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Multicultural Competence in Nevada Human Services: A Statewide Survey

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SUMMARY. A survey of 300 Nevada mental health, child welfare, early childhood, and parole workers provided baseline information concerning multicultural competence for use in planning diversity programs. A modified version of the Multicultural Counseling Inventory yielded data on awareness, knowledge, skills, and relationship. Significant findings emerged for gender, educational level, practice field, and minority status. Women scored higher than men on the total and three subscales. Workers with graduate degrees scored higher than BA level workers on the total and two subscales. Early childhood workers scored highest on the total; youth parole scored lowest. Minority workers scored higher than non-minority workers in awareness. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: getinfo@haworth.com]

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INTRODUCTION

Public human service professionals are facing the challenge of an increasingly multicultural clientele (Hanson, 1992). By the year 2000, ethnic minority clients are expected to comprise 40 percent of all service recipients (Cross, Bazron, Dennis, & Isaacs, 1989). Few professionals would suggest that the child welfare, juvenile justice and mental health systems are adequately meeting the needs of culturally diverse children and families, however. On the contrary, much concern has been expressed in the professional literature about differential treatment and outcomes of minority children and families in these three systems (Abramowitz & Murray; Albers, Reilly, & Rittner, 1993; Atkinson, Morten, & Sue, 1989; Brown & Minor, 1990; Cummins, 1986; Dana, 1984; Harris, 1990; Neighbors, Bashshur, Price, & Selig, in press; Snowden, Storey, & Claney, 1989; Stehno, 1982; Young, Chamley, & Withers, 1990).

As a result of the dramatic demographic transformation occurring in the United States and growing awareness of the failure of human service systems to adequately meet the needs of ethnic minority clients, many systems of care are striving to improve performance with this client population through policy development and staff training. The goals of these efforts often include the enhancement of cultural awareness, sensitivity and skill among workers who serve a culturally diverse clientele.

Systematic evaluation of programs to enhance cultural competence—particularly on a statewide basis—is rare. Knowledge in this arena is being built in a fragmented way as individual agencies decide how best to monitor progress toward their goals. By contrast, the Nevada Division of Child and Family Services (DCFS), in collaboration with the School of Social Work at the University of Nevada, Reno, recently undertook a system-wide study of multicultural perspectives among its public human service personnel to develop baseline data to use in the planning and evaluation of training programs. A goal of the project was to produce information that could be useful not only for identifying workers in greatest need of cultural diversity training, but to identify the types of training that might be most beneficial for these workers. The experience of this small state in conducting a descriptive-level survey is the focus of this article.

BACKGROUND

The overrepresentation of ethnic minority children in the child welfare system has been an ongoing concern of professionals (Close, 1983; English, 1990; Stehno, 1982). Latino/Hispanic children are more likely than Caucasians to be recommended for child protective services and to be seen as behaviorally disordered (Olsen, 1992). Native American children are less likely to receive reunification services (Hogan & Siu, 1988). African-American children are removed from their homes at substantially higher rates than Caucasian children and remain in out-of-home care for longer periods (Albers, Reilly, & Rittner, 1993; English, 1990; Jenkins, Elanzraich, Gibson, Hendricks, & Marshall, 1983; Seaberg & Tolley, 1986; Stehno, 1982; Tatara, 1992; Testa, 1985).

Training provided a few years ago by the National Child Welfare Leadership Center (NCWLC) highlighted the fact that many child welfare professionals make decisions based on race and ethnicity. Dr. Carol Williams, a NCWLC trainer, had participants make judgments about level of risk and appropriate level of agency intervention after reading situations described in a series of vignettes. Without exception, the results of the exercises revealed that decisions about risk and level of intervention were influenced by the race of the family described in the vignettes. This finding was independent of all other factors (Harris, 1990).

Similarly, research has shown that the mental health system provides differential treatment to minority children and their families. Ethnic and racial minorities have been identified as being underserved and/or inappropriately served by the mental health system and have received differential and inferior treatment by mental health professionals (Abramowitz & Murray, 1983; Atkinson, 1985; Katz-Leavy, Lourie, & Kaufman, 1987; Special Populations Task Force of the President's Commission on Mental Health, 1978). In addition, minority clients are more likely to receive more restrictive diagnosis and experience more restrictive interventions (Cross, 1989; Garfield, Weiss, & Pollack, 1973; Katz-Leavy, Lourie, & Kaufman, 1987).

