystems, noting an individual’s behavior in relation to socially acceptable roles, customs, and laws within his or her immediate environment (Santrock, 2010). The most apparent strength of the ecological paradigm is its focus on the person within this environmental context. In relation to this study, such a view of personal development and behavior is relevant both to school social workers and the culturally diverse students they serve. This is imperative in viewing the therapeutic relationship as a dynamic, interactive situation.

Bronfenbrenner’s (1986) ecological theory identifies five environmental systems that influence development (see Figure 1). The individual and his or her inherent characteristics occupy the center of the model, where he or she influences and is influenced by the multiple environments around them. The individual lives in the **microsystem**, which includes family, peers, school, and neighborhood, and is the system in which most direct interactions occur. The **mesosystem** involves relationships between microsystems or connections between environments, such as church or school. A child whose religious dress is misunderstood by his teachers and peers may have difficulty feeling safe and accepted. The **exosystem** contains links between environments that do not involve the individual and others that do: For example, the relatively predictable and stable nature of a child’s home life may be negatively impacted by his father’s military deployment. The **macrosystem** encompasses the individual’s culture. The **chronosystem**
accounts for sociohistorical and event patterns that happen within an individual’s lifetime, such as 9/11 or a parental divorce, respectively (Santrock, 2010).

Figure 1. Bronfenbrenner’s Ecological Theory of Development (Santrock, 2010)

The ecological lens views culture as a specific and pervasive factor that impacts bio-psycho-social development and well-being. A child’s development is inevitably linked to his or her environment, specifically in relationships and experiences with family, neighborhood, school, peers, and community. Whether it serves as a positive or negative influence, the immediate family is the most powerful force in a child’s life (Cauce et al., 2002, as cited in Copeland, 2006). Thus, a child’s family of origin introduces and reinforces cultural effects, providing a “web of meaning” for youngsters (Copeland, 2006, p. 413).
Ecological theory takes a multi-determined approach that aligns well with social work practice. It encourages varied interventions in diverse settings and supports an individual’s rights and responsibilities. The ecological lens promotes social justice by emphasizing society’s role in defining, addressing, and helping to create human well-being. Diversity is also acknowledged and affirmed by highlighting the social and cultural relevance of behavior. Such practice was evident in the culturally responsive interventions that were effectively experienced by “Mai” (Cox et al., 2009) and “Eduardo” (CHHCS, 2011b).

**Method**

This qualitative research study surveyed seven urban school social workers to explore their unique definitions and self-perceptions of cultural competence in practice, as well as the barriers and supports they identify as relevant to the process. Each participant shared anecdotes exemplifying his or her cultural competency skills. All participants were employed by a single urban school district that provided consent to the email solicitation of all district social workers. Each participant was required to be a licensed school social worker with a minimum of five years of social work experience.

**Sample**

This study sought a non-probability purposive sample of urban school social workers to obtain cross-sectional data. The sampling frame included all licensed social workers in a single urban public school district. The featured district encompasses a diverse student population and has publicly committed to providing equitable education as evidenced by specific achievement, enrollment, and professional development initiatives. The choice of a single school district was meant to simplify the external research approval process and to provide some continuity of practice among the participants.
Prior to approval, the researcher contacted a social work administrator within the chosen district about the proposed study. With the district’s consent (Appendix A), the administrator contacted the sampling frame via email to inform them of the research opportunity. The study’s voluntary and confidential nature was stressed in the correspondence sent by the administrator (Appendix B). The use of aggregate language and district anonymity in the findings was also stressed. The invitation outlined the study’s purpose, the anticipated time commitment, and the researcher’s contact information. It made clear there would be no compensation for participation and that interested persons should contact the researcher directly, which all persons did.

**Protection of Human Subjects**

Several measures were taken to ensure the protection of human subjects throughout all aspects of the research design. This included prior authorization by the St. Catherine University Institutional Review Board and the corresponding authority within the school district (Appendix A). Prior to the sampling process, the researcher established a confidential email account for the sole purpose of communicating with interested participants. As indicated above, the email invitation detailed the study’s voluntary, low-risk nature and related confidentiality measures. The email also stressed that involvement in the study would have no bearing on the participant’s relationships with the district or the social work administrator, particularly given the study’s inherent confidentiality but also regardless of any unforeseen lapse in confidentiality.

Prior to administering the survey, the researcher obtained each participant’s written informed consent (Appendix C). The consent informed the participant of his or her right to discontinue the interview at any time and to change his or her decision allowing the use of data following completion of the interview. Participants’ responses were audio recorded with their knowledge. The interviews were conducted, transcribed verbatim, and analyzed solely by this
researcher. All audio tapes, computer files, and printouts related to participants’ personal data will be destroyed no later than May 31, 2013.

There were few risks and no benefits to study participants. The study’s focus required participants to critically analyze and honestly discuss attitudes and behaviors related to cross-cultural experiences. The confidential and aggregate nature of the published findings minimizes risk. The school district is not named in these findings and no obvious indicators are included.

Data Collection

Following confirmation of eligibility, the researcher and participant agreed to a suitable meeting date and time. The researcher obtained written informed consent (Appendix C) at the start of the meeting. Primary data was then obtained via a semi-structured individual interview containing both quantitative and qualitative questions (mixed methods) (Appendix D).

Instrumentation

The survey instrument was formulated on the literature review (Appendix D). Seven quantitative questions addressed relevant demographic and professional variables, including age, gender, race and ethnicity, level of social work licensure, total years of social work experience, total years of school social work experience, and total years in his or her current position. The quantitative items are concrete and measurable with strong validity.

The remainder of the survey included qualitative questions regarding the social worker’s unique definition of what it means to be culturally competent and what factors he or she believes aid and deter the aim for cultural competence. Ten open-ended primary questions were chosen based on the literature review. They also addressed the participant’s primary responsibilities and perception of his or her role in the school as well as the student population he or she serves, and
invited the participant to share personal anecdotes related to cultural competence. In addition, the survey’s semi-structured nature allowed for probing questions at the interviewer’s discretion.

In all, the survey allowed for individual interpretations of cultural competence, for the identification of potential themes and patterns among variables, and for substantial descriptive data regarding participants’ experiences, opinions, and attitudes on this topic.

**Data Analysis**

The researcher adopted a phenomenological approach to data analysis, using open coding to first review the data for manifest content or *surface structure*, i.e., the quantifiable words and phrases, and then to search for more latent content or *deep structural meaning*, i.e., a symbolic or interpretive understanding of what was said (Berg & Lune, 2012). Verbatim transcripts of each interview was assessed for recurrence of vocabulary, content, and concepts, and inductively analyzed for broader significance.

