



# Building Culturally Competent Social Work Field Practicum Students through the Integration of Campinha-Bacote's Cultural Competence Healthcare Model

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## **Abstract:**

Using the Campinha-Bacote model of cultural competence, this paper examines the integration of measures for enhancing internship students' knowledge, values, and skills for work with culturally diverse groups. The paper focuses on four constructs (cultural awareness, cultural knowledge, cultural encounter, and cultural desire) within the model to help field educators move students beyond cultural recognition toward the formation of culturally competent identities. The paper further identifies skill-based interventions, which are aligned with the Educational Policy and Accreditation Standards (EPAS) competencies and practice behaviors to aid the internship student in preparing for professional social work practice.

The population of the United States is diversifying rapidly, in terms of culture, race, religion, and ethnic groups. This diversity has also been found to be associated with increasing disparities in health and mental health service needs, utilization, and outcomes for Americans of racial and ethnic minorities (Leong & Lau, 2001). It is critical to plan for future work with cultural, racial and ethnic minority groups, as they are predicted to increase to nearly 40% of the U.S. population by 2030 (U.S. Department of Health and Human Services [HHS], 2000). With social workers playing a key role in providing human service delivery to diverse populations, it becomes important to develop practice models that correspond with a conceptual application of culturally proficient practice (Davis, 2009).

The Campinha-Bacote model of cultural competence in health care delivery is one such theoretical model that health care providers can use as a framework for developing and implementing culturally responsive health care services. This practice model, which was developed for use within the nursing profession, approaches practice from a process where the professional continually strives to achieve the ability to work within the cultural context of individuals, families, or communities

(Campinha-Bacote, 2002). In this time of inter-professional collaboration, a theory utilized in the field of nursing can be helpful in social work education. Since supervised field education represents the “signature pedagogy” as identified by the 2008 Educational Policy and Accreditation Standards (EPAS), it is therefore imperative for students entering field practice to establish a solid foundation in the interplay between developing a professional sense of self with regard to diversity and applying skills to practice (EPAS, Council on Social Work Education [CSWE], 2008).

Therefore, the purpose of this paper is to examine four constructs – cultural awareness, cultural knowledge, cultural encounter, and cultural desire – of the Cultural Competence Healthcare Practice Model of Campinha-Bacote (2002) for integration into social work field education to develop culturally competent practitioners.

### **Diversity and Difference in Practice: CSWE Competencies**

As the focus of this paper is on assisting internship students in achieving the educational objectives of field practice regarding work with persons with diverse identities, the brief discussion will cover the Council on Social Work Education’s (CSWE) threshold for professional competence regarding students’ engagement with diversity and difference in practice.

The CSWE indicates that one of the purposes of social work education is to prepare “social workers to practice without discrimination, with respect, and with knowledge and skills related to clients’ age, class, color, culture, disability, ethnicity, family structure, gender, marital status, national origin, race, religion, sex, and sexual orientation,” and charges that graduates must demonstrate the ability to practice in such a manner, as it is one of the specific purposes of the social work profession (CSWE, 2001, p. 5). As such, the main point of convergence regarding the development of students’ abilities to work with diverse groups in social work education, including field instruction, were reflected in the CSWE Educational Policy and Accreditation Standards (EPAS) (Congress, Black, & Strom-Gottfried, 2009; CSWE, 2008). The EPAS has outlined core competencies to guide students in attaining proficient knowledge. According to the EPAS, competencies are measurable practice behaviors that consist of the enhancement of students’ knowledge, values, and skills. The goal of these outcomes is to demonstrate the integration and application of the competencies in practice with individuals, families, groups, organizations, and communities (CSWE, E.P. 2.1, 2008).