Ponterotto and Casas (cited in Pederson, 1991) documented the widely held perception that "the majority of traditionally trained

counselors operate from a culturally biased and encapsulated framework which results in the provision of culturally conflicting and even oppressive counseling treatments” (p. 11). Several studies have documented that African-American adolescents who are severely emotionally disturbed are placed more frequently in juvenile justice settings than are Caucasian youths who are more likely to receive mental health treatment (Comer & Hill, 1985; Hawkins & Salisbury, 1983). Native American children who are emotionally disturbed are likely to go without treatment altogether or to be removed from their families and tribes (Berlin, 1983; Shore, 1978).

Margolis and Rungta (1986) discussed several conditions which are often thought to result in the provision of ineffective mental health services when Caucasian counselors work with and feel discomfort with minority clients. The discomfort, according to the investigations, is frequently rooted in negative stereotyping, lack of knowledge about the group with which the client is a member, or a generalized anxiety about working with different client populations.

Finally, minority youths (primarily African-American, but also Hispanic/Latinos, Native Americans and Asian-Americans) are overrepresented at all stages of the juvenile justice system (Krisberg, Schwartz, Fishman, Eisikovits, Guttman, & Joe, 1987) and are denied equal access to services in the system. Minority youths are incarcerated in more punitive public institutions at a rate three to four times that of Caucasian youths (Krisberg et al., 1987). They comprise only 35% of participants in educational and treatment-oriented private facilities, where Caucasians comprise 65% of service recipients (National Counsel of Juvenile Court Judges, 1990). Morales (1986) reports that Hispanic/Latino and African-American youths comprise 75% of the California Youth Authority inmate population.

Minority children have also been consistently underrepresented in private child welfare placements and mental health settings (Barera, 1978; Gallegos, 1982; Stehno, 1982). According to the National Coalition of State Juvenile Justice Advisory Group (NCJFCJ, 1989), African-American youth commit serious crimes but not at a rate or level of any greater significance when compared to the rates of Caucasian youth.

The research literature supports the need for ongoing training of service providers in development of cultural competence (Harris, 1990; NCJFCJ, 1990; Pedersen & Lefley, 1986). Pedersen and Lefley (1986) identified three components as important in achieving multicultural competence: awareness, knowledge, and skill development. According to McRae and Johnson (1991), the focus of most of the multicultural training programs has been the development of awareness and knowledge about individuals who have different cultural backgrounds. Some of the trainings, particularly those developed by Pedersen (1973, 1976, 1978, 1979) have focused more on skill development. Relationship issues within the multicultural perspective have rarely been examined (McRae & Johnson, 1991).

According to Sue (1991), "moving toward multiculturalism is more than the acquisition of knowledge and skills. . . . our biases, prejudices and stereotypes run deep and die hard! If we are to. . . . become a multicultural society, we cannot continue to avoid this battleground" (p. 104). Stepping into the "battleground," DCFS gathered baseline data on cultural competence among Nevada human service workers in more than just skill and knowledge domains. Awareness and relationship competencies were assessed as well. The information will be used in ongoing organizational development and training efforts in urban and rural areas of the state.

METHODS

Respondents

In the Spring of 1993, questionnaires were distributed to the entire population of state and county employees in child and adolescent mental health services (including institutions), child welfare, early childhood services, and youth parole. Out of 519 questionnaires distributed, 300 were returned, an overall response rate of 58%. Response rates among the various programs differed slightly with the highest response obtained from early childhood services ($N = 31$; 92% return) and the lowest from mental health and institutional care ($N = 67$; 42% return). The other groups fell in-between

with child welfare responding at 68% (N = 154) and youth parole at 57% (N = 12).

Measures

The seven-page instrument (with items generously spaced for ease of response) requested demographic information concerning gender, ethnicity, educational level, professional discipline, years in the field and in one's agency, current job assignment, and job location. Along with these descriptive variables, a 42-item composite measure of cultural competence was included in the questionnaire. Adapted from the 43-item Multicultural Counseling Inventory (MCI) developed by Sodowsky, Taffe, Gutkin, and Wise (in press), the Multicultural Service Inventory (MSI) is appropriate for workers who perform a variety of human service tasks in addition to counseling.

