DOCUMENT RESUME

ED 371 262 CG 025 464

AUTHOR Krajewski-Jaime, Elvia R.; And Others
TITLE Developing Cultural Competence in Human Service Providers.
PUB DATE 93
NOTE 18p.; Paper presented at the Eastern Michigan University Conference on Languages and Communications for World Business and the Professions (Ypsilanti, MI, March 31-April 3, 1993).
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Cross Cultural Training; Cultural Awareness; Curriculum Development; Faculty; Faculty Development; *Field Instruction; Health Services; Higher Education; Hispanic American Culture; Hispanic Americans; Internship Programs; *Latin American Culture; Social Work; *Social Workers; *Study Abroad; Undergraduate Students; Undergraduate Study
IDENTIFIERS Eastern Michigan University; Mexico (Mexico City)

ABSTRACT

Cultural competence assumes greater importance in the United States as international relations shift and the United States changes its own demographic makeup. Hispanics have significant health care needs and cultural beliefs that influence their acceptance of service. As part of an effort to build cultural competence in undergraduate social work faculty and students, the Department of Social Work at Eastern Michigan University has begun a faculty-supervised field placement for students at a Mexico City hospital. The internships combine cognitive and affective experiences to help develop real intercultural sensitivity in the students and faculty. Students and faculty use the Bennett/Gunn intercultural model to keep track of their progress in intercultural awareness. They are immersed in Mexican culture, providing services to patients and their families and participating in an interdisciplinary seminar and coursework. The students tend to develop an understanding of the importance of cultural context and differences in understanding human behavior and providing service. Involved faculty tend to wonder how to trigger the same response in campus-based coursework. On-campus education for cultural competence needs to emphasize several needed factors: (1) a cognitive framework; (2) development of personality characteristics necessary for cultural competence; and (3) faculty who can model ethnorelativism effectively for their students. (CC)

DEVELOPING CULTURAL COMPETENCE IN HUMAN SERVICE PROVIDERS

Elvia R. Krajewski-Jaime, MSW, Ph.D.
Kaaren Strauch Brown, MSW.
Marjorie Ziefert, MSW
Department of Social Work, Eastern Michigan University

This paper describes a field experience in which baccalaureate social work students are minorities in a host culture. A developmental model of intercultural sensitivity is used to analyze the difficulties these students encounter as they struggle to develop a bi-cultural professional perspective. Implications for campus-based curriculum content are discussed.

Introduction

We live in a shrinking world in terms of science, culture, trade, finance, and communications. The topsy turvy events that have developed in Eastern Europe since 1989 remind us of the challenge of our changed global environment. Social scientists across the nation are calling for a considerable reordering of priorities within our own institutions, including a greater emphasis on foreign languages and international studies that will enhance cultural competence in our students. Currently, less than 5 percent of U.S. universities have foreign language requirements for all baccalaureate students (Atwell, 1990). A study of competence in cultural diversity indicates that "America just does not prepare enough of its citizens to be true cosmopolitans the way other countries do" (Lambert, 1986). The President of the University of California at Berkeley observes that:

> The time is long past when America's destiny was assured simply by an abundance of natural resources and inexhaustible human enthusiasm, and by our relative isolation from the malignant problems of older civilizations. We live among determined, well-educated, and strongly motivated competitors. We compete with them for international standing and markets, not only with products but also with ideas of our laboratories and neighborhood workshops (Gardner, 1990:9).

Along with the dramatic shifts in international relations, the United States is itself undergoing profound demographic changes, the result of differential birth rates among the nation's many ethnic and racial groups and the mass

migration of peoples from Asia, Eastern Europe, and Latin America to the United States. As these internal demographics change, it becomes more imperative to develop cultural competence among service providers to these culturally diverse populations, especially in the area of health and human services areas.