**Results**

**Sample Demographics**

Seven licensed school social workers were recruited for this study. Participants ranged in age from 37 to 58 (\(M = 45\) years). Six were female; one was male. All seven recruits identified their race/ethnicity as White. The majority of participants (71\%, \(n = 5\)) reported practicing at the LICSW (Licensed Independent Clinical Social Worker) level of licensure. One participant identified as an LGSW (Licensed Graduate Social Worker), and one participant identified as an LSW (Licensed Social Worker). The number of years participants reported working as social workers ranged from 14 to 29 (\(M = 19.9\) years). During their social work careers, participants reported working as *school* social workers for an average of 15.7 years—the majority of average time spent in the field. The minimum number of years a participant reported working as a school
social worker was 13; the maximum number of years was 22. On average, they reported working at their current schools (or in their current positions if they served multiple schools) for 5.5 years. The least amount of time spent working in a current position was 1.5 years; the most time spent working at a current job was 13 years.

**District Demographics**

In regards to racial demographics, the participating school district reports its current student population to be 31.4% Asian American, 29.6% African American, 23.7% Caucasian, 13.6% Hispanic, and 1.8% American Indian. In sum, students of color account for 76.4% of the district population. Nearly 75% of district students are eligible to receive free or reduced-cost lunch, a standard based on federal poverty income guidelines (U.S. Department of Agriculture, 2012). In the current academic year, 17% of the district’s students require special education services (School District Data, 2012).

**Caseload Specifics**

In regards to race, six of the seven participants reported working with school populations that are largely comprised of students of color at percentages greater than the district average (88-98% versus 76.4%, respectively). These six participants also indicated that the majority of students they serve meet the criteria for free or reduced lunch at rates greater than the district-wide average (85-100% versus 73%, respectively). The seventh participant reported serving a school population with smaller percentages of students of color (41%) and students qualifying for free or reduced lunch (35%) as compared to district averages.

Government funding and special education mandates direct the provision of social work services in school settings (Minnesota Department of Education [MDE] & Minnesota School Social Workers Association [MSSWA], 2007). Of the school social workers interviewed for this
study, three strictly serve special education students with Individualized Educational Programs (IEPs); the remaining four participants reported serving their entire school populations. Two participants worked in elementary schools; two participants worked in secondary schools serving students in grades 7-12; and three participants worked in high schools serving grades 9-12. Both elementary-school social workers served all students in their schools. Four participants work with unique populations. These include: 1) students identified with emotional or behavioral disorders (EBD) attending a separate, highly structured school (Federal Instructional Setting 04); 2) students residing in an all-male juvenile detention facility; 3) students identified as having a developmental cognitive disability (DCD) or autism spectrum disorder (ASD); and 4) students identified as deaf or hard of hearing (DHH). The seventh participant is available to all students but focuses primarily on those with attendance and truancy issues. A summary of participants’ school settings and caseload specifics can be viewed in Table 1.
## Table 1

**Data Regarding Participants’ Caseloads and School/District Demographics**

<table>
<thead>
<tr>
<th>Participant</th>
<th>Grades Served</th>
<th>Student Needs IEP for Service</th>
<th>Participants Serves All Students</th>
<th>Students of Color (%)</th>
<th>Students Receiving Free/Reduced Cost Lunch (%)</th>
<th>Estimated Caseload</th>
<th>Additional Specifics Related to School or Students Served</th>
<th>English Spoken First (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>7-12</td>
<td>X</td>
<td>X</td>
<td>91</td>
<td>Estimated 85-90</td>
<td>33</td>
<td>Restricted setting</td>
<td>NA</td>
</tr>
<tr>
<td>#2</td>
<td>7-12</td>
<td>X</td>
<td></td>
<td>98</td>
<td>100</td>
<td>48</td>
<td>Correctional setting</td>
<td>NA</td>
</tr>
<tr>
<td>#3</td>
<td>9-12</td>
<td>X</td>
<td></td>
<td>88</td>
<td>85</td>
<td>72</td>
<td>DCD/ASD&lt;sup&gt;c&lt;/sup&gt; students</td>
<td>42</td>
</tr>
<tr>
<td>#4</td>
<td>K-3</td>
<td>X</td>
<td></td>
<td>41</td>
<td>35</td>
<td>50-60&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
<td>80</td>
</tr>
<tr>
<td>#5</td>
<td>K-6</td>
<td>X</td>
<td></td>
<td>94</td>
<td>94</td>
<td>100+/week</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>#6</td>
<td>9-12</td>
<td>X</td>
<td></td>
<td>88</td>
<td>85</td>
<td>NA</td>
<td>Focus on truancy</td>
<td>42</td>
</tr>
<tr>
<td>#7</td>
<td>9-12</td>
<td>X</td>
<td></td>
<td>93</td>
<td>93</td>
<td>70-80</td>
<td>DHH&lt;sup&gt;e&lt;/sup&gt; students</td>
<td>42</td>
</tr>
<tr>
<td>District Average</td>
<td>PreK-12</td>
<td>—</td>
<td>—</td>
<td>76</td>
<td>73</td>
<td>—</td>
<td>18% receive special education services</td>
<td>54</td>
</tr>
</tbody>
</table>

*Note. IEP = Individual Education Plan, as required by law for special education services. Percentages other than district averages reflect the participant’s entire school population not including pre-Kindergarten. District averages also do not include pre-Kindergarten. Estimations were made by the individual participants. “English spoken first” indicates percentages of students whose first language is English.

<sup>a</sup> All students at this school have an Individual Education Plan

<sup>b</sup> This school is a self-contained special education setting for students with emotional behavioral disorders

<sup>c</sup> Developmental cognitive disability/Autism spectrum disorder

<sup>d</sup> This participant works half time

<sup>e</sup> Deaf/hard of hearing

*Source: School District Data. (2012). Retrieved from REDACTED.*
Additional cultural aspects identified by participants. Most participants also recognized cultural influences related to disability (n = 6) (e.g. learning, emotional/behavioral, mental and physical health), involvement with systems (n = 6) (e.g. child protection, corrections, foster care), gang activity (n = 4), homelessness (n = 4), and poverty (n = 4) as evident in their work with students and families. In addition, one or more participants noted influences stemming from other bio-psycho-social factors, including trauma, criminality, substance use and addiction, immigration, treated and untreated mental health diagnoses, unstable living situations, parents’ marital status/family structure, teen parenthood, religion and spirituality, neighborhood and/or inner city environment, sexuality and gender, and school climate.

