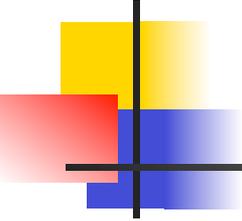


Transcultural Model

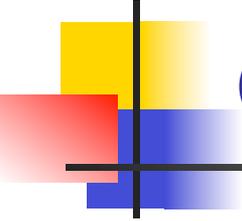


I. Cultural Knowledge



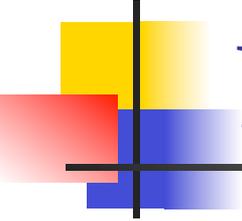
- **Culture.** Shared lifestyles, customs, habits, skills, technology, arts, sciences, religion, values, political behavior. Language, and history that characterize a particular group of people at a particular time and place.

(Germain & Bloom, 1999)



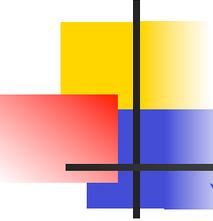
Cultural Knowledge both...

- Affirms facets of human behavior and experience that are common across cultures (e.g., need for kinship and social structures for survival, development, language acquisition) &
- Provides a framework for considering possible differences.



Dimensions of Culture

- World View
- Perceptions and Cultural Patterns
- Beliefs, Values, & Attitudes
- Behaviors (Including Communication)
- History and Traditions
- Social Structures



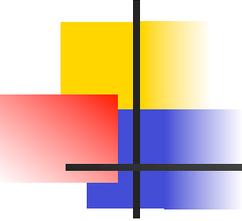
Cultural Knowledge: Some Specific Concepts

- **Cultural relativism:** The position that behavior in a particular culture should not be judged by the standards of another culture.
- **Ethnocentrism:** Tendency to elevate our own ethnic group and its social and cultural processes over others.
- **Cultural Symbols:** Something (verbal or non-verbal) that comes to stand for something else) Cousins, 2003

Processes of cultural change

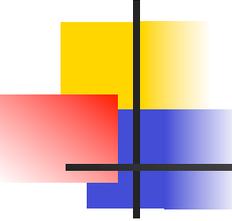
- **Assimilation:** the attempt to blend invisibly into the dominant culture (the melting pot theory), abandoning the uniqueness of the minority culture.
- **Accommodation:** a process of partial or selective cultural change.
- **Acculturation:** the mutual sharing of culture.
- **Bicultural socialization:** a non-majority member or group masters both the dominant culture and their own culture





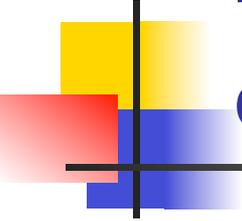
Positionality & Self-Reflexivity

- **Positionality:** How one's social location and social group membership(s) influence world view, values & behavior



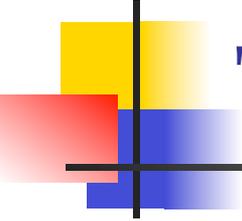
Self Reflexivity

- The ability to critically evaluate
 - how ones own life experiences shapes perceptions of clients and client systems,
 - how meaning and identities are co-created through the interactions between the self and others, &
 - how positions in the larger social structure may influence interactions and power dynamics between social workers and clients



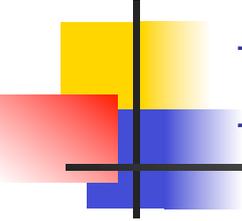
III: Power relations defined by 3 concepts

- Privilege (unearned advantage enjoyed by members of some social categories),
- Oppression (physical, structural, psychological, and emotional subjugation of an individual by a social structure, group, or person)
- Structural Contexts (governmental, legal, economic, & institutional forces that position certain groups over others and create a power hierarchy).