As part of an effort to build cultural competence in baccalaureate social work faculty and students, over the last four years the Department of Social Work, located in the College of Health and Human Services at Eastern Michigan University, has utilized a seven-week faculty supervised field placement model in a primary hospital in Mexico City. This model has strengthened the ability of faculty to integrate content on intercultural sensitivityinto the curriculum, making student education more responsive to the needs of the increasingly growing culturally diverse U.S. population.

Cultural competence is defined a set of academic and interpersonal skills that allow service providers to increase their understanding and appreciation of cultural similarities and differences within and between groups so that they are able to draw on a particular community's values, traditions, and customs in developing effective and appropriate interventions. These skills include an understanding of the importance of culture as well as the dynamics which result from cultural differences, the ability to make culturally based assessments, and the ability to adapt services to meet culturally unique needs (Cross, Bazron, Dennis, and Isaacs, 1989).

Background and Need

Hispanics are the second largest minority group in the United States, constituting eight percent of the total population at the beginning of the 1990's and growing more rapidly than any other minority group. Between 1980 and 1990, people of Hispanic origin, two thirds of which are Mexican Americans, increased by fifty three percent, from 14.6 million to 22.4 million (Bureau of the Census, 1991). It is projected that early in the next century, Hispanics will outnumber African Americans for the first time. Currently, they are becoming more strident in their demands for a larger slice of the economic and political pie (Prud'Homme, 1991).

Studies have demonstrated that Hispanics not only have unique and significant health care needs, but also carry cultural beliefs that influence their acceptance and utilization of services (Krajewski-Jaime, 1990; McGoldrick, Peace, and Giordano, 1982). There are many barriers to appropriate service delivery to this population, one of which is the lack of culturally competent professionals who are adequately prepared to design culturally sensitive services. Many professionals do not have the knowledge of the particular needs, characteristics, and life conditions of Hispanics (Andrews, 1989; Michigan Department of Public Health, 1988). The federal report, Healthy People 2000, (U.S. Department of Health and Human Services, 1992) sets specific targets to narrow the gap between the total population and those groups that now experience above average incidents of disease and disability, such as racial and ethnic minorities. The education of professionals that deliver culturally competent health and human services to minority clients is one such target. Social work is one profession that has made the commitment to address the role of the multicultural university in a pluralistic society within its master's and baccalaureate level curricula (Council on Social Work Education, 1988). The development of this social work model was triggered by the unmet demand for culturally competent social work professionals to address the needs of the increasing number of Hispanics in the United States, especially those with disabling health conditions.

The authors of this paper believe that cross cultural practice in a multicultural society not only conforms to the emerging picture of life in the United States, but is in accord with social work values.

Theoretical Framework

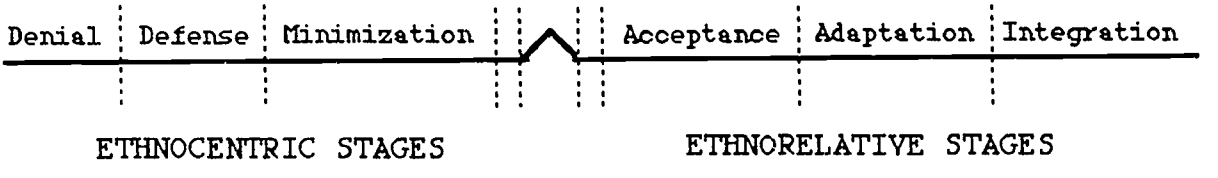
Garland and Escobar(1988) suggest that effective cross cultural practice requires the social worker to understand his/her home culture and to be able to make a shift to ethnorelativism. Ethnorelativism refers to the ability to accept and respect cultural differences and the empathic ability to shift to another cultural world view. An individual who can make this shift perceives cultural differences as fundamental, necessary, and preferable in human affairs. This approach is in contrast to the view that practice with minority

groups within the dominant culture requires an understanding of cultural differences as well as an understanding of how the worker's home culture affects his/her professional behavior.