The following participant comments speak to some of the culturally relevant aspects the participants identified as informing students’ perspectives, behaviors, and identities:

Criminal or Gang (Antisocial) Culture

“Gang culture is a big part of the lives of our students. We don’t ignore it.” #1

“There is a ‘hood’ or ‘street’ culture per se …” #6
[Participant made quotes with fingers, acknowledging colloquial use of terms.]

“A lot of them are in and out of corrections.” #1

Culture of Disability

“All our kids are considered to have a disability and some have a heightened awareness of that and will communicate things like, ‘This is who I am,’ and ‘They said I was this [label],’ and it’s hard to see past that. It kind of owned them.” #1

“Having a mental health issue is in and of itself a cultural barrier.” #1

“… so we had a conversation with the parents about treating their [disabled] child as normal as possible … helping them understand there will be supports in place, given their knowledge or lack of knowledge of the system.” #3

Culture of Victimization (Trauma, Transition, Mistrust)

“It’s challenging because they’re impacted by so many things that are out of their control.” #1
“I’ll make a home visit and the apartment will be vacant ... Things just aren’t stable.”  #6

“...the majority of these kids have been traumatized in some way. These are kids that have struggled with things you and I can only imagine.”  #2

“Some of what I see ... is how much trust they have with the system. There’s a question of will the system really provide [for them] or not?”  #3

“Our families are very good at discerning when [staff] are calling to collaborate and when they are calling because they’re frustrated.”  #5

“It can take years to gain [families’] trust.”  #7

Family Structure

“I definitely work with a lot of family structures: gay parents, single dads, single moms, married couples, kids who live with their grandparents, and kids that live with other relatives and in foster families.”  #4

“The vast majority of our kids have little or no contact with bio-dad.”  #2

Neighborhood and Inner City Culture

“We have teachers who are physically worried about going out to families’ homes because their perception is that the neighborhood is not safe.”  #5

“There is a perception that our urban students are disrespectful and that their families don’t care.”  #5

School Culture

“There is always sort of a culture of ‘involved versus not involved’ in the school, in terms of the kinds of students we see.”  #6

Qualitative Findings Related to the Research Questions

Content analysis resulted in three overarching and sometimes interconnected themes related to participants’ definitions of culture and cultural competence: 1) Cultural competence is largely about understanding and meeting individual concerns rather than those of a cultural “group;” 2) Cultural competence happens in the context of a general framework or approach to practice as much as it does with the use of specific knowledge of a given culture; and 3) Cultural competence is viewed as a set of practice skills that promote the most fundamental aspects of an
effective therapeutic relationship. These themes were gleaned from discussions about participants’ specific intentions, capabilities, and experiences. These discussions served to exemplify participants’ beliefs about their own strengths, deficits, successes, and failures in achieving cultural competence.

**Theme One: Cultural Competence Concerns Individuals.** In the context that a person’s definition of culture likely informs how he or she views its role in interpersonal interactions, all seven participants specifically endorsed beliefs that cultural competence is based on “individual culture.” Said participant #7, “Everything I do is in respect to what students say and everything that I learn is in respect to how they identify and who they identify with. It is less about race than what they say their individual family is like.”

This emphasis on the individual did not diminish participants’ views that external forces were highly relevant in students’ lives, but rather that they served to inform instead of dictate the student’s unique story. “I defer to the client in terms of their understanding of culture and how culture plays a role in their life,” said participant #3. Participant #4 referenced the analogy of people as icebergs, in which their external or tangible features, such as skin color, accent, and dress, are like the ice seen above the water line, and their internal characteristics and preferences, such as their need for personal space or how they value time or collectivism, equates to the bulk of the iceberg that remains unseen.

The conscious decision not to “group” people based on certain characteristics or make broad cultural inferences was mentioned by three participants, and they acknowledged that faulty assumptions often resulted from viewing cultural groups as more homogenous than they are. One participant shared how, in the beginning of her career, she routinely mailed her letters to Hmong
families in Hmong, until she got calls from parents saying they could not read the letters because they did not read Hmong.

Theme Two: Cultural Competence Involves a Mindset as Much as Material Content. This theme was evident in both specific and latent content that spoke to the acceptance and application of broad practice concepts more than it did to the literal knowledge of certain cultural groups. Two sub-themes related to these measures were identified. The adoption and implementation of general social work principles, including respect for human dignity and worth, strengths-based approaches and interventions, the person-in-environment perspective, and the aim for empowerment, was one sub-theme. The phrases, “client as expert” (n = 5), “meeting clients where they’re at” (n = 5), and “unconditional positive regard” (n = 3) were used by participants in their aim to define what cultural competence looks like in practice, or should look like, for them and their peers. Specific participant statements supporting this sub-theme include:

When kids are struggling to use the structure of school supports or are stuck in a pattern of refusal, then I ... get to help them weed through their strengths as they problem solve. So these students just need a reminder of how amazing they are in order to access that part of themselves. #5

I feel like when I have genuine unconditional positive regard for you and you feel that, that means more to the client than any similarities we may have at face-value. #2

The second sub-theme involves an inherent or learned awareness that the participants felt was necessary in cross-cultural interactions. This sense of mindfulness or intentionality included heightened consciousness around the practitioner-client power differential (further exemplified in schools by the staff-student dynamic), the realities of personal difference as well as shared humanity and common experiences, the practitioners’ self-identity and related “limitations” surrounding this, and the existence of white privilege and/or belonging to a dominant group.
Such attempts to be cognizant of situational factors were also noted to both reflect and promote the application of social work values, as evidenced in this comment by participant #2:

*I always begin meetings by telling parents something that I really love about their child, because when we look at how we evaluate for special education, it’s a deficit based model. We write a report about all the things that are wrong with their kid—literally. What is that like for a parent to face? And I think for myself it wasn’t until I became a parent that I really understood the grieving process that a parent must go through when they sit in a room with eight people telling them what’s wrong with their child.*

All participants linked or equated the concept of awareness with individual and shared *acknowledgement* of cultural indicators, and this was reflected in thoughts about white privilege. Four participants mentioned participating in formal and informal discussions about inherent cultural privilege at school, district, and broader professional levels, and believe it is evident in how teachers and staff respond to students, how students are socialized to larger realities both inside and outside of school, and in achievement gaps and racial disparities within schools and prisons, respectively. The importance of naming white privilege is explicitly stated in these participant comments:

*... we’ve acknowledged in district equity training how teachers teach culture first and education second, and that whiteness is a state of being and not a skin color, so people of color can adopt white privilege, and what it must feel like for kids to enter a middle class environment where the rules are so different than what they’ve grown up with ... so that it’s a cross-cultural experience every time a child walks into a school setting. #2*

*We know that in our city schools there’s a huge over-representation of African-American kids in special education ... and African-American boys in our suspension data. We have a problem with how we respond to the needs of our African-American students ... they absolutely get questioned more in the halls. #5*

*My whole goal when I came here was to interrupt that pipeline up to prison. #5*

**Theme Three: Cultural Competence Encompasses Fundamental Skills.** When asked to define cultural competence, study participants invariably referenced the skills and behaviors they believe positively impact cross-cultural interactions. In their collective estimation, culturally
responsive social work practice entails using these skills to support critical therapeutic elements, including rapport, trust, open and honest communication, and forming a partnership or alliance. Social work methods are expansive and six sub-themes resulted from practitioners’ admitted willingness to use the following often-interrelated skills: listening, learning or “not-knowing,” tolerating discomfort, accepting limitations (seeking help, admitting mistakes), demonstrating sensitivity, and engaging in self-reflection.

The willingness to actively listen and learn was considered essential by every participant in the study. In regards to the sub-theme of listening, participants stressed “listening not to respond but to understand” and “allowing people to tell their stories in whatever way makes sense for them.” As participant #7 succinctly pointed out, “It’s literally shutting my mouth and hearing what someone else has to say.” The second sub-theme, adopting and overtly embracing the role of “humble learner,” involved practitioners’ inclination to ask all kinds of questions, both of themselves and of their clients; to sincerely consider others’ perspectives and be educated by them (client as expert); to let go of their own agendas (client self-determination); and to view every interaction as an opportunity for growth and personal development. Every participant also equated cultural competence with avoiding assumptions and/or being presumptive.

The majority of participants (n = 6) also indicated the ability to tolerate discomfort as key to achieving cultural competence: “We can’t be afraid of discomfort,” stressed participant #5, “because that’s basically what cross-cultural work is.” The “welcoming discomfort” approach involves inviting, encouraging, and allowing questions and “courageous conversations” about cultural differences despite societal expectations and norms that typically dissuade this.

The fourth sub-theme stressed the importance of accepting one’s practice limitations. Some tangible and intangible examples of this included seeking formal and informal assistance
from others more versed in the student’s experience or self-described culture and acknowledging personal shortcomings in failing to fully connect with a client. The practitioner’s willingness or ability to demonstrate sensitivity can be a meaningful tool to establish, mend, and/or improve a therapeutic relationship. Three participants acknowledged displaying culturally significant items, including Hmong story cloths, pictures of minority role models, and symbols such as pink triangles or rainbows to represent LGBT populations, in hallways and offices to visually validate diverse cultures. Practitioners also cited the use of culturally specific programming and curricula materials (n = 3), as well as administrative efforts to hire racially and ethnically similar staff (n = 3), as additional indication they are attuned to students’ experiences.

A willingness to engage in honest self-reflection is the sixth skills-related sub-theme. This played a prominent role in all participants’ efforts to provide culturally response service to their students. Such actions include continually checking his or her own “cultural lens,” closely examining his or her own upbringing, experiences, values, and social location, and attempting to discern personal biases, assumptions, and value judgments to understand how the overall sense of self and use of self plays out in practice.

The following comments speak to the various key social work skills practitioners employ in the achievement of cultural competence:

As a 40-year-old white woman, I’m never going to pretend to my clients that I can understand what it’s like to be a 14-year-old black male. So my approach as a clinician is really taking on the role of learner and the attitude of respect. #2

I think the idea of being a culturally competent practitioner speaks to your curiosity and openness to the client and their culture. The reality is that I am always going to be missing something and the longer I’ve been in practice, I’m just more apt to say, ‘You know what, I don’t get this, so please help me out.’ I’d much rather do that than presume anything. My goal is to give them the space and the freedom to say, this is really how I see this and why I see this.” #4
Sometimes I need someone to help bridge the cultural gap. When I make referrals, I am not afraid to ask questions or acknowledge the role that culture plays: ‘You’re an African-American family, would you like an African-American mental health practitioner?’” #6

I would say that almost every day and at least every week I am making assumptions that are wrong, that I have to keep checking myself on ... and I have absolutely said, ‘Wow, I’m humbled by what you understand about what we’re talking about and what I could learn from you…” #5

A compilation of behaviors identified by study participants in their experience as positively and negatively impacting cross-cultural interactions is provided in Table 2.

<table>
<thead>
<tr>
<th><strong>Positive Outcomes Involve:</strong></th>
<th><strong>“Mistakes” Involve:</strong></th>
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<tbody>
<tr>
<td>Listening to Learn and Understand</td>
<td>Making Assumptions/Judgments</td>
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<tr>
<td>Allowing for Differences</td>
<td>Failure to be Client-Focused</td>
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<tr>
<td>Preserving Human Dignity</td>
<td>Acting on Unconscious Bias(es)</td>
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<tr>
<td>Demonstrating Sensitivity</td>
<td>Lack of Awareness about Situation/Self</td>
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<tr>
<td>Practice Experience</td>
<td>Sense of Paternalism/Power</td>
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This study’s second research question explored the supports and barriers school social workers perceive as impacting their cultural competency efforts. The first theme to emerge from the findings involves the sources of these supports and barriers and the relevant patterns that emerged. The second theme explores the multiple ways participants utilize identified supports to aid and improve their practice. Sub-themes were identified within these concepts, as well.
Theme Four: Supports and Barriers Stem From Different Environmental Systems

Study participants generally identified supports as stemming from within his or her school, district, and individual experiences, and most barriers as resulting from larger, societal influences. The formal supportive efforts most often cited, for example, included relevant training and experience provided by the district and other agencies (n = 5), as well as the use of cultural liaisons and/or interpreters (n = 4), and clinical supervisors (n = 3). Participants also noted independently taking on roles that helped to advance their cultural competence, such as serving on a task force or as a field instructor (n = 2), and personally expanding their cultural knowledge through reading, travel, and cross-cultural relationships (n = 4). The informal use of social work colleagues, school teachers, and other staff, was also considered a pivotal avenue for support by all participants.