Specifically, Educational Policy 2.1.4 calls for students to develop personal and professional awareness of how diversity characterizes and shapes the human experience (CSWE, 2008). Because social work field education is identified as the central instruction and learning model in which experienced professionals are selected as field instructors to socialize the student to perform the role of practitioner (EPAS, E.P. 2.3, CSWE, 2008; Bogo, 2005), the EPAS proposed that, by completion of the field experience, students would be better able to:

... recognize the extent to which a culture's structures and values may oppress, marginalize, alienate, or create or enhance privilege and power ... gain sufficient self-awareness to eliminate the influence of personal biases and values in working with diverse groups ... recognize and communicate their understanding of the importance of difference in shaping life experiences ... [and] ... view themselves as learners and engage those with whom they work as informants" (E.P. 2.1.4, 2008, p. 5).

According to the EPAS, such activities are critical to the formation of students' future identities (EPAS, E.P. 2.1.4, CSWE, 2008).

In light of these expectations, the central focus is on student performance in the field, related to the demonstration of CSWE competencies and practice behaviors as preparation for entering the social work profession (Tapp, Macke, & McLendon, 2012). There are a number of models that have been developed to enhance cultural competence (Green, 1982; McGoldrick, Giordano & Pearce, 2005; Dungee-Anderson & Beckett, 1994; Schiele, 1996; McPhatter, 1997; Purnell, 2002; Papadopoulos, Tilki, & Taylor, 1998); this paper will describe the Campinha-Bacote model and its application to the field practicum.

### **Integration of the Campinha-Bacote Cultural Competence Practice Model into Social Work Field Practicum Settings**

The Campinha-Bacote framework of Culturally Competent Healthcare encompasses five cultural constructs: awareness, knowledge, skill, encounter, and desire. Using these components, the Campinha-Bacote model emphasizes that the acquisition of cultural competence is "a process, not an end point." As such, it is proposed that cultural competence knowledge-building on the part of internship students be approached as an ongoing and instructive process in which learning encompasses continual evolution (Campinha-Bacote, 2002).

As practitioners, social workers must become sensitized to the role that culture plays in our lives, and they must practice the skills necessary to address issues that may arise in a cultural context (Allen-Meares, 2007). Because social work requires practitioners to acquire a heightened consciousness of the client's uniqueness, particularly within their cultural context, integrating the tenets of Campinha-Bacote (2002) into field education can be used as a linkage to the competencies already present within social work education. For the purpose of this paper, an examination of four of the five constructs (cultural awareness, cultural knowledge, cultural encounter, and cultural desire) within the model will be explored below. Since the construct "cultural skills," within the model requires the practitioner to learn how to determine a client's values, beliefs and practices by systematically assessing data for the purpose of providing culturally congruent interventions, tenets of this construct have been incorporated within each of the other constructs to be discussed.

## Cultural Awareness

While many social work professionals endorse fair treatment for all and regard themselves as non-prejudiced, very few are cognizant of their held beliefs, myths, stereotypes, biases, or inhibitions (Sue, 2005), many of which are rooted in each person's socio-cultural identities (Copeland, 2005). Consequently, these beliefs may come to inform practice with minority clients, inhibiting engagement between client and practitioner (Copeland, 2005). This is evidenced by past research, which reported that previously held cultural beliefs by social service workers exacerbated the prevalence of negative stereotypes about minority groups (Sue, 2005; Underwood et al., 2005; Chin, 2000). These views may emerge in displays of discomfort, unease, fear, or personal attitude when encountering a minority client (Davis & Ford, 2004; Chin, 2000; Dovidio & Gaertner, 2004). As practitioners, social workers must take special care to reject stereotypical socialization, both explicit and implicit, and the negative effects of social conditioning on their professional behavior and judgment (Allen-Meares, 2007).