In cross cultural practice, the social worker, not the client, is attempting to adjust to the cultural context. Chau (1990) describes the difference between cultural ethnocentrism which uses the dominant culture and its values as the single standard against which the merits of other groups are gauged, and cultural pluralism with its emphasis on the recognition of the cultural strengths inherent in differences among racial and ethnic groups. This recognition helps students understand that each of the many solutions to life's problems takes place within a particular culture or world view.

Bennett(1986) and Gunn (1991) have described a developmental intercultural sensitivity spectrum, across which individuals move. The initial ethnocentric stages begin with the denial of essential cultural differences between peoples and end with and understanding of these differences accompanied by a minimization of the importance of them. At this point an individual may be ready to move into the stages of ethnorelativism to a final internalization of multicultural frames of reference.

Figure 1: Intercultural Sensitivity Scale*



*Gunn, J.D. (1991). Valuing Diversity: The management of multicultural organizations. In: Language and the professions, edited by Voght, G.M. and Schaub, R. Ypsilanti, MI: The World College, Eastern Michigan University. 65-71.

Denial is a refusal to recognize that there are major differences between people which can be attributed to culture and social structure. Individuals who deny the impact of culture and society believe that people make life choices based solely on their personality, their current needs, and their past experiences.

Defense shields an individual from accepting difference by arranging cultures

hierarchically, with western industrial culture at the top and agricultural non-western cultures at the bottom. The task of the individual, then, is not adaptation but the carrying of the torch of civilization to the "underdeveloped".

Minimization suggests that differences between cultures are not very important. What really matters is that we are all human beings. This is a more sophisticated form of denial.

Acceptance is the understanding that there are differences between cultures that determine the way individuals make life choices and the way in which they live their lives on a day to day basis. These differences are not good or bad but rather help us learn the many ways in which people can deal with life.

Adaptation allows the person to meet the expectations for behavior which come from another culture without discomfort.

Integration is the internalization of the norms, values, and expectations for behavior from another culture so that one can easily move between the perspectives of the home culture and other cultures.

This model suggests a developmental process which requires the individual to move from using his/her home culture as a benchmark for measuring all behavior and defending the value of that benchmark through the "we are all human beings with the same needs and desires" of minimization to a period of some turmoil before one can recognize and appreciate cultural differences in behavior and values. Only at the beginning stage of ethnorelativism can an individual accept the notion of the multiplicity of culturally determined alternative solutions to the problems of living. Adaptation leads to the development of effective intercultural verbal and nonverbal communication skills and the ability to shift between cultural frames of reference.

Integration involves a shift from viewing multiculturalism as an external phenomenon to incorporation of multiculturalism into one's personal identity. "As the culmination of intercultural sensitivity, the stage of integration suggests a person who experiences difference as an essential and joyful aspect of all life" (Bennett, 1986:186). The 'hurdle' in the model, which separates the ethnocentric stages from the stages of ethnorelativism, symbolizes the

difficulty of moving from a world view in which one's home culture is the defining factor to a reconceptualization of self to permit the integration of difference so that behaviors are evaluated relative to their cultural context.

As a rule, students entering professional programs in social work bring with them a desire to help people and a belief that all people are equal, denying essential cultural differences between groups. They also carry with them a set of beliefs about others based on age, ethnicity, physical characteristics, gender, neighborhood location, and other variables, shading the expectations that these students carry into school and, later, into their professional practice (Beane, 1990). The degree to which these belief systems contribute to just, moral, and efficacious interventions in social work practice is a legitimate and crucial concern in social work education. Social work programs include in their curricula required courses which address cultural diversity as well as racial and ethnic issues and/or they may have developed materials and assignments within other courses. These courses and materials are frequently focused on cognitive learning and are usually a part of the Human Behavior in the Social Environment sequence (Ifill, 1989).