In fact, every participant acknowledged the importance of his or her individual school’s culture, leadership, and/or staff as integral in the aim for cultural competence. This resulted in the sub-theme of school colleagues and climate. Participants stressed their reliance on honest feedback about their practice from fellow staff, valuable input about students and/or their culture from teachers and staff, and mutual understanding from school and district personnel about how culture informs a student’s interactions and, ultimately, his or her education. Cultural diversity within schools was viewed positively by all participants, and resulted, according to participant #7, in an inherent focus on culture: “The benefit of working in a very diverse setting is that there’s just no other way to think about [a student or a situation.] [Culture] is a part of every bit of practice I’ve had.” The practitioner’s immediate setting can pose challenging aspects, too. The cultural competence of teachers and staff was reported to vary, and diversely impact students and participants’ roles and efforts as social workers, as evidenced by the following comments:
I would say in an education setting, everybody really “gets it”: [the importance] of kids having access to people that look like them, understand them, know their journey. So, you know, it’s people that make the difference. #2

So often we’ll hear from staff, he or she was being disrespectful. So I’m like, well, what did that look like? Is disrespect the only way to define what just happened? ... We have teachers who are just ... it’s not their culture, it’s not their history, it’s not the way they were brought up...” #5

Barriers perceived to impact culturally sensitive practice were typically viewed by participants to be the result of larger societal influences, such as stigma, discrimination, and government funding. A lack of resources, including time, money, and staffing, was clearly identified (n = 6) as the biggest tangible obstacle to providing culturally appropriate service. Intangible barriers to providing culturally responsive service included the public’s perception of urban students (n = 2), which one participant specifically felt impacted levels of volunteerism. Participants also deal with the ramifications of negative experiences and perceptions by students and their families that have led to mistrust and discouragement with the system (n = 3), as well as “reverse racism” and preconceived judgments about the individual social worker or social workers in general (n = 4). As participant #2 said, “The kids just see us as so other.” This was noted by participant #3, as well:

Sometimes in terms of challenges, when there are cultural differences, there’s a reverse racism and you can sense it and you can feel it and you offer what supports and resources you can and you do it in a respectful, non-judgmental tone where you’re attempting to communicate information, not impose values ... and accepting that [the situation] is not bad one way or another, it’s just what is. And how that limits you in terms of what you can accomplish and what you can’t.

There were exceptions to the theme of negative influences as stemming from broad systems. On an interpersonal level, the strong emotions that accompany sensitive issues such as mental and chemical health, special education needs, criminal behavior, and poverty can also pose challenges in making cross-cultural connections (n = 2). Additionally, miscommunication
can occur during the translation process and when cultures lack the necessary language and/or concepts to discuss certain issues, such as ability versus disability (n = 2). Participant #4 talked about the unique challenge of working with families who had “completely different world views” of disability than those typically professed by “western” practitioners:

...the question is, how do you address that this is a disability or a discrepancy between this child and their peers, when the view of these families is, ‘this is just how my child is, this is the way they were made, this is their place on earth, and it’s okay,’ and our idea as Americans is, ‘we need to get [these children] up to speed...

As previously discussed, all participants invariably accounted for their individual roles in the effectiveness of cross-cultural interactions, including the inherent difficulty of “not knowing what you don’t know,” as noted by participant #2. Only participant #6—when asked what gets in the way of effective practice—specifically answered, “Ourselves.” This was further clarified: “I do get a skewed perspective of certain people sometimes and that’s when I need to call someone. It’s the stuff that goes on in my head. It’s difficult to fight some of those thoughts.”

The concept of time as a barrier to improved levels of cultural competence was reported by participants to play out in several ways and was identified as a sub-theme in the research. “I get here early and I stay late,” said participant #5. Varied and repeated references to inadequate time (n = 7) were driven by desires to interact more with students, get to know and understand students better, receive additional training, and locate and assess additional and more diverse resources. All participants felt that paperwork took up too much time. Four acknowledged the sense they were not or could not give all their students what they really need. They also tended to equate any extra time provided to one student or group as taking time away time from others. As participant #7 explained, “I always feel like whenever I’m providing quality service to this handful, I’m not giving it to that handful. So, the question is, ‘Who really needs my time this week?’ … Because when you spread yourself too thin, you’re not helping anyone.”
amount and expanse of time—in years—required to develop and hone cultural knowledge and competency skills was also mentioned by two participants as a barrier to effective practice.

**Theme Five: Mutuality of Cultural Competency Efforts and Supports**

The second theme to emerge from the second research question concerns the multiple ways participants use or benefit from their perceived supports. Generally, the supports they identified, including formal training and professional development, feedback and knowledge gained from colleagues and staff, and clinical supervision, were also indicative of their reported achievement efforts. Four participants noted actively “picking the brains” of individuals with knowledge of and experience with other cultures, whether they were native-speaking cultural liaisons or interns observing a session. In a reverse manner, three participants noted “building in” culturally relevant supports that could provide them with opportunities for self-assessment and self-reflection—not to mention improved service for students. As participant #2 noted:

> I do feel it is my responsibility to bring to this setting, whenever possible, people who my clients can identify with, in order to augment my practice and provide them with someone they can relate to in a way they could never relate to me ... in these situations, I feel like I learned so much, like I spent more time asking questions than I did co-facilitating...”

Supports in the form of district initiatives, a purposeful school culture, and like-minded school leaders and staff aligned well with efforts of participants to emphasize and model cultural sensitivity for students and provide opportunities for parallel process. Such efforts stressed not only the value of human cultural differences but also the permission and encouragement to overtly explore sensitive issues such as race, religion, and discrimination:

> “I really believe that talking with kids about the culture of our school is so important because it creates that lens about what our core beliefs are and it helps kids think about their own culture; it’s giving them permission to talk about the impact culture has on decision making, on how we treat each other, on the goals we set ... so it’s a part of many discussions. #5
Four participants acknowledged that staff demographics present a challenge in seeking alternative perspectives and cross-cultural support. Teachers, social workers, and other staff were overwhelmingly described as white, middle-aged, middle- to upper class women. It is a situation that affects school and classroom dynamics as well as clinical supervision, as participant #4 notes: “I definitely rely on supervision [to increase my cultural competence], but then my supervisor is a Caucasian woman with probably a similar lens to mine.”