Campinha-Bacote's (2002) construct of cultural awareness posits that, to move toward culturally competent practice, it is imperative to engage in self-awareness and in-depth exploration of one's cultural and professional background, including examining held beliefs, prejudices, and biases to refine and strengthen one's professional sense of self. It is suggested that the professional go through this process in a conscious, deliberate, and reflective manner (Campinha-Bacote, 2002). The importance of this construct lies in increasing students' awareness of imposing their own cultural values onto the client during encounters; moreover, this competency urges cross-cultural knowledge-building regarding influences of personal biases and values in working with diverse groups (EPAS, E.P. 2.1.4, CSWE, 2008). Therefore, in an effort to augment student knowledge to arrive at appropriate culturally competent practice behaviors, the field instructor can employ strategies to guide the student in examining their ethnocentric positions, learned convictions, and held stereotypes (Campinha-Bacote, 1998).

Skill-based interventions. To meet the objective of the Campinha-Bacote construct regarding enhancing cultural awareness, field instructors can use various methods, including exercises in self-analysis. Since the supervisory relationship is crucial in creating a safe space for students to share their feelings (LeGeros & Borne, 2012), the field educator can use process recordings, program logs, and case examples within supervision sessions to guide the student in analyzing the various stages of their conscious and unconscious behaviors, which Campinha-Bacote suggest may come into play within practice encounters. According to Campinha-Bacote (1998) and Purnell and Paulanka (1998), these levels of behaviors range from "unconscious incompetence" to "unconscious competence."

Unconscious incompetent behaviors are those differences, the existence of which the professional is unaware. The professional is viewed as "culturally blind," meaning they assume that all clients of a particular cultural, racial, or ethnic group share similar values, beliefs, and practices (McNeil,

Campinha-Bacote, Tapscott, & Vample, 2005). Further along the continuum is conscious incompetence. This is where the professional still does not understand another's culture, but is aware of this lack of understanding and that differences do exist. Next is the consciously competent professional, who consciously seeks to become knowledgeable about another culture. Finally, unconscious competence occurs when the knowledge of cultural differences is appropriately incorporated into the professional's behavior and interaction, and they can demonstrate the ability to automatically provide culturally congruent services (McNeil, Campinha-Bacote, Tapscott, & Vample, 2005).

In process recording, the students record their thoughts, feelings, and analysis of the work as it unfolds for them. Using audiotape, videotape, or live observations, the students and their field instructors critique the recordings to assess areas in which the students may have struggles (Graybeal & Ruff, 1995). One of the benefits of this method is that it gives the students and their supervisors a mechanism to evaluate the students' skills, capacities for self-awareness, and abilities to put the theories being learned in the classroom into practice (Urbanowski & Dwyer, 1988).

Similarly, students can use program logs. In program logging, the students record their behaviors as they have understood them. Both the interns and field workers can then discuss, during supervision and consultation, questions that may emerge from the logged experiences. These program logs can also be used as a method of evaluating the students' learned competence of behaviors. Success in this construct requires field students and social work field educators to engage in dialogue to understand how biases may permeate conscious and unconscious behaviors (Copeland, 2005). The goal is to address dilemmas within the students' behaviors with hopes of developing interns who are more sensitive to cultural diversity, have modified their attitudes and beliefs, and are now better able to deliver unconsciously competent services.

### **Cultural Knowledge**

Given that past experiences become tangible causes for distrust by some people within different minority groups toward majority health professionals (Sue, 2005), Campinha-Bacote's construct of cultural knowledge suggests that professionals should seek to obtain a sound educational foundation about diverse groups. This foundation should include an exploration of demographic, epidemiological, and socio-economic data. The goal here is to reach a more in-depth understanding and acceptance of meaning variations across different cultural, racial, and ethnic groups.