We would suggest that the acquisition of a true cross cultural base for practice relies on learning in both the cognitive and the affective domains. Beane (1990) indicates that the cognitive and the affective learning are not mutually exclusive and are not empty occurrences; rather, they are very much interrelated. He provides love as an example, observing that:

> Love, as it is often claimed is not simply an emotional response to physical attraction. Although it is partly that, it is based on past experiences, reactions to which have led to particular preferences. We are attracted to other individuals because we have learned that certain characteristics evident about them represent desirable or preferable traits..Emotional responses,therefore, are joined and partially formed by (thoughtful) recognition of symbolic traits (1).

Since much of our thinking is subconscious and automatic, based on habit and conditioning, we tend to see what we want to see and hear what we want to hear. We tend to accept without question what is compatible with our beliefs and to reject out of hand what conflicts with them (Walsh, 1988). As a

result, if academic courses which attempt to develop intercultural sensitivity focus on cognitive content, generally with an assumption that knowledge leads to attitude, they may not reduce prejudice. For many students, these courses may inadvertently teach them that if they treat all individuals equally, they are culturally competent.

While students are learning from cognitive materials, they are still operating from their affective perspective, distilled from past experience and world view. Dissonance between cognitive learning and this affective perspective can lead to the compartmentalization of knowledge, effectively sealing it off from behavior. The student may feel he/she has resolved the dissonance through the realization of the common humanity of all peoples through minimizing differences. As a result, students may continue to act from an ethnocentric point of view, using their home culture as a yardstick when confronted with ethnic and racial differences. The authors of this paper suggest that without attending to the formation of attitudes, attachments, impulses, habits, and emotional responses, faculty are not attaining their goal of reducing prejudices and increasing understanding of different cultural adaptations.

The Cross Cultural Field Experience

Ifill (1989) argues that it is in field placements, or internships, that students are best able to generalize skills to work effectively with diverse client populations because field placement combines cognitive and affective experiences. The cross cultural field experience in Mexico, within which baccalaureate social work students and their faculty supervisors begin to move toward cultural competence, takes placed in a geriatric unit in a primary hospital in Mexico City. Students utilize the Bennet/Gunn model to develop an individualized charts of their path to intercultural sensitivity. These charts help them identify the issues that arise daily in the new experience of being a minority within a host culture. Their affective responses are then be cognitively processed to help them move towards a professional bicultural perspective.

Each spring for the past four years students who are eligible for the second

semester of field placement participate in a seven-week clinical practice experience at Hospital Regional "Lic. Adolfo Lopez Mateos" located in Mexico City. Mexico City is the largest city in the world. It has an active, continuous street life, heavy traffic with accompanying serious air pollution, and the world's best subway system. Its health care system is universal, combining employer financed hospitals and clinics with publicly financed institutions. Hospital Lopez Mateos serves government employees and their families. The students, accompanied by two faculty, are placed in geriatric service, the only such service in Mexico which trains medical residents in this specialty.

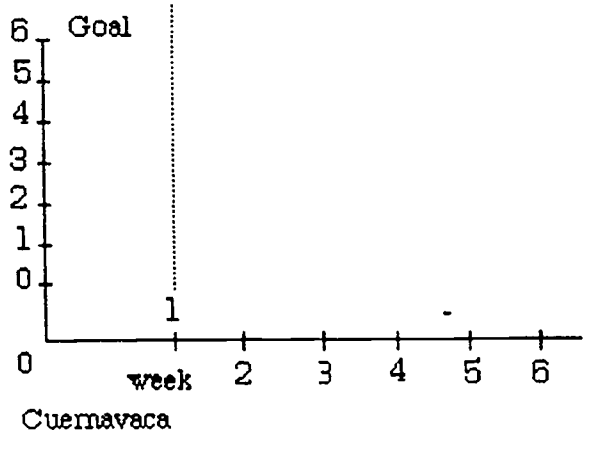
Students have had at least one college level Spanish course or two years of high school Spanish. Knowledge of the Spanish language, even at a rudimentary level, is of particular importance to this experience. Any approach to understanding the distinctive cultural characteristics of a client must begin with the language that the client uses to explain his/her life events and feelings about those events. Green (1982) stresses that language is the symbolic device through which the flow of any experience is categorized, labeled, evaluated, and acted upon.