**Summative Comment**

The following comment by participant #4 serves to summarize the qualitative findings regarding the essential role(s) cultural competence plays in school social work:

*I think if you’re not culturally sensitive then a few things happen: one is you miss so much about what the child or the family is about, but also, in our role in schools, dealing with behaviors and social interactions, if you don’t take culture into consideration, you don’t see the intent behind these interactions. What may look like disrespectful, poor, negative behavior to me, as a Caucasian woman, may not be the intent at all.*

*Then the ultimate piece is that if I don’t understand the cultural piece and I don’t understand what [the behavior is] really speaking to or what it’s really meant to do, then how can I react to it? Is this truly something that needs discipline? Is this something that needs education? Or, is this something that needs support? How do I respond to that?*

**Discussion**

The goal of this study was to learn more about how urban school social workers define and perceive cultural competence in practice. The importance of the topic was unanimously endorsed by all participants, and each shared candid thoughts, feelings, and opinions about how they view cultural competence, the skills and efforts they take to achieve it, and the supports and barriers they perceive in impacting their endeavors. In general, the participants *described* their understanding of cultural competence as much as they did *define* it. Hence, it was viewed less as a specific characteristic and more as a way to approach and institute social work practice by employing a culturally responsive mind set and skill set. Specific skills and perspectives
mentioned by participants in this study echoed those of 11 white social workers in Dumas’s research (2012) that drew parallels between general and multicultural competencies such as being open and effectively listening. Other notable similarities included a willingness to talk about real and perceived differences and to maintain critical self-awareness (Dumas, 2012). Ultimately, this study’s participants viewed cultural competence as a journey, not a destination, and all acknowledged it was a continually challenging yet affirming adventure.

Based on participants’ responses, the results of this study also mirror findings published by the USDHHS (2001), Weisz et al. (2005), and Brach et al. (2005) acknowledging the real and perceived barriers minorities face when choosing or attempting to access mental health care, and the negative perceptions and feelings minorities have concerning service providers. In their efforts to minimize or remove these barriers and improve student and family supports, participants reported demonstrating values, perspectives, and conduct perceived to be in keeping with the NASW’s definition of ethical practice (2008). This includes continually assessing and advancing their knowledge and skills, in addition to maintaining an essential “heightened consciousness” regarding students’ individual perceptions of their own identity and experiences (NASW, 2007, p. 8). Participants’ willingness to transparently learn from clients and to readily admit their own limitations also demonstrates the understanding and acceptance of cultural “incompetence,” a pivotal concept underscoring the “client as expert” model of cross-cultural practice proposed by Dean (2001). Critical reflection and the application of personal character, considered by Dewane (2006) to be the signature aspect of skilled social work, were also evident in participants’ reports of ongoing self-reflection and the personal commitments they felt regarding the well-being of students and their families.
This study’s findings support the notion by Dumas (2012) and Sue (2006) that practice experience and professional training positively impact the development of cultural competence. As compared to the white social workers interviewed by Dumas (2012), the participants in this study were more likely to view generalized diversity training as meaningful and/or helpful to everyday practice. This could be attributed to district-specific efforts aimed at reducing educational achievement gaps, which five of the participants specifically named. Diversity curricula, also suggested by previous research to advance development, were rarely mentioned by the participants and so no association between such education and improved cultural competency can be assumed without further exploration. Participants’ remarks and personal anecdotes validate findings that competency skills emerge gradually and over time (Cartwright et al., 2008; Dumas, 2012). This includes participant #2’s comment, “I feel like as a new social worker, I was probably culturally incompetent 90% of the time. I was just so unaware.”

In the participants’ estimation, culturally sensitive practice improves the quality and delivery of service and increases the likelihood of improved student outcomes, which supports similar findings by Copeland (2006), Mancoske et al. (2005), and others. In fact, participants drew on that association by using the student and/or the student’s family as a mirror for assessing their own levels of cultural competence, i.e., asking themselves questions such as, what amounts of trust and openness were displayed by the client(s) in the relationship? Was the student engaged? How was the therapeutic alliance progressing? These efforts recall research by Mancoske and colleagues (2012) that identified such factors as important measures of overall clinical outcomes. Practitioners also noted asking students and families for direct feedback on perceived levels of service and satisfaction as a way to assess their practice, findings similarly reported by Dumas (2012). Additional endeavors noted by the participants—seeking input from
peers, interpreters, and other staff, as well as noting family-to-family referrals and using written evaluations when possible—were some of the same key measures suggested by Cartwright et al. (2008) to provide more objective appraisals of cultural competence.

Of note, this study’s findings also support Mancoske et al.’s (2012) suggestion that racial matching is not pivotal to culturally competent service but can introduce opportunities for more inherent understanding and identification, perhaps especially with disenfranchised students, e.g., African-American adjudicated males, or students who identify with cultural factors not reflected in the setting or acknowledged by the social worker. Participant #2 acknowledged as such when speaking about a past decision to collaborate with a Hmong therapist and to allow students to speak Hmong in session, something not otherwise allowed in school:

... and what I find over and over is that my Hmong students are very polite and respectful and completely disengaged. They’re not going to participate in group discussions in English with African-American kids who are very assertive... [With a Hmong therapist leading an all-Hmong group] all of a sudden these disengaged, passive kids became really engaged and activated ... and it was just a really cool transformation to watch.

These findings also correlate to suggestions by Teasley et al. (2005) that practitioners of color scored higher on self-report measures assessing perceived levels of cultural competence because they were more likely to be socio-demographically similar to their clients, have knowledge of community dynamics and resources, and may be more likely to live in the same neighborhood.

The supports and barriers mentioned by study participants as impacting their cultural competency efforts were relevant to previous research, as well. The value of life experiences, such as relationships and parenting, and the importance of the internal workplace in providing critical supports and opportunities for learning were strongly endorsed by the white social workers interviewed in this study and research by Dumas (2012).
Regarding the source of such supports and barriers, participants can be seen through an ecological lens as acknowledging positive factors and relationships within their Microsystems and mesosystems and more readily identifying challenges within exosystems and macrosystems. This spoke less to participants’ personal growth and professional capabilities as it did to the challenge of practicing within larger frameworks of administrative and societal influences.

The perception that multiple barriers stem from exosystem and macrosystem factors lends credence to research by Kumaş-Tan et al. (2007) expressing concern that structural and systemic inequities are inadequately addressed in cultural competence measures. Kumaş-Tan and colleagues (2007) have also suggested, along with Dean (2001), that self-confidence is assumed to be associated with practice effectiveness, though it is equally likely to indicate a certain level of ignorance and misunderstanding about the importance of cultural factors. Participants echoed this notion with insight into their own inadequacies, the dynamics of culture, and the paradoxical challenge that presents itself “when you don’t know what you don’t know” (Participant #2).

