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SKILL DEVELOPMENT

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CHAPTER

7

Skill development is the creation of a repertoire of behaviors for the social worker to use in the helping situation. Skill represents the practical application of cultural awareness and knowledge acquisition. The word *skill* comes from the root word *skel*, which means the ability to separate or discern. In the helping sense, skills are practical tools that have been discerned from knowledge of working with people generally and with culturally and ethnically diverse clients particularly. Helms and Richardson (1997) define skill as “the capacity to use awareness and knowledge to interact effectively with clients and colleagues regardless of their racial classification or cultural origins” (p. 75). Skills are applied at the interface between the social worker and the client and are the heart of social work and culturally competent practice.

Yuen and Terao (2003) discuss the connections between knowledge, skills, and technology.

[The] many ways of knowing lead to the establishment of certain knowledge, which according to Germain (1983), forms a “recognizable or recognized perspectives entities often called practice model” or approach (p. 31). Method is the specific application of such a model or approach with specific target groups. Germain notes that skill refers to a “particular area of practitioner action, such as observation, engagement, data collection, assessment, contracting, setting goals and planning, and achieving goals. Technique is used to designate a more specific procedure within such an area of skill” (p. 31). Technology is therefore the combination and application of the theories, knowledge, approaches, methods, skills, and techniques that produce the services. (p. 5)

Ridley, Espelage, and Rubinstein (1997, p. 140) speak about “culturally responsive skills” that reflect cultural sensitivity. A wide range of skills is identified: the ability to work with multiple roles and identities and multiple layers of environmental oppression (Comas-Diaz, 1994; Reynolds & Pope, 1991); advocacy and assertiveness training for women; identification of community resources for lesbian, gay, and bisexual clients (Fassinger & Richie, 1997); multicultural assessment,

particularly process and outcome assessment (Dana, 1993); varied communication and intervention skills; and development of a therapeutic style (Fassinger & Richie, 1997).

The following sections of this chapter will cover types of skills, process-stage skill clusters, service delivery and agency linkage, design and implementation, and examples of skill development research. It will focus on certain skill principles that help build a repertoire of tools in working with clients.

TYPES OF SKILLS

Skill development is generally process-oriented in social work practice. Social work is seen as a process with a beginning, middle, and end, during which the worker exercises skills having to do with engagement, psychosocial assessment, intervention strategy, implementation of interventions, and evaluation. These skills, applied to individuals, families, groups, organizations, and communities, serve as stepping stones to move the worker and the client through the helping process to a successful conclusion.

Bernard (1979) distinguishes three types of skills in the helping relationship: process skills, conceptualization skills, and personalization skills. These three themes are useful ways of grouping skills and are reminders of essential ways of working with clients and being reflective in the process. The three types of skills are defined as follows:

- Process skills refer to the following therapeutic techniques and strategies: opening the interview smoothly; using reflection, probing, restatement, summary, or interpretation; helping the client say what is on his or her mind; using nonverbal communication to enhance verbal communication; implementing intervention strategies; and achieving closure.
- Conceptualization skills include deliberate thinking and case analysis abilities: understanding what the client is saying; identifying themes of the client's messages; recognizing appropriate and inappropriate goals; choosing strategies that are appropriate to the client's expressed goals; and recognizing subtle client improvement.
- Personalization skills have to do with learning observable and subtle behaviors and with the personal growth of the worker: communicating authority in the helping relationship and taking responsibility for specialized knowledge and skills; hearing client challenges and feedback without becoming overly defensive; being comfortable with the client's feelings and attitudes; and respecting the client.

Process, conceptualization, and personalization skills are developed both in the classroom and in the field placement. These skills provide the worker with tools to move the client through the helping relationship. The process skills are particularly important that they are the core skills for the helping process. Through supervisions, formal training, videotaping or direct observation, case conference, shadowing, or other innovative means, these skills are developed and internalized by social workers. Conceptualization skills include the analysis of verbal and nonverbal communication, processing of problem themes, goal setting, and selection of the intervention strategy.