For one semester prior to departure, students are prepared for the trip by attending monthly meetings. At these meetings they view videotapes on Mexico's life, art, and history; they are given a list of needed and appropriate items to pack; they meet with students who have participated in previous exchanges; they are encouraged to ask any questions and share any anxieties and apprehensions they may be having; and they are provided with the course syllabi outlining expectations for the experience. A "conflict resolution" session is conducted the week before departure to teach them strategies and techniques for dealing with the inevitable conflicts that will arise from the natural stresses of their forthcoming experience. They are also introduced to the Bennett/Gurin intercultural sensitivity model, learning how to operationalize the different ethnocentric and ethnorelative stages of this model. Each student is expected to use the experiences of the first week in Mexico to develop an individualized scale to be used in charting intercultural sensitivity development based on affective and cognitive learning throughout the seven weeks of the course. Figure 2 provides an example of this

operationalization and its use in developing a chart for weekly entries.

Before arriving for field placement in Mexico City, students spend one week in a language school in Cuernavaca, a city located about one hour away from Mexico City, living with a non-English speaking Mexican family. They attend intensive classes in the Spanish language, Mexican cultural history, and learn about cultural expectations for behavior. This experience allows students to lose their inhibitions about speaking Spanish so that when they arrive at the Hospital, they are no longer intimidated by the language.

Figure 2: An Example of an Individualized Operationalized Scale On a Weekly Chart



5-I don't think about time when I'm in Mexico.
4=As I begin doing things in the way Mexicans do them, I find that the meaning I attach to time is changing.
3=I understand that the meaning of time is connected to culture and have begun to examine my own culture's meaning as well as the meaning of time in Mexican culture.
2=I feel that the Mexican will be moving closer to the American sense of time as they become more industrialized. This helps me be patient with them.
1=I am now aware of "Mexican time" and make fun of it. This helps me deal with my irritation when people or events are "late".
0=I am unaware that being "on time" has different cultural meanings and get very irritated when things do not happen on time or people are late.

The following six week experience totally immerses students and faculty in Mexican culture as they provide direct services to Mexican patients and their families in the hospital and participate in an interdisciplinary seminar. The faculty teach two required classes on site. A seminar is used to help students understand their experiences and their reactions to these experiences as well as to teach them about the Mexican health care system. A senior practice class takes the content normally taught on campus and helps students apply this content to social work practice in Mexico. Finally, students continue to learn about the history and culture of Mexico.

Students and faculty live on the hospital grounds in a building which houses medical residents. This arrangement allows students to develop friends quickly. The accommodations are comfortable and superior to many campus dormitories. Meals are provided in the hospital staff cafeteria. There is a heavy emphasis on meat with very few vegetables. The food is frequently unfamiliar to our students and they avoid fresh unpeeled fruits and vegetables and unbottled water. The food service staff finds this avoidance behavior quite puzzling. We were all amused to find them proliferating theories about the deficits in our constitutions.

The students start their internships by accompanying the medical team on clinical rounds and sitting in on the staff conferences and discussions that are an integral aspect of the work of the geriatric unit. After some days of observation and questioning, they are expected to form relationships with patients and their families, for the purpose of social work assessment and planning. Some may accompany the unit social worker on home visits. As personal relationships develop between students and staff, the teacher-learner experience becomes more complex.

InMexico, the boundaries between the personal and the professional are fluid. This is called *personalismo*. For example, the sharing of personal information between client and worker, as well as physical contact between the two, is an expected behavior in both business and professional life. Client-worker relationships tend to be more personalized without some of the restraints on role behaviors to which Anglo-Americans are accustomed.