Participants’ experiences and perceptions also led to findings that suggested divergence between this research study and previous studies. While research by Kumaş-Tan and colleagues (2007) faults standard competency measures for implying that cultural competence is about white practitioners working with ethnic and racialized minority groups, that is precisely the case for these seven urban school social workers and the majority of their co-workers and peers, as evidenced by individual comments and the demographics attributed to school professions and the region. Also, in contrast to findings reported by Dumas (2012), the participants in this study did not overtly reject the term “cultural competence” and based on their expansive understanding are considered by this researcher to accept a “loose” definition and appreciation of the phrase.
Practice Implications

The participants in this study stressed the importance of providing students, families, and school staff opportunities to openly acknowledge, consider, and discuss culture. Based on social workers’ unique perspectives, responsibilities, and practice skills, it is imperative they provide ongoing guidance, education, and role modeling within academic settings. This includes efforts made at classroom, school, and administrative levels. As this study indicates, such measures can include providing formal and informal instruction to personnel; promoting an open and honest school culture; encouraging and prompting conversations that increase cultural knowledge and understanding despite possible discomfort; holding individuals accountable for their actions; participating in efforts aimed at increasing equity and/or reducing academic achievement gaps; and continually modeling culturally responsive behavior in all aspects of practice.

In this context, the willingness to ask for and receive honest feedback from clients, colleagues, and others demonstrates and improves cultural competency in practice. It also becomes a valuable assessment tool for future reference. The importance of effective individual evaluation measures—beyond customary self reports—is evident and relevant to practice. All social workers are encouraged to continually assess their own expertise and skills using a range of methods, including home visits, process recordings, role plays, journaling, independent observation, and others.

Policy Implications

Because of the way public education is funded, policy concerns play an instrumental role in school social workers’ real and perceived abilities to provide culturally competent service to students and their families. Every participant in this study noted barriers stemming from within larger exo- and macrosystems, including district administration, state and national government,
and society. According to this study’s participants, policy-related funding not only influences how they practice social work, but also how well they perceive themselves to practice it. Increases in the numbers of social work and school-related staff, particularly the numbers of racially, ethnically, and culturally diverse staff, could reduce some of the profession’s more concrete barriers to culturally responsive practice, most specifically time and low numbers of culturally representative staff. Increasing the numbers of students eligible to receive social work services and introducing and implementing culturally relevant curricula are additional ways to better support students and families. Funding should also support ongoing training critical to the development of particular competency skills, to understanding inherent privilege and systemic inequities, and to advancing specific knowledge of cultural groups.

In consideration of the significant academic achievement gaps between white students and students of color, policy makers should closely examine and assess the educational models and methods they support and mandate. Comprehensive efforts aimed at bridging services, connecting communities, and improving educational outcomes for vulnerable populations, such as those implemented by the Minneapolis school district (CHHCS, 2011b), require focused and dynamic leadership, as well as buy-in from diverse stakeholders. Social workers’ ecologically informed perspective and connections to community resources make them well equipped to advocate for and assist in such efforts. Social workers are also mandated to pursue social justice (NASW, 2008) and this is central in the aim for improved cultural understanding and relations.

Research Implications

As previously mentioned, much of the literature assessing social workers’ levels of cultural competency relies on self-assessments; however, limited research suggests a gap exists between individuals’ evaluations of their own abilities and evaluations of practitioners’ abilities
by independent observers (Cartwright et al., 2008). Future research should further assess clients’ and families’ perspectives of practitioners’ abilities and compare such findings with self-reports and/or assessments provided by a clinical supervisor or observer.

This study and previous others also underscore the general need for more accurate, less biased cultural competency measures (Dumas, 2012). This involves eliminating assumptions about the definition of culture and cultural competence, acknowledging structural and systemic inequities, and increasingly using specific behavioral indicators rather than general notions to assess cultural competence (Kumaş-Tan et al., 2007).

Finally, researchers should consider the increasing use of case studies as a means to explore and examine culturally responsive practice. Such personal stories, as discussed in the case as “Mai” (Cox et al., 2009), are genuinely compelling and serve to validate practitioners’ existing efforts, provide information on specific cultural indicators, and highlight observations and experiences regarding effective and not-so-effective practice methods and interventions.

**Study Strengths and Limitations**

This research design had obvious limitations, including a nonprobability, purposive sample. The use of available volunteers within a subset of the population of all urban school social workers reduces the utility of the findings to a larger group. In response, the researcher added specific variables to further account for the findings. Data was reviewed in regard to age, gender, race and ethnicity, level of social work licensure, total years of social work experience, years of school social work experience, and years in current position.

Despite such considerations, the homogenous racial and ethnic nature of the group did not allow for comparisons and associations between certain variables as expected. Also, because the majority of participants were women, no specific associations between practitioner gender
and cultural competence could be established; however, gender may generally be considered a factor in cross-cultural interactions, e.g., the male participant recounted deferring a case because it was inappropriate in the female student’s culture to discuss the topic at hand with a man.

The study’s qualitative nature allowed for the collection and assessment of multiple narratives rich in personal insight and opinion. The use of a voice recorder, verbatim transcript, and multiple coding strategies helped to strengthen the study’s accuracy. In addition, the questions were grounded in relevant research, and the participants were chosen on the basis of relevant professional experience. At the same time, this study was highly exploratory in nature. While it may be considered to provide a certain degree of support to similar research by Dumas (2012), it is considerably narrow in scope and reflects the views and experiences in quantitative terms of less than 7% of a single school district’s 100+ licensed social workers.

The participants’ individual biases and limited perspectives must also be considered. They are members of society’s dominant cultural group and their views likely reflect aspects of white privilege or related factors. Given this study’s volunteer nature, there may also be inherent biases related to respondents’ motivation and/or ability to participate. It should be noted that potential participants with minimal literal or perceived cultural competency skills, while fully able to provide valid perspectives, chose not to be interviewed due to feelings of inadequacy, worries about professional judgment, or other reasons. Finally, despite the relevance and utility of honest discussions about culture and cultural disparities, such conversations are generally considered sensitive in nature—specifically as they relate to race, religion, and socioeconomic class—and this may have precluded participation by some and inadvertently diminished the variability of the findings.
Despite attempts to remain objective and to avoid preconceptions in data collection and analysis, the findings may reflect the researcher’s biases, as well. The researcher has no school social work experience and is less knowledgeable about inherent aspects of the subject matter that may have provided additional insight or research connections. At the same time, the researcher’s “outsider status” may have allowed for a more objective approach to research, increased the likelihood that study candidates would participate and honestly engage in the interview process, and resulted in a unique and fresh perspective.
References


School District Data (2012). Retrieved from REDACTED.