Cultural knowledge-building should encompass the interconnectedness between the socio-economic and socio-cultural realities faced by many clients; an example of this would be how exposure to poverty, crime, substandard housing and neighborhood conditions, insurance status, insufficient access to quality health care, violence, racism, and discrimination are linked to poor health and mental health outcomes (Chadiha & Brown, 2002; Klonoff, Landrine, & Ullman, 1999; Leventhal & Brooks-Gunn, 2003; Mechanic, 2005; Satcher et al., 2005; Williams & Jackson, 2005). What is

more, cultural knowledge-building should include the student's recognition of the minority client's potential areas of dissonance that may impact how he or she responds to service delivery systems. These areas of dissonance may include such things as the client's lack of trust of the service provider, apprehension towards the service provider's motives, their lack of self-disclosure of needed information, and passive or avoidant behaviors. Consequently, these behaviors may result in the client using fewer non-medical treatment sessions, entering services at later stages, or dropping out of services all together (Borowsky et al., 2000; Copeland, 2005; Sue, 2005).

To illustrate, Sussman, Robins, and Earls, in their 1987 study, found that the proportion of ethnic minority clients who feared health and mental health services was 2.5 times greater than the proportion of Whites who did. This apprehension, distrust, and fear could be traced back to the historical experiences faced by minority groups in the United States, ranging from discrimination and disenfranchisement to segregation, social experimentation, and social desegregation (Copeland, 2005; Byrd & Clayton, 2000). Although different groups may experience conditions that impede their functioning or receptivity for help, the student should also be aware of the various strengths many groups possess which are often used to transcend the socio-economic and socio-cultural realities faced. These strengths include group resilience, family cohesion, supportive communities, achievement orientation, resourcefulness, spirituality and faith, and cultural, racial, and/or ethnic pride (U.S. Department of Health and Human Services [DHHS], 2001).

Skill-based interventions. To enhance the acquisition of cultural knowledge-building, field agencies and instructors can employ various methods of assessment. One of these is to embed culturally competent measures within the learning curriculum during field orientation training. For instance, materials including measures with which to instruct the student on how to apply the strengths perspective with different client groups can be embedded. The strengths perspective focuses on client resources, capabilities, knowledge, abilities, motivations, experiences, intelligence, and other positive qualities that can be put to use to solve problems and pursue positive changes (Sheafor & Horejsi, 2003). As an example, the intern can be taught to use the client's strengths—their faith or spiritual beliefs, positive ethnic identity, personal stories and lore, etc.—to assist them in recognizing their positive qualities, traits, and talents as well as to tap into their motivations and drives (Saleebey, 2006). The ultimate goal is to teach the student how to help the client draw on their sources of strength and to illuminate the strengths available to people in their own environments. To do this, the intern must understand how to help the client articulate the nature of their situation, identify what they want, and achieve it (Cowger, 1994). By focusing on strengths, the client may feel less threatened or anxious, and that may enable the intern to better connect with the client (Harbin, 2004).

From these materials, the field instructor can evaluate competence using pre- and post- testing measures. Here, the instructor measures whether the student has demonstrated knowledge attainment of diverse practices through mastery of the teaching models. Field agencies can also use

post-assessment results to evaluate the effectiveness of the teaching curricula and modify the strategies as necessary to ensure that objectives are being reached.

Additionally, testing measures can be augmented with professional training sessions in which field agencies invite cultural, racial, and ethnic minority speakers to give interns an “insider’s perspective” (LeGeros & Borne, 2012). Using these measures, students’ cultural knowledge-building becomes conceptualized through academic learning of the requisite EPAS competency E.P. 2.1.4 regarding recognizing the extent to which a culture’s structures and values may oppress, marginalize, alienate, or create or enhance privilege and power.

The importance of this construct is to progress beyond mastery of learned concepts toward practical application of knowledge. By recognizing the legitimacy of our different cultural, racial, and ethnic heritages, the strategies of this construct may be helpful in eliminating practices that may effect clients’ attitudes about and approaches to utilization of services.

### **Cultural Encounters**

Since cultural, racial, and ethnic minorities frequently experience the world in ways very different from one another and from their designated professionals, acquiring cultural knowledge can also aid the social work internship student in gaining confidence in their cultural encounters. Cultural encounters, according to Campinha-Bacote (2002), are processes that encourage the individual or organization to engage in direct cross-cultural interactions with clients. These encounters allow professionals to better educate themselves regarding clients’ experiences, and work to refine or modify their existing beliefs or stereotypes about groups served (Campinha-Bacote, 2002). Accordingly, these encounters become the pivotal construct that provides the field intern the energy source and foundation for their journey toward cultural competence.