Most patients and their families speak no English. Our students speak Spanish with varying degrees of fluency. As a result, social work engagement may become an exercise in cross cultural communication on the affective level. Meaning may have to be extracted from non-verbal cues and subtleties of expression.

Seminar work focuses on the cross-cultural issues which arise in connection with patient care, death and dying, the views of the patient and his/her family towards illness and/or disability, the availability of resources in the community, differences in professional stances, and any other topics that naturally arise from the students' experiences. Since the faculty are present

in the unit and at staff meetings, they may identify issues which need to be explored in seminar. These intense experiences tap both the cognitive and affective domains for both students and faculty, triggering the process that can help movement across the barrier separating ethnocentric views from ethnorelative views.

The Rocky Road to Ethnorelativism

One of the great values of this international exchange program is that, unlike ordinary tourism, it immerses participants in the host culture. Like the college experience itself, which wrenches students away from the received cultural values of childhood into a complex world of relativism and shadings, so the intercultural experience may wrench them out of their ethnocentrism. But the path is far from direct.

When they prepare themselves for this experience, students generally do not expect their experience in Mexico to be different from tourism. Although they look forward to being in another culture, they underestimate the differences they will encounter and all seriously underestimate the difficulties another language can cause. They leave the United States in the firm grip of denial.

Once in Mexico, the students respond in a variety of ways to the loss of power and competence that occurs. One student managed to reframe the Mexican experience as an experience of being in the United States during the last century. She never did leave home. However, for most students, the experience brings their home culture into sharp relief, moving them rapidly out of denial into defense. The home culture becomes the single standard against which the merits of the Mexican culture are gauged. There is nothing like being among foreigners to feel "American". In short, a defensive ethnocentrism can become exaggerated in the early stages of a cross cultural experience as students experience challenges to deeply held values. For young female students this challenge frequently appears in their contacts with Mexican men or in observations of male/female relationships among Mexicans. For example, one student writes in her log: "During my first week in Cuernavaca I was mostly in defense. I know when I'm in defense because I become

uncomfortable and angry. I felt this way every day when I looked at the interaction of the husband and wife in the house I stayed at. She cooked, cleaned, and served all day. He was very macho and demanding. It made me angry when he ordered her around."

Students respond strongly to the sexual harassment prevalent on the street and in the subway. Inequalities of health care treatment based on family status or race, the pervasive corruption, and the open racism of the society can lead students into a justification of their ethnocentrism, blinding them to the fabric of the society as a whole. Over time, students define these cultural differences as superficial, while holding that all human beings are essentially the same. In this stage they see a similarity of values and a commonality of interests between themselves and their Mexican friends. Nevertheless, they define this commonality in ethnocentric terms, that is, they believe that their new friends are essentially like them. Moving students through this stage and over the hurdle that separates ethnorelativism from ethnocentrism has proven very difficult. It occurs for some students, others actively resist the process, and many balk at the hurdle over and over again.

Gunn (1991:3) has observed that the first stage of ethnorelativity is acceptance, characterized by "the recognition and appreciation of cultural differences in behavior and values. A person at this state of cultural sensitivity accepts cultural differences as viable alternative solutions to the organization of human existence". According to Bennett (1986), there are two levels of acceptance, the acceptance of behavioral differences and the acceptance of underlying cultural value differences which may represent different organizations of reality. The acceptance of behavioral differences has been less difficult for students to understand and adopt as part of their professional and personal perspective. Some have been able to integrate this acceptance into their empathy skills so that they are able to view the individual in his/her home culture from the point of view of that culture. Bennett would define this as one aspect of adaptation.