Likewise, personalization skills focus on the worker's response to the helping situation, including transference and counter-transference. It is important to process how the client affects the worker. "What were you feeling when the client said that she was ready to scream at her mother?" "What was happening to you when the client became angry and said that you were a lousy social worker?" Investigating the worker's feelings of insecurity, threat, fear, and uncertainty are examples of developing personalization skills. The focus is to help the worker realize that the client may be projecting feelings intended for someone else. At the same time, the worker must own up to the feelings of the client who may need to confront the worker. Keeping composure and asking, "What is going on in this exchange?" helps the worker to maintain an objective perspective in the situation.

The development of process, conceptualization, and personalization skills is essential for cultural competence and requires hours of supervision. In the next section, we turn to five process stages: contact, problem identification, assessment, intervention, and evaluation. Each stage encompasses a cluster of process, conceptualization, and personalization skills.

PROCESS, CONCEPTUALIZATION, AND PERSONALIZATION SKILL CLUSTERS

Lum's (2000) framework for social work practice with people of color is built around a systematic process-stage approach, following the classic formula of beginning, middle, and end. The beginning process stages are contact and problem identification; the middle stages include assessment and intervention; and the ending stage is evaluation. This section will discuss several key skill area principles and those process skills necessary to move clients in general and the multicultural client in particular through these five stages, along with essential conceptualization and personalization skills.

CONTACT

CONTACT PROCESS SKILLS The establishment of the relationship between the social worker and the multicultural client is basic to the contact stage. Relationship building is the primary requisite for engaging and retaining the client. Culturally diverse contact has a skill cluster consisting of understanding the ethnic community, following a relationship protocol, engaging in professional self-disclosure, and developing an effective communication style.

Understanding the ethnic or cultural community means that the social worker has a working knowledge of the client community's profile. U.S. Census reports as well as local government and public interest group study reports could provide useful information on ethnic, social, economic, and related trends and indicators such as unemployment rates, income levels, housing, and related information. A social worker should attempt to become well versed in the history, problems, and profiles of an ethnic or cultural community.

The worker can consult identified community leaders and study reports, but it is important to walk through a community and observe where people congregate and exchange information. This participant observation and thoughtful interaction

with the people who live in a community are most helpful. Be sure to patronize businesses and talk with storeowners and customers about the news of the community. Show up at social, cultural, and educational community events and observe how people spend their leisure time. Talking with people living in the community provides valuable knowledge about current issues facing residents. Shadow a staff member of a social service helping agency in the community and get a sense of how one relates effectively with residents. It is important to listen and gain information while also establishing credibility as a reliable and believable person of integrity. Observing, listening, and understanding local ways of relating and conducting business and placing the needs of people first before getting results are some community-understanding guidelines.

The ways in which individuals in a particular cultural community express their gratitude are important to observe and understand as the community interacts. Vasquez (2005) talks about giving and receiving gifts and cites a client's healthy expression of care, which may be a genuine expression of thanks. She observes:

On the other hand, when a Latina client who works near a restaurant brings me tacos because I squeezed her in during my lunch hour when she was in crisis, we don't need to spend half an hour processing the meaning of the tacos. We know that she felt appreciative, that it was a relatively easy, warm gesture, and that food is a common gift among Latinas. Sometimes a taco is just a taco! (p. 105)

Relationship protocols are cultural ways of relating to a person. A protocol is a code of ceremonial formality and courtesies. Every locale has a particular way of beginning a relationship or a contact with another person. It is important to find out the specific ways in which people relate to each other in initial conversation. In many cultures, a relationship protocol is a prelude to conducting business. It may involve a formal greeting, inquiry about the health and well-being of family, and other friendly topics of conversation. This communicates a message of genuine concern about the well-being of another person and a common exchange of daily activities that are considered important topics of conversation. It may be considered rude to proceed directly to the main order of business or to the presenting problem without proper protocol conversation. Friendly, warm, and thoughtful feelings are important to communicate at the beginning.

Following a relationship protocol involves the communication of respect and recognition to the head of household, grandparents, and other adults. It is important to practice a relationship protocol regarding the father and mother in a family situation, which means supporting their authority and roles rather than undermining their family influence. This may involve relating to and respecting traditional male, female, and age role relationships of a particular cultural and ethnic group. A professional protocol is to assure a client that a level of confidentiality will be maintained in the helping relationship as far as information sharing is concerned. Clients furthermore appreciate structure in the helping relationship to the extent that the worker sets forth flexible and clear guidelines and directions in the sessions.