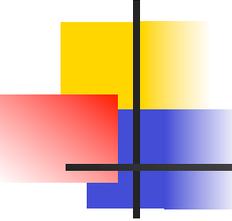
Translated into practice

- **Some core values in social work that emerge from recognition of the importance of addressing dynamics of power include emphases on**
 - **social justice and**
 - **empowerment**



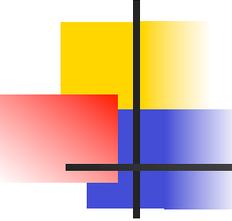
IV. Respectful Partnership

- **Defined as:** Adopting an approach to working across cultures that is characterized by a spirit of inquiry, humility, and collaboration



Implications For Practice

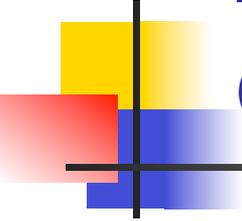
- The client is the expert about their own experience
- It is critical that the practitioner de-emphasize their own assumptions and expectations in favor of an attitude of respect and openness to the individual and cultural experience of the client.
- Through the interactive process, clients begin to explore and create new narratives.
- Approaches that emphasize cultural humility and narrative processes are also used in community work and research



Cultural Competence

- *Cultural competence is the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.*

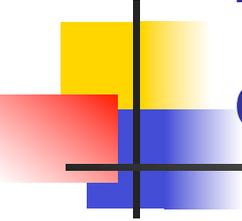
(NASW, 2001, p. 11)



Principles of Cultural Competence

1. Avoid assumptions
2. Respect for unique culturally defined needs of various client populations
3. Acknowledgement of culture as a predominate force in shaping behavior, values, and institutions
4. Respect for client confidentiality
5. Belief that the family as defined by each cultures is the primary and preferred point of intervention.
6. Acknowledgement that minority people being served in varying degrees by their natural cultural systems

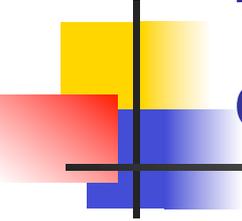
(Cross, Bazron, Dennis & Issacs as cited in Appleby, Colon & Hamilton, 2007)



Principles of cultural competence cont'

7. Recognition that the concepts of family, community, and so on differ among cultures and among subgroups within cultures
8. The stage of the client's identity development may be an important indicators of his or her coping and adaptation
9. Belief that diversity within cultures is as important as diversity between cultures
10. Awareness that the dignity of the person is not guaranteed unless the dignity of his or her people is preserved

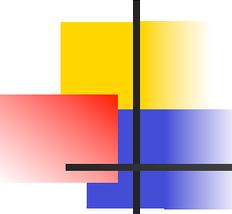
**(Cross, Bazron, Dennis & Issacs as cited in
Appleyby, Colon & Hamilton, 2007)**



Principles of cultural competence cont'

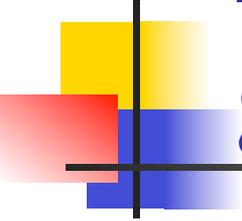
11. Understanding the minority clients are usually best served by persons who are part of or in tune with their culture
12. Acceptance that cultural differences exist and have an impact on service delivery
13. Acknowledgement that process is as important and product when working with minority clients
14. Awareness when values of minority groups are in conflict with dominant society values

**(Cross, Bazron, Dennis & Issacs as cited in
Appleby, Colon & Hamilton, 2007)**



Example in Health Settings: The 8 questions

1. **What do you call the problem?**
2. **What do you think has caused the problem?**
3. **Why do you think it started when it did?**
4. **What do you think the sickness does? How does it work?**
5. **How severe is the sickness? Will it have a short or a long course?**
6. **What kind of treatment do you think the patient should received? What are the most important results you hope for as a result?**
7. **What are the chief problems the sickness has caused?**
8. **What do you fear most about the sickness?**



Population specific: Principles of gay affirmative practice

1. Do not assume that a client is heterosexual
2. Believe that homophobia in the client and society is the problem, rather than the sexual orientation
3. Accept an identity as a gay, lesbian, or bisexual person as a positive outcome of the helping process
4. Work with clients to decrease internalized homophobia that they may be experiencing so that clients can achieve a positive identity as a gay or lesbian person
5. Become knowledgeable about different theories of the coming out process for gay men and lesbians
6. Deal with one's own homophobia and heterosexual bias

Appleby & Anastas as cited in Crisp (2006)