The Bennett/Gunn developmental model of intercultural sensitivity has proven very useful in helping students find meanings in their experiences, thus giving them some tools for processing their feelings as well as some ways

of conceptualizing these experiences so that they can be used for further growth. One thoughtful students writes:

> ..In preparation for this trip, I took time to think about what it would be like to be a minority; the person who does not quite fit in--the one who draws attention because of skin, eye, hair color, different ways of expression and language. I must admit, in all my arrogance, that I did not believe that it would be a problem; after all, I am a social worker--accepting, nonjudgemental, open minded...right?..I do not believe that one begins to understand our own misconceptions, stereotypes, and cultural values until those notions are put to some sort of test. Mexico was my test...I felt displaced, I felt foreign, and I wanted to go home. God Bless America, I thought, send me back to a lace where people speak a real language. In retrospect, this adjustment period seems almost humorous. I was so caught up in my own ethnocentrism that I failed to step back and observe the Mexican people and culture. ...Although I will never be able to pinpoint an exact time, somewhere along the line, as my questions were answered, my fear subsided, and I began a quiet, intimate relationship of understanding and respect (with the Mexican culture). And something miraculous happened! I found that by my understanding and accepting people and ways that were different from my own, I was better able to understand and accept myself. The part of me that I found in Mexico has become an integral component of my personality".

All the students come away from this experience with an understanding of the importance of cultural context and an appreciation of cultural differences in understanding human behavior and in service provision. Involved faculty have also learned a great deal in these two areas. In addition, they have begun reflecting on the social work curriculum, particularly on how to trigger the process which leads to ethnorelativism in campus based social work courses.

Implications for the development of cultural competence on campus

Cultural competence is a set of professional behaviors and characteristics

that enable the social worker, as well as the social service agency, to work effectively in cross cultural situations. It involves knowledge about culture as an integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. It includes openness to cultural differences. A culturally competent social worker would acknowledge and incorporate the importance of culture, would have the ability to make assessments in the context of culture, and would be vigilant towards the interpersonal dynamics that result from cultural differences. In addition, a culturally competent social worker would be able to adapt services to meet culturally unique needs. Cultural competence is multidimensional, involving various aspects of knowledge, skill, and attitude, each of which vary in a given situation (Orlandi, 1992; Cross, Bazron, Dennis, and Isaacs 1989; Lum 1986).

The experience with students in Mexico has led us to believe that cultural competence is clearly a life long professional task. However, once the boundaries of the home culture are breached, it is never again possible to take for granted that one's own way is the way of the universe. That realization is the necessary, though not sufficient, condition for the growth necessary to leap hurdle. We have learned several lessons which can be transplanted to on-campus education for cultural competence.

1.*Need for a cognitive framework.* Students need to understand that the achievement of ethnorelativity is a long term developmental process that proceeds through recognizable stages. This understanding is invaluable in helping them process their affective experiences in a reflective, growth producing way. Learning to enjoy strange food and the folk art is only a beginning on a long and difficult journey.

2. *Encouraging the Preconditions for Cultural Competence.* The students who went to Mexico who experienced the most growth shared two personal characteristics -- they had the security and flexibility to take some risks and they were capable of complex thought. Relatively high levels of self esteem and personal security enabled individuals to come through confidence sapping experiences and to emerge from the heightened ethnocentrism of the first few weeks in Mexico. In the cognitive realm, competent students had moved be-

yond dichotomous thinking, seeing life, instead, as a complex interplay of many forces. They were able to analyze situations from a culturally appropriate ecological perspective, successfully resisting the urge to overgeneralize and/or to apply standards from American culture.

In both these developmental realms, students in the home classroom can be helped to mature. Flexibility, risk taking, rewarded and complex cognitive skills can be nurtured in the classroom. Social work teaching, already sensitive to these issues, can focus on developing these necessary qualities for growth and movement towards ethnorelativism. There is simply no question that prejudice and hate thrive on insecurity and unexamined dogma; cultural competence, on the other hand, grows from confidence and examined knowledge.