The MCI was selected for adaptation to this study from among several multicultural inventories available because it contains a specific relationship component absent in other instruments and of interest to state officials. The four subscales of the instrument include Awareness (10 items), Knowledge (11 items), Skills (13 items), and Relationship (8 items). Items included in each subscale were those for which factor loadings of .30 or higher were obtained in the factor analysis conducted by Sodowsky et al. (in press) in two separate studies. Analysis of inter-item reliability yielded an alpha of .8938 and standardized item alpha of .9045 for the MSI, the slightly modified version of the MCI.

The *Awareness* subscale measures the extent of a respondent's exposure to minority group issues and level of interaction with minority individuals in personal and professional settings. The *Knowledge* subscale measures the extent to which a worker incorporates into practice specific information related to the service needs of minority group members. The *Skills* subscale taps therapeutic procedures utilized to increase service effectiveness with minority clients. The *Relationship* subscale measures specific knowledge and behaviors impacting the quality of cross-cultural client-worker relationships.

Only superficial changes in wording were made on 12 items to broaden the application of the instrument and eliminate ambiguities

while preserving the original meaning of the items. For example, "I use innovative concepts and treatment methods" was changed to "I use innovative concepts, treatment methods and/or service interventions" and "I keep in mind research findings about minority clients' preferences in counseling" was changed to "I keep in mind research findings about minority client preferences in my service interventions." One item was eliminated from the inventory, because it would not have been applicable to many respondents in this study who do not work in voluntary counseling settings. This item was "I am successful at seeing 50% of the clients more than once, not including intake."

Data Collection

In full partnership with the state and county agencies responsible for monitoring service delivery to children and families in Nevada, researchers were able to distribute a large number of questionnaires to rural and urban sites in a relatively short time. Packets of the questionnaires were sent to managers and unit supervisors who had been apprised of the study by state officials and instructed in procedures to insure anonymity of responses.

Supervisors were asked to explain the study to workers, request their voluntary participation, and to establish a collection site (a box or envelope) in which the completed questionnaires could be deposited anonymously. The questionnaires were then sent to the Division headquarters and immediately forwarded to the university-based researchers. This distribution and collection process took approximately six weeks.

Data Analysis Plan

In an exploratory-descriptive study of this nature, it is difficult to determine absolute levels of multicultural sensitivity. One can always ask of the scores obtained, "To what are they relative?" Without national norms or data from comparable states it is impossible to draw meaningful conclusions about the population as a whole. The data do provide state officials with a baseline measure of multicultural sensitivity against which data collected in the future can be compared.

Therefore, the plan of analysis of the data from this sample of human service workers involved comparisons of critical subgroups: men and women, various professional disciplines, minority and non-minority workers, state and county employees, and workers from northern and southern sections of the state. Also, aspects of multiculturalism were assessed among the major child and family-oriented services: child welfare, youth parole, early childhood services, and child and adolescent mental health.

Analysis of variance was performed on the total MSI and subscale scores to determine main effects and possible interactions (up to four-way) in an effort to identify groups of workers who might need additional multicultural training and to identify any antecedent or intervening variables in the emerging causal chain.

Finally, responses to each item on the inventory were analyzed separately through descriptive statistics to determine specific multicultural strengths and weaknesses in the sample as a whole. These observations will be useful in the design of multicultural training programs in the state.

FINDINGS

Demographic Profile of Respondents

About three quarters of respondents in this study are female; 83% are Caucasian. The majority (about 60%) hold a bachelor's degree, with 40% having completed a graduate degree. Those with a social work degree comprise about a third of the sample (31%), followed by psychology (17%), counseling and education (11% each), and sociology and criminal justice majors (8% and 5%, respectively).

Most respondents (about 80%) are in direct service positions rather than indirect (administration, program planning). Child welfare workers comprise the largest occupational group, accounting for more than 50% of responses, followed by mental health (25%), early childhood (12%), and youth parole (5%). Both state (85%) and county (15%) workers are represented as well as workers from Reno (29%), Las Vegas (56%), and rural areas of the state (13%).

Cultural Competence

Analysis of variance and t-tests were performed to test associations between level of cultural competence and five independent variables: gender, educational level, professional discipline, field of practice, and minority status. The results of these analyses are reported below along with an assessment of strengths and weaknesses of the sample with respect to items on the MSI. Of 300 human service personnel in the state who responded to the survey, 241 (175 women and 66 men) answered all questions on the MSI, permitting analysis of their total scores and scores on all four subscales.