Because these encounters are extremely important, it must be understood that it is not sufficient merely to say that one respects a client’s values, beliefs, and practices or to go through the motions of providing a culturally specific intervention (Campinha-Bacote, 2002). In addition, although there may be occasions where previous interactions with three or four people from one particular cultural, racial, or ethnic group provides a sufficient knowledge-base about the particular group, it must not be assumed that so few interactions make one an expert on the group (Campinha-Bacote, 2002); it may require a number of encounters over a period of time with a given cultural, racial, or ethnic group to begin to become acquainted with the practices of that group. As an example, encounters may include twice weekly visits over several years with different clients within the same cultural, racial, or ethnic group to gain sufficient knowledge about the group.

Skill-based interventions. Since internship students will assume a range of social work roles, it is important for them to prepare to overcome potential dilemmas regarding client encounters (LeGeros

& Borne, 2012). Therefore, it is important to extensively familiarize the student with the histories, rituals, traditions, value orientation, mannerisms, and language and dialectic styles of the client group, in order to increase their understanding of different cultural, racial, and ethnic minority groups. Equally important is making students aware of various cultural norms and taboos that may emerge within various minority groups (Sue, 2005). These modes of behavior can include the clients' reluctance to engage in open and/or intimate information sharing, their ambivalence toward expressing their feelings in public, and their uncertainty regarding self-disclosure of personal information (Gillispie, Williams, & Gillispie, 2005).

Because what social workers say and do can either enhance or diminish their credibility and trustworthiness, this knowledge becomes invaluable to internship students when learning to understand those dimensions that may improve or lessen the client's receptivity to self-disclosure (Sue, 2005). Credibility makes the social worker appear worthy of belief, capable of providing help, entitled to client confidence, reliable, and trustworthy. Additionally, trustworthiness encompasses sincerity, openness, honesty, and perceived lack of motivation for personal gain. A social worker who is perceived as trustworthy is likely to exert more influence over a client than is one who is not perceived this way (Sue, 2005).

Also, because students' levels of confidence help predict future behaviors, measuring students' confidence in their abilities to execute social work skills is important (Holden et al., 2002). Field instructors can implement methods to enhance interns' confidence during encounters. Using mock case examples for role-playing, field instructors can record sessions in which students practice their client engagement techniques. Afterward, the field instructors and students can analyze the results of the sessions. The goal here is to help internship students recognize what is appropriate in an encounter, and to acquire the communication and interpersonal skills necessary to comfortably engage diverse groups in these encounters. The significance of this construct is for students to recognize and communicate their understanding of the importance of difference in shaping life experiences (EPAS, E.P. 2.1.4, CSWE, 2008).

### **Cultural Desire**

Campinha-Bacote (2002) asserts that professionals should possess a cultural desire to know more about the cultural, racial, and ethnic groups they serve. Cultural desires, seen as the most critical construct in the process of developing cultural competence, involves an intrinsic motivation or genuine passion to be open and flexible with others, to accept differences, build similarities, and be willing to learn from others as cultural informants. Accordingly, Campinha-Bacote (2002) suggests that possessing cultural desire requires individuals and/or organizations to be self-motivated — to want to engage in the process of culturally competent acquisition, rather than having to be coerced into doing so through regulatory mechanisms. Because this construct serves as the most critical guidepost in the process of developing cultural proficiency, the social work field educator's role

becomes paramount.

