

Cultural Competence Continuum

Cultural Destructiveness	Cultural Incapacity	Cultural Blindness	Cultural Pre-Competence	Cultural Competence	Cultural Proficiency
Disregards cross-cultural awareness, knowledge, behavior, skills in staffing pattern, service provision, program design, etc.	Does not accept multiple perspectives as valid; there is one "right" or "best" way	Disregards diverse religious/cultural practices when scheduling hours of operation	Exhibits emerging visual representation of all ethnicities, genders, etc, as active and valued community members	Provides regular staff training in cultural competence and its relationships to service provision	Provides services in languages that meet the needs of populations served (consumers)
Creates advertising that perpetuates stereotypes (e.g. women as depressed, substance abusers as black males)	Speaks on behalf of vs. supporting special populations in efforts to speak for themselves	Plans and implements special events assuming a shared value (e.g. Christmas Party)	Recognizes that it is NOT connected with neighborhoods and coalitions that promote various groups, seeks to correct situation	Ensure that all written and visual material is respectful, in multiple languages an Braille, with emphasis on the value of difference	Takes proactive stance on the advancement of cultural competence within the community
Creates criteria that exclude or create artificial barriers, or job requirements that have nothing to do with performance ability	Sees diversity as meeting quotas	Does not recognize or compensate for specialized skills or actively objects to compensation for specialized skills	Solicits diversity feedback from all staff at all levels on a regular basis	Implements culturally competent plans and evaluates periodically for effectiveness	Provides modeling and training to other organizations on diversity
Refuses to select and recruit bilingual staff	Downplays need to hire translators and translate paperwork	Requires all sessions to be conducted in English regardless of individual or families needs	Recognizes organization's high dropout rate of minority participants and seeks change.	Has balanced bilingual staff/customer ratio and provides support to staff for "other" languages and skills	Provides mentoring program and paid stipends
Provides paperwork in English only	Puts down family values	Is rigid about following paperwork requirements	Recognizes that paperwork and bureaucracy are driving individuals and families away	Establishes committee to revise paperwork, program literature, etc., for bilingual customers	Streamlines paperwork and ensures that all material is in multiple languages
Does not recognize the importance of family participation	Uses primarily Anglo-oriented methods of treatment too rigid to consider new methods for different cultures	Ignores the strength of the family unit	Recognizes the lack of training for staff and is willing t implement a culturally appropriate training program	Screens for culturally offensive material and deletes from written and spoken communication	Offers phone line services in multiple languages
Refuses to be sensitive to different cultures		Lacks training to provide special services to minorities	Recognizes staff have cultural limitations and encourages training	Takes responsibility for bringing family into the training circle	Values families and their cultures and commits to educating family on issues critical to treatment success
				Includes cultural issues in training plan	Displays sensitivity to cultural issues and provides education to their organizations

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For each row, *CIRCLE* where you are now.

Area of Competency	Stage 1 Culturally Unaware	Stage 2 Culturally Resistant	Stage 3 Culturally Conscious	Stage 4 Culturally Insightful	Stage 5 Culturally Versatile
Knowledge of Patients	Doesn't notice cultural differences in patients' attitudes or needs.	Denigrates differences encountered in racial/ethnic patients.	Difficulty understanding the meanings of attitudes/beliefs of patients different from self.	Acknowledges strengths of other cultures and legitimacy of beliefs whether medically correct or not.	Pursues understanding of patient cultures. Learns from other cultures.
Attitude Towards Diversity	Lacks interest in other cultures.	Holds as superior the values, beliefs and orientations of own cultural group	Ethnocentric in acceptance of other cultures.	Enjoys learning about culturally different healthcare beliefs of patients.	Holds diversity in high-esteem. Perceives as valuable contributions to healthcare, medicine, patient well-being from many cultures.
Practice Related Behaviors	Speaks in a paternalistic manner to patient. Doesn't elicit patient's perspectives.	Doesn't recognize own inability to relate to differences. Tends to blame patient for communication or cultural barriers.	May overestimate own level of competent communication across linguistic or cultural boundaries.	Able to shift frame of reference to other culture. Can uncover culturally based resistance, obstacles to education & treatment	Flexibly adapts communication, interactions to different cultural situations. Can negotiate culture-based conflicts in beliefs and perspectives.
Practice Perspective	Believes one approach fits all patients. No "special treatment."	Has lower expectations for compliance of patients from other cultural groups.	Recognizes limitations in ability to serve cultures different from own. Feels helpless to do much about it.	Incorporates cultural insights into practice where appropriate.	Incorporates cultural insights into practice where appropriate.