3.*Teaching the Teachers.* In order to help students move towards ethnorelativism, the faculty need to model it. It is, perhaps, in this area that the Mexico experience has had its most lasting value. Faculty go through the same stages as students, of course. There is a powerful difference between exposure to a culture on its own ground and exposure to members of the same group as a component of the salad bowl of culture in the United States. In the first instance, the culture can be viewed in its coherence and richness; in the second, one may be seeing a community under stress.

As we move towards the Twenty-First Century, the need for culturally competent human service providers remains strong. Students need the more traditional understanding of the effects of minority status and discrimination on individuals and groups. We believe, however, that the primary emphasis on education of human service students should be on the anthropological view that cultures define solutions to the universal problems of life. As students are able to cross the threshold separating ethnocentrism from ethnorelativism, they will move towards becoming competent professionals.

Bibliography

Andrews, J. (1989). Poverty and Poor Health among Elderly Hispanic Americans. Baltimore, MD.: the Commonwealth Fund Commission on Elderly People Living Alone.

Atwell, R. H. (1990). A top priority on campus. Educational Record. 6. Spring.

Beane, J. (1990). Affect in the Curriculum: Toward Democracy, Dignity and Diversity. New York: Columbia University Press.

Bennett, W. (1986). Toward ethnorelativism: A Developmental model of intercultural sensitivity. In: Cross cultural orientation: New Conceptualizations and Applications. (ed.) Paige, M. L. Maryland: University Press.

Bureau of the Census (1991). Race and Hispanic Origin: 1990 Census Profile. Washington, D.C.: U.S. Department of Commerce, Economics and Statistics Administration. No. 2.

Chau, K.L. (1990). A model for teaching cross cultural practice in social work. Journal of Social Work Education. Spring/Summer.26:2:124-133.

Commission on Accreditation (1988). Handbook of Accreditation Standards and Procedures. New York:Council on Social Work Education.

Cross, T.L., Bazron, B.J., Dennis, K.W., and Isaacs, M.R. (1989). Towards a culturally competent system of care. Washington, D.C.: CASSP Technical Assistance Center.

Gardner, D.P. (1990). Internationalization: The state of the institution. Educational Record. Spring. 8-13.

Garland, D.R. and Escobar, D. (1988). Education for cross cultural social work. Journal of Social Work Education. 24:3:229-241.

Green, J.W. (1982). Cultural Awareness in the Human Services. New Jersey: Prentice-Hall, Inc.

Gunn, J.D. (1991). Valuing diversity: The management of multi-cultural organizations. In: Language and the Professions, (ed.) Voight, G.M. and Schaub, R. Ypsilanti, Mi.: Eastern Michigan University.

Ifill, D. (1989). Teaching minority practice for professional application. Journal of Social Work Education. 25:1:29-35.

Krajewski-Jaime, E.R. (1991). Folk healing among Mexican-American families as a consideration in the delivery of child welfare and child health care services. Child Welfare. LXX:2:29-35.

Lambert, R.D. (1986). Points of Leverage. New York: Social Science Research Council.

Lum, D. (1986). Social Work Practice with People of Color: A Process-Stage Approach. Monterey, CA: Brooks/Cole.

McGoldrick, M., Pearce, J.K. and Giordano, J. (1982). Ethnicity and Family Therapy. New York: Guildford Press.

Michigan Department of Public Health. (1988). Minority Health in Michigan: Closing the Gap. Lansing, MI.

Orlandi, M.A. (1992). Defining cultural competence: An organizing framework. In: Cultural Competence for Evaluators, (ed.) Orlandi, M.A. Washington, D.C.: Office of Substance Abuse Prevention, U.S. Department of Health and Human Services. 293-299.

Prud'Homme, A. (1991) Time Magazine. July 29. 138:4:14-16.
U.S. Dept. of Health and Human Services. (1992). Healthy People 2000: National Health Promotion and Disease Prevention Objectives. Summary Report. Sept. 11. Boston, MA.:Jonesand Bartlett Pub.
Walsh, D. (1988). Critical thinking to reduce prejudice. Social Education. 280-282.