Professional self-disclosure is an extension of the professional use of self, an important social work principle. Often a client comes to the helping session with distrust, anxiety, and fear of the unknown. Professional self-disclosure is an effort on the part of the worker to reveal a commonality between the worker and the client.

Rather than hiding behind the professionalism of social work, the worker takes the initiative by disclosing an area of interest shared by the client. The intent is to become a real person and to humanize the relationship. On the other hand, proper disclosure of one's professional background and expertise could help establish the practitioner's credibility and the client's confidence in the practitioner's competency.

Finding out about the background of the client may open appropriate topics of self-disclosure, such as travel, children, cars, clothes, shopping, and other areas of common interest. Professional self-disclosure begins to create a sense of community and bonding between the worker and the client. Among the practical suggestions for professional self-disclosure are introducing yourself; sharing pertinent background about your work and role and helping philosophy; and finding a common area of interest with the client that you might reveal in order to build a bridge between the two of you.

The worker should be judicious in the sharing of a professional self-disclosure. Current problems of the worker that are parallel to the client's problems may not be appropriate. Neutral common areas of interests may be more effective to bridge the gap of the unknown between the worker and the client. Professional self-disclosure should put the client at ease, generate rapport, and increase spontaneity and openness.

Lum (2000) suggests three levels of professional self-disclosure:

1. Level One: self-disclosure about common areas of interest to humanize the relationship and to establish a sense of openness with the client, usually at the first session as a point of contact
2. Level Two: self-disclosure of empathy and related warmth from the worker (e.g., how the worker felt as the client was able to express genuine feelings about a problem situation)
3. Level Three: self-disclosure at the problem identification stage when the client is sharing a significant problem and needs support from the worker who may have experienced a similar situation

An effective communication style gives a positive message to the multicultural client. The agency environment sets the tone for the initial contact between the worker and the client. A friendly bilingual receptionist, an accessible location, an attractive facility, a private meeting room, comfortable furniture, a water cooler, and a casual approach create a positive atmosphere. Even a simple display of pictures or posters of people of diverse backgrounds in an agency setting could communicate a tone of cultural and ethnic sensitivity to people who come to the center for services.

Body language, bilingual staff, use of an on-call trained translator or interpreter, and familiarity with cultural mannerisms and gestures make for effective communication. Body language should convey an open and approachable stance. Sitting with the client without a barrier such as a desk, leaning toward the client with arms and open palms of the hand, and legs uncrossed are nonverbal signs of open communication. There should be allowance for personal space between the client and the worker.

Generally, physical contact such as shaking hands is appropriate at the beginning of a session. Further contact such as hugging should be explored with the client in terms of appropriate cultural expressions of support and related behavior

patterns. Likewise, the worker should note eye contact of the client. In some cultures, indirect and minimal direct eye contact may denote a respect for the worker as an authority figure. Looking away and the lack of direct eye contact may not connote avoidance or resistance. Talking about sensitive topics in the session may be accompanied by the lack of eye contact because of the serious nature of the conversation. The client may feel uneasy and embarrassed by the topic and may look away or down at the ground as a result. Staffing patterns should mirror the population of the clients served. Allow the behavior of the client to lead and to tell you what an appropriate response is. If a worker has questions about these areas, it would be helpful to get clarification from the client. Likewise, a professional colleague of the same ethnic or cultural group as the client may be a good sounding board to give advice and to orient the worker before the beginning session with a particular client from an unfamiliar cultural and ethnic group.

Bilingual and bicultural staff matching the language and cultural needs of clients conveys a sense of familiarity and expressiveness to clients who are comfortable speaking their culture-of-origin language. Translators should be trained by the staff of the agency to understand and interpret correctly medical and clinical terms and concepts. The worker should address and maintain contact with the client rather than the translator and should continuously ask the client for feedback to determine the level of understanding between the two. On the other hand, in small ethnic or cultural communities, a client may elect to work with someone who is not from his or her own community. Privacy, cultural taboo, cultural norms and power structure, and the nature of the problem may make using a professional from other cultural group more appropriate. For example, a child sexual abuse victim may find it more desirable to work with a female professional of different cultural/ethnic background than with the male cultural staff who also happens to be the elder in the ethnic community.