Action-oriented practice measures. Recognizing how professional behaviors can influence engagement with various culturally, racially, and/or ethnically diverse clients is a critical component of the field student's ability to execute social work skills (Holden et al., 2002). Therefore, field instructors should immerse students to the greatest degree possible in the culture of the client groups they are serving, including attending important meetings, activities, cultural events, religious services, etc. (Sue & Zane, 1987). The students should use these opportunities to shadow the field instructors as they navigate their clients' communities. Through observation, students will learn as the social work field instructors demonstrate the process of engagement. The importance of this construct is to model for the intern students how to engage as learners and engage those with whom they work as informants (EPAS, E.P. 2.1.4, CSWE, 2008). This knowledge can prove critical when attempting to improve students' core practice skills, including cross-cultural engagement, reflective listening, and validation of information (LeGeros & Borne, 2012), which are important factors in increasing students' expertness (Sue, 2005). Expertness here refers to how well-informed, capable, or intelligent others perceive the social worker to be. This concept also includes the belief that the social worker has the necessary knowledge, skills, experience, training, and tools to help (Sue, 2005).

### **Implications for Social Work Practice**

Ensuring that future social workers are adequately trained to be culturally proficient is one of the most notable challenges facing the field. Without an accurate understanding of those being served, intervention will be inappropriate (Davis & Waites, 2008). Because supervised field instruction is a critical component and is essential for the social work degree (CSWE, 2008), integration of a culturally competent model can have major implications on students entering social work field practicum.

To effectively support the development of culturally competent field students, strategies must be reflected in procedures used, program development, and the implementation and monitoring of service programs. It further requires field instructors to engage in research on best practice approaches and to use findings to plan and develop strategies that can be employed when working with field practicum students. Additionally, agency administrators can invest in resources specifically designed to enhance cross-cultural knowledge-building. These include those materials that assist in garnering an understanding of the experiences of various cultural, racial, and ethnic minorities, and how best to work with different minority groups. These resources must incorporate practice modalities that stress a multi-ethnic perspective, as well as presentations and promotions that provide education on different minority groups from a relativistic appreciation. Relativistic appreciation discussed here focuses on recognizing and appreciating other groups' similarities and differences and how these similarities and differences impact one's personal development (Miville et al., 1999). This appreciation and awareness of people's similarities and differences is an important aspect of multi-cultural competence (Sue et al., 1992).

## Conclusion

As has been demonstrated, it is very important that social work field practicum educators and students enhance their skills for providing culturally competent service. Because the field of social work is the most comprehensive of human services, integrating a culturally competent approach such as Campinha-Bacote's can aid in differentiating limitations held by social work practice students; and it can transform their knowledge and cultural awareness into interventions that will help support and sustain healthy client-system functioning in the appropriate cultural context (McPhatter, 1997).

Although these proposed attitudinal predispositions may not necessarily result in effective service outcomes for different minority groups, they are prerequisites for both learning and implementing successful multicultural interventions (Beckett, Dungee-Anderson, Cox, & Daly, 1997; Boyle & Springer, 2001; Carillo, Holtzhalb, & Thyer, 1993; Dungee-Anderson & Beckett, 1994; Lum, 1995; Schiele, 1996; Swigonski, 1996).

## References

- Allen-Meares, P. (2007). Cultural competence: An ethical requirement. *Journal of Ethnic & Cultural Diversity in Social Work, 16*(3/4), 83-92.
- Beckett, J. O., Dungee-Anderson, D., Cox, L., & Daly, A. (1997). African Americans and multicultural interventions. *Smith College Studies in Social Work, 67*, 540-563.
- Bogo, M. (2005). Field instruction in social work: A review of the research literature. *The Clinical Supervisor 24*(1/2), 163-193. doi:10.1300/j001v24n01\_09
- Borowsky, S. J., Rubenstein, L. V., Meredith, L. S., Camp, P., Jackson-Triche, M., & Wells, K. B. (2000). Who is at risk of nondetection of mental health problems in primary care? *Journal of General Internal Medicine, 15*(6), 381-388.
- Boyle, D. P., & Springer, A. (2001). Toward a cultural competence measure for social work with specific populations. *Journal of Ethnic and Cultural Diversity in Social Work, 9*(3/4), 53-71.
- Byrd, W. R., & Clayton, L. A. (2000). *A medical history of African Americans and the people of race: Beginnings to 1900, An American health dilemma* (vol. 1). New York: Routledge.
- Campinha-Bacote, J. (1998). The process of cultural competence in the delivery of healthcare services: A culturally competent model of care (3rd ed.). Cincinnati, OH: Transcultural C.A.R.E. Associates.
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing, 13*(3), 181-184.
- Carillo, D. F., Holtzhalb, R., & Thyer, B. A. (1993). Assessing social work students' attitudes related to cultural diversity: A review of selected measures. *Journal of Social Work Education, 29*(3), 263-268.

