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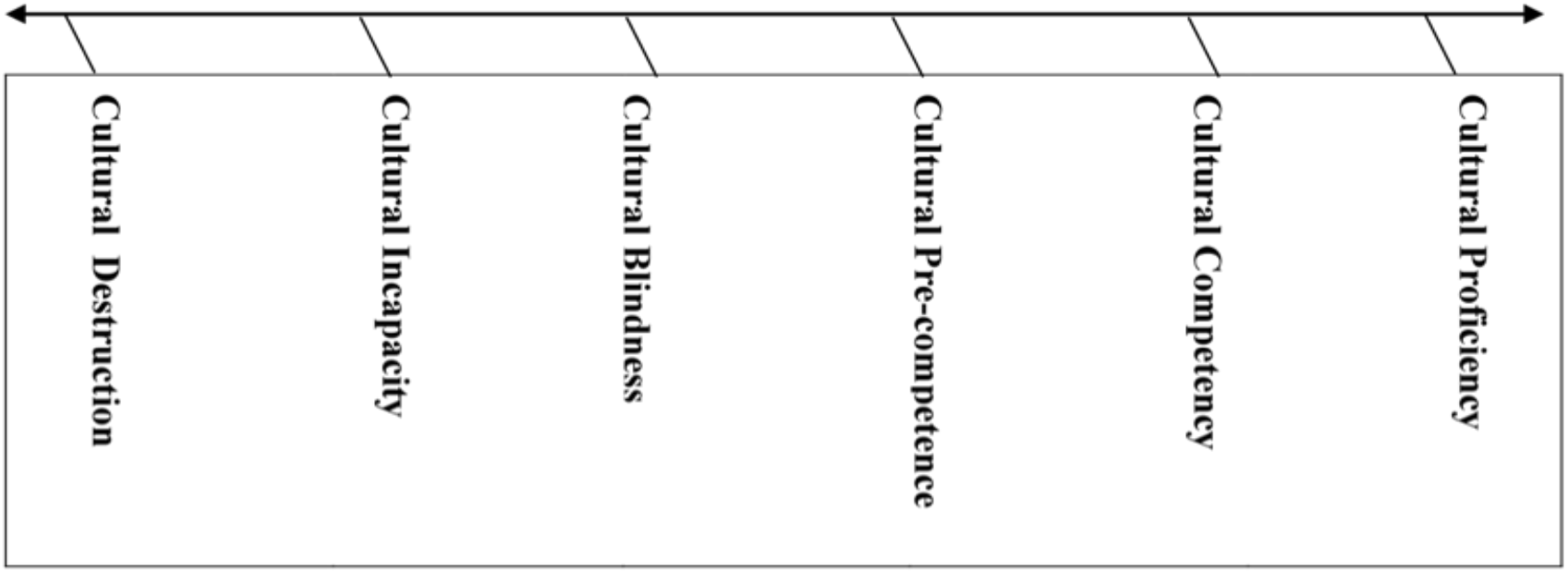
Terry Cross' Cultural Competence Model



Building Bridges to Cultural Competency – Module II,
Trainer Manual
NYSDOH – AIDS Institute

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Cultural Competence Model by Terry L. Cross[1]

1. **Cultural destructiveness is** at the far negative end of the spectrum while cultural proficiency represents the positive end of the continuum.
2. **Cultural Destructiveness:** It refers to the blatant attempts to destroy the culture of a given group. There is also an assumption that one group is superior to another." It acknowledges only one way of being and purposefully denies or outlaws any other cultural approaches.
3. **Cultural incapacity:** "An individual or organization lacks the capacity to be responsive to different groups, but this is not intentional. Ignorance and unfounded fear is often the underpinning of the problem." Incapacity might consist of the failure to recognize when mistreatment is due to cultural differences thereby perpetuating its occurrence.
4. **Cultural Blindness:** "People who are culturally blind are ignorant of cultural differences and often perceive themselves as "unbiased". This is due to the fact that they believe that "culture makes no difference" in relation to the way the group acts or reacts." Cultural blindness fosters the assumption that people are all basically alike, so what works with members of one culture should work with members of all other cultures.
5. **Cultural Pre-competence:** "This implies the movement towards cultural sensitivity. In this phase individuals actively pursue knowledge about differences and attempt to integrate this information into delivery of services. There is a recognition that cultural differences exist but those differences are acknowledged as "differences" and nothing more. Cultural pre-competence encourages learning and understanding of new ideas and solutions to improve performance or services.
6. **Cultural competence:** "In this phase the organization or individual has the capacity to function in an effective manner within the context of the targeted group. Acceptance and respect of differences, continual self-assessment, attention to dynamics of differences, and continual expansion of knowledge about the target group are important factors of competency." Cultural competency involves actively seeking advice and consultation and a commitment to incorporating new knowledge and experiences into a wider range of practice.
7. **Cultural Proficiency:** Cultural proficiency is at the positive end of the continuum. It is where health and human service providers should strive to be. It involves pro-actively regarding cultural differences and promotes improved cultural relations among diverse groups. "Individuals in this category hold culture in very high esteem and they are regarded as specialist in developing culturally sensitive practices."

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[1] SISTA Community Facilitator Manual. *What is Culture?* Marilyn Moering, Jo-Anne Hoye. June 2004.

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Cultural Competence Continuum: Agencies and Professionals

Cultural Destructiveness (is intentionally destructive)	**Cultural Incapacity** (is not intentionally destructive but lacks capacity to help people of color)	**Cultural Blindness** (expresses a philosophy of being unbiased)	**Cultural Pre-Competence**	**Basic Cultural Competence**	**Advanced Cultural Competence**
-- practices cultural genocide (e.g. Boarding schools for Native Americans)	--takes paternal posture toward "lesser" races	--believes that color or culture make no difference; we're all the same	--realizes its weaknesses in serving minorities and attempts to make specific improvements	--has acceptance and respect for differences	--holds culture in high esteem
--dehumanizes or subhumanizing clients of color	-disproportionately applies resources	--believes helping approaches used by dominant culture are universally acceptable and universally applicable	--tries experiments; hires minority staff, explores how to reach clients, trains staff on cultural sensitivity, recruits minorities for their boards and advisory committees	--engages in continuing self-assessment regarding culture	--adds to knowledge base by doing research, developing new approaches based on culture, publishing results of demonstration projects
--denies clients access to their natural helpers or healers	--discriminates based on whether clients "know their place" and believes in the supremacy of dominant culture helpers	--thinks all people should be served with equal effectiveness	--has commitment to civil rights	--makes adaptations to service models in order to meet client needs	--hires staff who are specialists in culturally competent practice
--removes children from their families on the basis of race	--may support segregation as a desirable policy	--ignores cultural strengths, encourages assimilation, and blames clients for their problems	--may feel a false sense of accomplishment that prevents further movement	--works to hire unbiased workers	--advocates for cultural competence throughout the system and improved relations between cultures throughout society
--risks client's well-being in social or medical experiments without their knowledge or consent	--enforces racist policies and maintains stereotypes --promotes ignorance and unrealistic fears of people of color --maintains discriminatory hiring practices --gives subtle "not welcome" messages --has lower expectations of minority clients	--follows cultural deprivation model (problems are the result of inadequate cultural resources) --practices institutionalized racism --sets ethnocentric eligibility for services	--may engage in tokenism	--seeks advice and consultation from minority community	

Source: Adapted with permission from Terry L. Cross, MSW, Director National Indian Child Welfare Association, Portland, Oregon

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