Active listening responses that vary according to the content of the message and the feelings of the messenger should be used. Strive to offer open-ended questions that will open avenues of information and feelings rather than close-ended questions that trigger brief and dead-end answers. Supportive, understanding, probing, interpretive, and evaluative (SUPIE) responses are examples of varying listening skills. Supportive responses restate the essential thoughts and feelings of the client without using the same words. A paraphrase by the worker reassures the client that he or she has been heard. Understanding responses focus on the client's meaning and the perception of the problem. They verify that significant thoughts have been understood and comprehended. Probing responses seek further information on problem issues that are to be explored or those that are in progress. Open-ended probing may be used to elicit more information, and close-ended probing may help pinpoint a particular detail yet to be uncovered. Interpretive responses seek to bring meaning and organization to the various facts, events, and experiences shared by the client. They order the series of events, provide meaning about what has been going on, and bring a sense of rationality. Finally, evaluative responses offer various alternative directions that the client may take based on his or her readiness to move on the problem situation. They summarize the themes and provide a range of available solutions.

CONTACT CONCEPTUALIZATION SKILLS Ethnographic skills are important to conceptualization in the contact stage. Ethnography is derived from *ethnos* (people) and *graphics* (writings, drawing) and literally involves the recording (writing and drawing) of the behavioral culture of a person or a group of people. Ethnography is concerned with the words, thoughts, and feelings of the client from a participant observation stance. In the contact stage, we must constantly ask ourselves as workers what clients are saying about themselves, their families, and their primary groups. We must have an ethnographic discipline to record words, thoughts, and feelings and then to translate them as teachable moments for us to learn and uncover new and different ways of understanding and relating to people.

Ethnographic skills could be further utilized in the following areas:

- Qualitative inductive survey research begins by framing a research question and interviewing a sample population without a priori assumptions. Likewise, ethnographic skills in the contact stage encourage open-ended questions about the client's family, work, children, and related background areas.
- Social constructionism focuses on life story or narrative and is interested in how a person has constructed his or her life from various pieces of experience. Again, ethnographic skills include the telling of life story by the person, which is a familiar and nonthreatening way for a multicultural client to open segments of his or her life.
- Emic and etic understanding views the multicultural client from two perspectives. Emic understanding seeks to comprehend the unique particulars of the client in order to understand what sets the person apart from others in his or her culture. Etic understanding is concerned about the link between the client and his or her cultural group. Sobeck, Chapleski, and Fisher (2003) describe the emic perspective in research:

The purpose of emic research is to seek categories of meanings based on how the group being studied defines things. Its research strategy includes conducting interviews in the native language, seeking to discover meaning and relying on the research participant's explanation for their own behavior. (p. 74)

A number of applications have been made to feminist research and to First Nations Peoples communities. Ethnographic contact skills cover these areas and remind us of the importance of open-ended interviewing, finding out about the life story narratives of clients, and determining what is culture-common and culture-specific about individuals, families, and groups.

Green (1995) offers some practical suggestions about ethnographic interviewing:

- The social work interview must have a mutually accepted purpose and must focus on how the client uses language and what language suggests about the client's state of being and thinking.
- Our concern must be on the salient cultural data bearing on the presenting issue or the cultural context of the problem.
- It is important to understand the perspective of the client and how the client explains the veracity (truthfulness) of cultural expressions and communication.
- The client is our teacher who best explains cultural differences.

Green (1995) also explains,

The intent of ethnographic interviewing is ... to recognize ideas, beliefs, and patterns of behavior in the contexts where they are meaningful—all as an aid to informed understanding of people's problems and appreciation of what-one will have to do to effectively help resolve them. (p. 146)

Contact conceptualization skills enable the worker to learn about the client in an inductive manner and assist us with conceptualizing some preliminary notions about the person at the beginning of the helping process. Yuen, Bein, and Lum (2006) describe the utilities of inductive learning in working with clients of diverse backgrounds.