- Chadiha, L. A., & Brown, G.W. (2002). Contributing factors to African American women caregivers' mental well-being. *African American Research Perspectives* 8(1), 72-83.
- Chin, J. L. (2000). Culturally competent health care. *Public Health Reports*, 115(1), 25-33.
- Congress, E. P., Black, P. N., & Strom-Gottfried, K. (2009). *Teaching social work values and ethics: A curriculum resources* (2nd ed.). Alexandria, VA: Council on Social Work Education.
- Copeland, V. C. (2005). African Americans: Disparities in health care access and utilization. *Health & Social Work*, 30(3), 265-270.
- Council of Social Work Education. (2001). *Educational policy and accreditation standards*. Alexandria, VA: Author.
- Council on Social Work Education (2008). *Educational policy and accreditation standards*. Alexandria, VA: Author. Available online at <http://www.cswe.org/cswe/>
- Cowger, C. D. (1994). Assessing the client strengths: Clinical assessment for client empowerment. *Social Work*, 39(3), 262-268.
- Davis, T. S. (2009). Diversity practice in social work: Examining theory in practice. *Journal of Ethnic & Cultural Diversity in Social Work*, 18(1/2), 40-69.
- Davis, S. D., & Ford, M. (2004). A conceptual model of barriers to mental health services among African Americans. *African American Research Perspectives*, 10(1), 44-54.
- Davis, M. E., & Waites, C. (2008). Intergenerational caregiving: Family and long-term care. In C. Waites (Ed.), *Social work practice with African-American families* (pp. 143-163). New York, NY: Routledge.
- Dovidio, J. F., & Gaertner, S. L. (2004). Aversive racism. In M.P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 36, pp. 1-51). San Diego, CA: Academic Press.
- Dungee-Anderson, D., & Beckett, J. O. (1994). A process model for multicultural social work practice. *Families in Society: The Journal of Contemporary Human Services*, 6, 459-467.
- Gillispie, R., Williams, E., & Gillispie, C. (2005). Hospitalize African American mental health consumers: Some antecedents of service satisfaction and intent to comply with aftercare. *American Journal of Orthopsychiatry*, 75(2), 254-261.
- Graybeal, C. T., & Ruff, E. (1995). Process recording: It's more than you think. *Journal of Social Work Education*, 31(2), 169-181.
- Green, J.W. (1982). *Cultural awareness in the human services*. Englewood Cliffs, NJ: Prentice-Hall.
- Harbin, J. M. (2004). *Countertransference reactions in a cross-racial dyad: The role of therapist universal-diverse orientation and presentation of client strengths*. (Unpublished doctoral dissertation). University of Maryland, MD.
- Holden, G., Meenagh, T., Anastas, J., & Metrey, G. (2002). Outcomes of social work education: The case