Gender. Women achieved a higher mean total MSI score than did men, 134.32 versus 128.14 ($t = 3.10$; $p = .002$), and higher mean scores on three of the four subscales: Knowledge ($t = 2.80$; $p = .005$), Skills ($t = 1.99$; $p = .047$), and Relationship ($t = 3.32$; $p = .001$).

Hypothesizing that women may have more years of experience in human services or higher educational levels than men, which might account for their higher MSI scores, the researchers performed additional tests. They discovered that, on the average, men actually have more years of experience than women on the average (15 versus 11; $t = 3.55$; $p = .000$) and this variable, years of experience, appears unrelated to any of the four subscales or the total MSI score (values of r ranged from .0145 to .1416). Level of education, which is related, in part, to multicultural competency (see below), was not associated with gender (Chi-square = 4.96; $p = .084$).

It appears that in all areas except awareness, women report higher levels of multicultural competence and that neither years of experience in the field nor educational level accounts for observed gender differences.

Educational Level. Those human service workers with at least a master's degree score higher on Knowledge ($t = 2.04$; $p = .042$), Skills ($t = 3.97$; $p = .000$), and Total MSI ($t = 2.96$; $p = .003$) than workers with only a bachelor's degree (see Table 1), but not on Awareness and Relationship subscales. It appears that a graduate education may result in greater multicultural competence, especially in knowledge and skill areas. Awareness of cultural issues and ability to establish effective cross-cultural relationships may be less affected by the advanced education of workers in this study.

TABLE 1. Cultural Competence Comparisons by Gender, Education, Minority Status, and Field Practice

GENDER		MEAN TOTAL MSI SCORE	S.D.	T-VALUE	P-VALUE
Women	(N = 175)	134.32	14.13	3.10	.002
Men	(N = 66)	128.14	12.89		
EDUCATION		MEAN TOTAL MSI SCORE	S.D.	T-VALUE	P-VALUE
Master's	(N = 93)	135.85	12.00	2.96	.003
Bachelor's	(N = 138)	130.33	15.16		
ETHNIC MINORITY STATUS		MEAN TOTAL MSI SCORE	S.D.	T-VALUE	P-VALUE
Minority	(N = 34)	136.29	13.99	1.65	.10
Non-minority	(N = 207)	132.02	14.00		
FIELD OF PRACTICE		MEAN TOTAL MSI SCORE	S.D.	F-VALUE	P-VALUE
Early Childhood				4.052	.0035
Education	(N = 21)	142.81	10.44		
Institutions	(N = 30)	135.20	13.91		
Mental Health	(N = 21)	133.86	11.98		
Child Welfare	(N = 130)	130.90	14.02		
Youth Parole	(N = 12)	127.58	18.88		

Note: Ns based on available cases for each analysis.

Professional Discipline and Field of Practice. No statistically significant differences were observed among workers with degrees in social work, sociology, criminal justice, psychology, counseling, or education on Total MSI score or any of the four subscales. However, significant differences emerged by field of practice on the Total MSI score ($F = 4.05$; $p = .004$) and three subscales: Knowledge ($F = 3.16$; $p = .015$), Skills ($F = 6.59$; $p = .000$), and Relationship ($F = 4.34$; $p = .002$)—all areas except Awareness.

Early childhood services workers ($N = 21$) scored consistently highest in these areas with a Mean Total MSI Score of 142.81 (see Table 1). It should be noted that most of these workers (94%) were female, which may account for their higher scores. Youth parole workers ($N = 12$) scored lowest on Total, Knowledge, and Relationship (Mean Total MSI = 127.58). The gender distribution of this group is equal; however, the majority (83%) have only a bachelor's degree, which may account for their lower scores. Child welfare workers ($N = 154$) scored lowest in Skills (Mean Total MSI = 130.90).

While training in specific academic disciplines does not appear to be associated with greater multicultural competence, the field of practice or agency in which one is employed may be an important factor. However, gender and education appear the most critical factors in level of cultural competence.

Minority Status. Ethnic minority workers ($N = 40$) and non-minority workers ($N = 223$) differed on two subscales of the MSI with minority workers scoring higher on Awareness ($t = 2.92$; $p = .084$) and Relationship ($t = 2.65$; $p = .008$). This was the only analysis in this study in which any difference between comparison groups on the Awareness subscale was detected (see Table 1).