A researcher doing social survey is constantly asking questions about areas of concern in an inductive manner. A survey researcher uses inductive reasoning in assembling particular facts about a subject or individual cases and then drawing general conclusions based on findings. A good inductive researcher asks open-ended research questions and draws conclusions based on findings. The inductive method is the opposite of the deductive method. Deduction is a process of reasoning from a known principle that serves as a guide or benchmark to a conclusion that confirms the given. The deductive method may go from the general to the specific or from a premise to a logical conclusion.

From an inductive learning perspective, the social worker begins by ascertaining the background and problems of the multicultural client. Based on careful inquiry and investigation, the social worker learns about the unique issues confronting the client. Similarities may exist between multicultural clients. At the same time, unique characteristics may emerge and differ from those found in the existing literature. Inductive learning helps the social worker become a careful and caring practitioner and offers new insights into emerging information that may differ from the body of knowledge on multicultural clients. This may be especially relevant with new immigrant groups from countries where unique cultural knowledge about these people may be lacking (p. 228).

CONTACT PERSONALIZATION SKILLS What happens to the worker in the contact stage? The range of subjective feelings on the part of the worker may include normal anxiety and curiosity about the reasons for the client coming for help, positive interest in and empathy for the client, or uneasy feelings about the client. The worker should constantly check his or her feelings and ask, "What am I feeling and sensing as I listen to and interact with this client?" "What is the client's message?" "Am I able to help with the client's problems?" The worker needs to process these feelings and reactions including possible transference and counter-transference both internally and with a supervisor or colleague.

Subjective reflection about the first impressions of the client is a part of the personalization skills at the contact stage. Likewise, the client is sizing up the worker and decoding verbal and nonverbal messages and related behavioral responses. Paniagua (2005) discusses attrition, where the client fails to return, and estimates that 50% of clients terminate after one contact with a mental health professional (p. 110). The preceding principles on contact are designed to retain the client. The personalization process involves listening to one's self and becoming curious about

how one reacts to the client, the problem situation, and significant others involved. Identifying and checking out these reactions helps with self-learning and provides an opportunity to receive feedback from a third-party source who objectively analyzes the situation. Fieldwork supervisors in social work field education play a vital role as teachers who are able to heighten the personalization skills of social work students in helping situations.

PROBLEM IDENTIFICATION

PROBLEM-IDENTIFICATION PROCESS SKILLS It is crucial to spend as much time as possible cultivating contact in order to establish a purposive working relationship with the client. For personal or cultural reasons, clients may be reluctant or use various means to mask or to disclose their problems. Problem-identification process skills include problem-area disclosure, problem orientation, and identification of racial/ethnic/cultural themes.

Problem-area disclosure is a skill based on the understanding that a client may have a difficult time expressing a problem directly to the worker. The client may feel shame and hesitation and may have a guarded attitude toward disclosing family secrets to a stranger. The worker should be patient and allow the client to set the pace and format in revealing the problem. It is important not to rush the client prematurely. The client may ask indirect questions ("I have this friend who has a problem. How would you help her?"), make oblique or circular comments that approach a problem in a slanted or peripheral way ("I don't know why I am here, but something is bothering me"), or make similar efforts toward problem disclosure. Rather than spelling out all the negative details and unburdening one's self in humiliation, certain clients have learned to infer and allude to problem issues. In turn, the worker must read between the lines and piece together the inferences. It may be more culturally appropriate for the worker to figure out the problem, spell out the details, and ask for comments from the client, who is excused from disgracing himself or herself. A culturally competent social worker is able to pick up on this approach and decipher these indirect messages from the client within the socio-cultural context of the clients.

A natural way to begin problem-area disclosure is through the worker's expressions of genuine interest in learning about the client and his or her families. This is a respectful and nonthreatening way of helping a person talk about himself or herself. Questions such as "How are your parents/children?" "Could you tell me about your family?" "What are they like?" "Where are they living?" help break the barrier and begin conversation about the family unit and the client's membership in the family.