- for social work self-efficacy. *Journal of Social Work Education*, 38(1), 115-133.
- Klonoff, E. A., Landrine, H., & Ullman, J. B. (1999). Racial discrimination and psychiatric symptoms among blacks. *Cultural Diversity & Ethnic Minority Psychology*, 5(4), 329-339.
- LeGeros, M., & Borne, J. S. (2012). Building bridges: Training social work students in domestic violence work. *Field Educator*, 2(2). Available online at <http://fielddeducator.simmons.edu/>
- Leong, F. T. L., & Lau, A. S. L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research*, 3(4), 201-214.
- Leventhal, T., & Brooks-Gunn, J. (2003). Moving to opportunity: An experimental study of neighborhood effects on mental health. *American Journal of Public Health*, 93(9), 1576-1582.
- Lum, D. (1995). Cultural values and people of color. *Journal of Sociology and Social Welfare*, 22, 59-74.
- McGoldrick, R., Giordano, J., & Pearce, J. (2005). *Ethnicity and family therapy* (3rd ed.). New York: Guilford.
- McNeil, J., Campinha-Bacote, J., Tapscott, E., & Vample, G. (2005). *BeSafe: National Minority AIDS Education and Training Center Cultural Competency Model*. Washington, DC: Howard University Medical School.
- McPhatter, A. (1997). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? *Child Welfare*, 76, 255-278.
- Mechanic, D. (2005). Policy challenges in addressing racial disparities and improving population health. *Health Affairs*, 24(2), 335-338.
- Miville, M. L., Gelso, C. J., Pannu, R., Liu, W., Touradji, P., Holloway, P., & Fuertes, J. N. (1999). Appreciating similarities and valuing differences: The Miville Guzman Universality-Diversity Scale. *Journal of Counseling Psychology*, 46(3), 291-307.
- Papadopoulos, I., Tilki, M., & Taylor, G. (1998). *Transcultural care: A guide for health care professionals*. Dinton, Wiltshire, England: Quay Books.
- Purnell, L., & Paulanka, B. (1998). *Transcultural health care: A culturally competent approach*. Philadelphia: F.A. Davis, Co.
- Purnell, L. (2002). The Purnell model for cultural competence. *Journal of Transcultural Nursing*, 13(3), 193-197.
- Saleebey, D. (Ed.). (2006). *The strengths perspective in social work practice* (4th ed.). Boston: Pearson Education, Inc.
- Satcher, D., Fryer, G. E., McCann, J., Troutman, A., Woolf, S. H., & Rust, G. (2005). What if we were equal? A comparison of the black-white mortality gap in 1960 and 2000. *Health Affairs*, 24(2), 459-464.
- Schiele, J. H. (1996). Afrocentricity: An emerging paradigm in social work practice. *Social Work*, 41(3), 284-294.

- Sheafor, B. W., & Horejsi, C. R. (2003). *Techniques and guidelines for social work practice* (6th ed.). Boston: Allyn & Bacon.
- Sue, D. W. (2005). *Multicultural social work practice*. New Jersey: John Wiley and Sons.
- Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist*, *42*, 37-45.
- Sussman, L. K., Robins, L. N., & Earls, F. (1987). Treatment-seeking for depression by black and white Americans. *Social Science and Medicine*, *24*(3), 187-196.
- Swigonski, M. E. (1996). Challenging privilege through Africentric Social Work practice. *Social Work*, *41*(2), 153-161.
- Tapp, K., Macke, C., & McLendon, T. (2012). Assessing student performance in field education. *Field Educator*, *2*(2), Available online at <http://fieldeducator.simmons.edu/>
- Underwood, S., Buseh, A., Canales, M., Powe, B., Dockery, B., Kather, T., & Kent, N. (2005). Nursing contributions to the elimination of health disparities among African Americans: Review and critique of a decade of research (Part II). *Journal of National Black Nurses Association*, *16*(10), 31-47.
- Urbanowski, M. L., & Dwyer, M. M. (1988). *Learning through field instruction: A guide for teachers and students*. Milwaukee, WI: Family Service America.
- U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- U.S. Department of Health and Human Services. (2000). *NIH strategic plan to reduce and ultimately eliminate health disparities*. Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, Office of Minority Health.
- Williams, D. R., & Jackson, P. B. (2005). Social sources of racial disparities in health. *Health Affairs*, *24*(2), 325-334.