Strengths and Weaknesses in Multicultural Competencies of Human Service Workers

To identify specific strengths and weaknesses in the four domains of multicultural competence, an item-by-item analysis was performed. After visual analysis of the distributions of responses to each item, arbitrary cut-off points were established: 3.5 or above for strengths (6 items) and below 3.0 for weaknesses (10 items).

The six strengths of the entire sample were observed across skills, knowledge, and relationship areas. Workers reported higher levels of competence in forming working relationships with clients, examining their own cultural biases and philosophical preferences, understanding client individuality, and avoiding feelings of overcompensation and discomfort because of differences in appearance, color, dress, and socioeconomic status.

Weaknesses were concentrated in the awareness domain (6 out of 10 items) with one additional item from the relationship domain and three from the knowledge domain. Workers reported a lower level of competency in understanding specific cultures and the emerging views and interests of minority clients and in working with immigrants and international students. They reported that their professional interactions with minority individuals are not extensive and that they do not frequently seek consultation with multicultural experts or refer clients based on minority group identification. They are not highly familiar with nonstandard English or with research findings

about minority clients. Finally, they tend to compare clients' behaviors with those of majority group members to some degree.

DISCUSSION

The findings of this study have implications for diversity training in Nevada and other states as well. In times of both limited training resources and expanded skill and knowledge requirements for human service workers, rational planning of inservice training programs is a necessity. Such planning can be enhanced by the utilization of appropriate survey data to establish specific training needs for targeted worker populations.

For example, training priorities for the building of multicultural competencies among Nevada human service workers could be established by the Division of Child and Family Services based on data from this study. Those work units with high concentrations of male employees or workers who lack a graduate education might be targeted first. Workers in youth parole and child welfare might be targeted next, followed by mental health and early childhood services.

On the four subscales, respondents in this study uniformly scored lowest in cultural awareness (minorities scored higher than non-minorities, however), a finding that is not surprising in a state with only a 16% non-white population and only an 18% minority worker population in human services. It may be difficult for professionals who do not work in a richly multicultural environment to develop competence in this area. These workers need opportunities for ongoing sharing and dialogue with minority group members around issues of discrimination, racism, and cultural diversity—opportunities that should be incorporated into diversity training programs in this state.

It may be important for Nevada to select from the growing number of available curricula one which emphasizes the development of cultural awareness. Enhancement of awareness within an experiential training framework is an approach which minimizes stereotypes about ethnic minorities, one danger inherent in trainings that focus exclusively on knowledge about specific minority groups (Stevenson, Cheung, & Leung, 1992).

There are times when workers need specific cultural knowledge, however, particularly when critical decisions concerning the welfare of children must be made quickly. Cross et al. (1989) insist that the service system must provide cultural knowledge to practitioners by making available to them community contacts and consultants to answer their culture-related questions. Nevada workers reported limited competency in the use of consultants and in making referrals based on minority group identification. It is possible that few such consultants are available to them.

Cross et al. (1989) consider agency competence in multiculturalism as an important component of the cultural competence continuum from policy-making to administrative and service-delivery levels. Locating resource people from minority communities to serve as advisors and to participate in experiential trainings may be a critical step in moving Nevada human service workers in the direction of greater cultural awareness. Also, facilitating worker access to research findings about minorities and providing leadership in the development of culture-specific service programs are two strategies to enhance resources necessary for the development of multicultural competence in the state.

CONCLUSION

Many cultural competence and diversity training approaches are available now at a time when agencies are faced with limited financial resources and a growing number of training needs. It is more important than ever for decisions about multicultural training (who will participate and what kind of training they will receive) to be based on knowledge of worker competencies—both strengths and weaknesses. Human service systems at state and county levels can target groups of workers most in need of this training and focus on domains of highest priority. Hopefully, the survey approach utilized in Nevada will serve as a model for other localities seeking similar data with which to plan and evaluate programs.

FUTURE RESEARCH

The findings of this survey provide a baseline of information on multicultural competencies among human service workers in Neva-

da. This baseline information can be compared with identical data collected following unit or agency trainings aimed at enhancing awareness, knowledge, skills, and relationship factors in the culturally competent delivery of human services. The data may also be utilized in evaluative research focusing on changes in agency policy or practice.

Qualitative research aimed at understanding the multicultural expertise of those workers who scored highest in most domains of the MSI—early childhood service providers—might be useful. These workers could provide insights into their own processes of developing a high level of competence in this arena. Also, attempting to understand cross-cultural service delivery from the point of view of the client could shed light on critical factors that may not be tapped by the MSI.

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