Problem orientation is the core of problem identification. Problems are normally viewed as negative intrusions in our lives. However, problems are opportunities for growth and learning. A problem is viewed as an unsatisfied want or an unfulfilled need (Reid, 1978), which is a way of interpreting the problem in a positive light. That is, behind every problem are wants that have not been satisfied and needs that have not been fulfilled. The task is to restructure the problem so that the worker can reorient the client toward positive growth. This is called *reframing the problem*. The worker and the client reframe the problem and change the point of

reference from negative pathology to positive want satisfaction or need fulfillment. As part of the reframing process, one begins to mobilize client strengths and resources to fulfill the want and satisfy the need. Reframing a problem is not denying the problem but empowering the client to start the process of identifying, owning, and addressing the problem with new and productive perspectives. Greene, Lee, and Hoffpauir (2005) explain reframing:

The reframing process involves offering clients a plausible, alternative positive interpretation for something they have defined as negative and undesirable or unchangeable. Once clients accept the plausibility of the new and more positive reality represented by the new category, they cannot go back to using only their former, more narrow worldview. (p. 272)

Racial/ethnic/cultural themes may be a part of problem identification. Multiple problem levels may occur simultaneously and require analysis and unraveling. Fong (2004) describes the layer-upon-layer problems of immigrants and refugees coming to the United States. She describes them:

At the macro-level, poverty, discrimination, racism, language, immigration laws, and legal and illegal status characterize many of their experiences. At the meso-level, families often struggle with role reversal, husband-wife tensions, grandparent relations, and questions of abandonment and loyalty. At the micro-level, a father may encounter problems with his traditional role as the head of house and loss of authority, because he lacks command of the host-culture's language. At the micro-level, for the mother, accepting employment may introduce tension about her role as wife and mother. At the micro-level, for the child, tensions may be related to school and language deficiency. Children may also have conflicts due to illiteracy, the necessity to interpret for parents, and pressure to achieve and hurry through childhood. (pp. 12-13)

Yuen (2003) discusses the connections among stereotype, prejudice, discrimination, and oppression. These related concepts have similar dynamics: in-group/out-group, superiority/inferiority, domination/submission, power/powerlessness, and systemic-institutional/individual. Yuen (2003) explains,

Stereotype, prejudice, discrimination, and oppression are terms that often used in the social work literature. As a profession, social work commits to social justice and values diversity. Part of the preparation for becoming a professional social worker is to learn to overcome discrimination and to promote social justice. The term *stereotype* is the over-simplification and overgeneralization of a particular group of individuals based on few characteristics. It is an ill-informed knowledge that may include both positive and negative attributes of the group. For example, a stereotype exists that Asian-American students do well in school, excel at math skills, but do not have the capacity to be good managers. *Prejudice* is a negative attitude that is based on stereotypical knowledge. This attitude is a belief that may or may not turn into action. However, when one acts on prejudice and violates the civil or human rights of any individuals, then that is *discrimination*. An employer who has a prejudice against Asian Americans as managers, hurtful as it may seem, simply has a personally held negative attitude. When the employer refuses to hire or to promote any qualified Asian Americans as managers, the discrimination has taken place. When discriminatory behaviors are acted out in an organized manner at the systemwide or societal level, a situation of *oppression* has occurred. The happenings of discrimination and oppression have forced the situation beyond personal virtue and then become legal, social, and civic concerns. (pp. 26-27)

Discrimination and oppression that are based on race, social class, and gender will result in racism, classism, sexism, and alike. Homophobia is a prejudice as well as a form of discrimination that is based on sexual orientation. The culturally competent worker should explore and identify possible problem themes that may be related to the client's situation and problems.

Yuen et al. (2006) advocate the use of inductive approach for problem identification, particularly from ethnic or cultural minority clients:

Inductive approaches are particularly appropriate for cross-cultural social work practice. Practitioners move beyond cultural stereotypes or etic (universal) categorization of psychosocial dynamics when they listen to and appreciate the client's own story. Clients tell social workers about what events, conditions, behaviors, and decisions mean to them, and social workers understand the client's narrative on the client's own terms. When clients teach social workers about their lives, clients experience having their voice count, being respected, and knowing they are not judged. (p. 231)

PROBLEM-IDENTIFICATION CONCEPTUALIZATION SKILLS Ethnographic problem-identification skills involve how the multicultural client formulates the problem. Green (1999) explains his help-seeking behavior model that relates four principles to problem identification and resolution: the individual's definition and understanding of an experience as a problem; the client's semantic evaluation of a problem from his or her language explanation; indigenous cultural strategies of problem intervention; and acceptable culturally based problem resolution. That is, rather than defining the problem for the client, it is vital to understand how the client defines and understands his or her problem situation. It may well be that because the client wears another set of cultural and ethnic lenses, his or her perception of the problem is different from the worker's.