Office of Accountability, Planning and Policy  
Research, Evaluation and Assessment

December 18, 2012

Michelle Baltus
ADDRESS  
REDACTED

RE: Urban School Social Workers’ Perceptions of Cultural Competence

The Research Committee has approved your research proposal under two conditions.

First, we need to receive a copy of the consent form that you intend to use. At minimum, it should include a brief description of the study and assurance that privacy of responses will be strictly protected and that participation will in no way affect their standing in the SCHOOL SYSTEM REDACTED.

Second, it must be clear to all participants that their participation is strictly voluntary and that they are free to withdraw at any time. Because the study is highly exploratory in nature, we ask that you be particularly cautious in drawing conclusions from it.

If you have any questions or concerns, please contact me at REDACTED.

We appreciate your interest and the time in submitting your research proposal to SCHOOL SYSTEM REDACTED.

Sincerely,

REDACTED

Research Committee Chair
Assistant Director, Research, Evaluation & Assessment
Appendix B
Invitation to Participate

TO: All district social workers
FROM: REDACTED (district social work administrator)
RE: Invitation for voluntary research study

Fellow social work colleagues,

You are invited to participate in a district-approved research study. The research will be conducted by Ms. Michelle Baltus as part of her Master’s of Social Work education at the St. Catherine University and the University of St. Thomas. My distribution of this invitation does not imply or endorse a decision to participate by myself or the district. Participation is strictly voluntary and involves no compensation.

Purpose of the Research

This study’s purpose is to gain awareness about urban school social workers’ perceptions of cultural competence, including how they define and utilize cultural competence in daily practice. This study will also explore supports and barriers to cultural competence as identified by urban school social workers.

Eligibility

Eligible participants will be licensed school social workers with more than five years of social work experience.

Data Collection

Eligible respondents will be asked to participate in an individual semi-structured interview conducted by the researcher. The interview is expected to take 45-60 minutes. It will take place at a date, time, and location of the participant’s choosing and may include a school-based office or an offsite location. The participants’ responses will be audio recorded.

Confidentiality

The email account used for communication in this study was established solely for this purpose; the researcher has sole access. In addition, the interviews will be conducted, transcribed, and analyzed solely by this researcher. All published data will be confidential and presented in aggregate form; the district will not be identified and no obvious indicators will be used in the findings.

Contact Information

If you are interested in learning more about this study and/or are interested in participating, PLEASE DIRECTLY CONTACT Michelle Baltus at email hyperlink. Your consideration is appreciated by the researcher.
Appendix C
Information and Consent Form

Urban School Social Workers’ Perceptions of Cultural Competence

INFORMATION AND CONSENT FORM

Introduction:
You are invited to participate in a research study exploring urban school social workers’ perceptions of cultural competence. This study is being conducted by Michelle Baltus, a graduate student at St. Catherine University under the supervision of Valandra, MBA, MSW, PhD, LISW, a faculty member in the Department of Social Work. You were selected as a possible participant in this research because you are currently employed as a licensed social worker in an urban school district. Please read this form and ask questions before you agree to be in the study.

Background Information:
The purpose of this study is to explore how urban school social workers define cultural competence and how they apply this concept to everyday practice. In addition, the study aims to identify the supports and barriers urban school social workers perceive as relevant to culturally competent practice.

Procedures:
If you decide to participate, you will be asked to verify that you are a licensed school social worker with more than five years of social work experience; to indicate a date, time, and place that would allow your participation; and to participate in a single individual semi-structured interview conducted by the researcher. This interview will be audio-recorded and will take approximately 60 minutes.

Risks and Benefits of being in the study:
The study has minimal risks. First, the researcher will ask you to provide personal demographics. Second, you will be asked to discuss cultural competency, cross-cultural experiences, and perceptions of your own competency and the supports and barriers you identify as impacting cultural competency, including those possibly involving your co-workers and/or employer. These topics may be considered sensitive to some participants. There are no direct benefits to you for participating in this research. There is no compensation.

Confidentiality:
Any information obtained in connection with this research study that can be identified with you will be disclosed only with your permission; your results will be kept confidential. In any written reports or publications, no one will be identified or identifiable, including the school district, and only group data will be presented. The school district will not know of your participation status.

I will keep the research results, including audio tape recordings, in a locked file cabinet in my office and only I will have access to the records while I work on this project. I will finish analyzing the data by May 31, 2013. I will then destroy all original audio tape recordings and reports and any identifying information that can be linked back to you.
Appendix C
Information and Consent Form
Page 2

**Voluntary nature of the study:**
Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with the District or St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

**Contacts and questions:**
If you have any questions, please feel free to contact me, Michelle Baltus, at [email address here]. You may ask questions now, or if you have any additional questions later, the faculty advisor, (Valandra, 651-963-3767), will be happy to answer them as well. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

**Statement of Consent:**
You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

____________________________________
I consent to participate in the study and I agree to be audio-recorded.

_______________________________________________________________________
Signature of Participant             Date

_______________________________________________________________________
Signature of Researcher, Michelle Baltus             Date
Appendix D
Survey Instrument

1. Age:_____

2. Gender: _____Male (1) _____Female (2) _____Transgender (3) _____Other (4)

3. Race: ____African American (1) ____American Indian or Alaska Native (2) ____Asian (3) ____Hispanic/Latino (4) ____White (5) ____Native Hawaiian/other Pacific Islander (6) ____Bi-racial (7) ____Other (please specify) _______________________ (8)

4. What is your level of licensure?

5. How long have you been a social worker? _____years

   School social worker? _____years

   In your current place of employment? _____years

6. How do you view your role as a social worker in the school?

7. What does a “typical” day look like for you? What are your main responsibilities?

8. What populations do you serve?

9. How would you define culturally appropriate social work practice and what role does cultural sensitivity play in effective practice?

10. What does cultural competence look like in practice with students and their families?

11. How do you evaluate or assess your own abilities to be culturally competent?

12. What efforts do you take at increasing your cultural competence?

13. What are the supports and challenges you perceive in providing culturally appropriate service to students and their families?

14. Can you recall an experience in which you exhibited a lack of cultural sensitivity, which was acknowledged either at the time or sometime after the fact?

15. Can you provide an example of cultural sensitivity in your practice?