Different languages explain the same problem with a different semantic meaning. Finding out how the client and his or her family name a problem from a linguistic perspective may give workers a clue to how the client understands and handles a problem situation. Furthermore, from a bicultural vantage point, one may ask an ethnic caregiver for information and advice on appropriate indigenous ways of intervening and solving a problem. Cultural practices, group support, and medicinal cures may all play a role in problem solving. It is important to determine how traditional a client is and how receptive a person might be to applying a combination of indigenous healing and clinical therapy practices to a problem situation. This is an example of the biculturation of problem-solving practices.

PROBLEM-IDENTIFICATION PERSONALIZATION SKILLS The worker has to be cognizant of his or her own reaction to the problem. Does the worker grasp the cultural and ethnic implications of the problem? Has the worker misidentified the problem? Has the worker strived to reframe the problem with the client and thus brought new insights and directions? Does the problem have clinical, ethnic, cultural, gender, social class, and/or sexual orientation implications? Does the problem involve a single dimension or a multiple set of dynamics? Is there a problem or are there problems? Does the problem shock the worker in its sensationalism or taboo nature? Is the problem so overwhelming that the worker privately recognizes that problem resolution is not likely to happen? Is it better to sustain the client through supportive maintenance

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than to push for a rapid solution? Is the problem a part of a problem cluster that will take time to unravel, and should the worker direct the client toward a series of modest solutions? The culturally competent worker must consider these questions and others in the problem-identification stage.

ASSESSMENT

ASSESSMENT PROCESS SKILLS Assessment process skills involve a psychosocial perspective that analyzes environment and person. Some factors in the social environment are related to maintaining basic survival needs, such as food, housing, clothes, employment, health care, and education. Other related environmental stressors include ethnic identity formation, intergenerational disputes, and related cultural conflicts. These areas are termed *socioenvironmental impacts*.

Assessment is related but different from evaluation. Assessment is usually done with the client to learn the various dimensions of the person. Evaluation is normally done to the services or tasks being performed in relation to the client. Assessment focuses on the clients and evaluation focuses on the service.

The many ways to conduct assessment include 1) use of established instruments such as scales, questionnaires, genogram, and ecomap; 2) application of a set of research-based criteria or classification systems such as *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, child abuse risk assessment, or school grade; and 3) agency mandates specific assessment such as domestic violence or drug use assessment. Many agencies use a combination of these assessments and develop their own psychosocial assessment or mental status examination formats.

Throughout the history of social work, there have been many theory-based assessments. For example, Richmond (1917) employs the psychodynamic approach that emphasizes personality, pathology, and the client's insight. Since 1964, Woods and Hollis (1990) advocate psychosocial approach that focuses on biopsychosocial process, developmental and cognitive issues, and stress and coping. Perlman (1957) promotes the problem-solving approach that pays attention to the four Ps: person, problems, place, and process. For the task-centered approach (Epstein, 1992; Reid, 2002; Reid & Epstein, 1972), the goal of assessment is to specify the target problems and their desired outcomes. Similarly, various family therapeutic approaches also have their model-specific assessment focuses and techniques.

The psychosocial perspective views the environment as socioenvironmental impacts and people as psychoindividual reactions. Clients in major transition such as refugees or new immigrants may experience psychosocial stressors such as newcomer acculturation, psychosomatic reactions, psychological identity issues, and related survival adjustment concerns. Newcomer acculturation consists of culture shock and culture dislocation, language barriers, legal and immigration problems, employment/unemployment/welfare, and school adjustment for children. Their psychosomatic reactions may include anxiety and depression with accompanying insomnia, weight loss, and lack of energy; ache and pain; hypertension; and loneliness and isolation. Psychological identity may be impaired due to ethnic identity confusion, conflict, and ambivalence; cultural value conflict; family role conflict; dating, mate selection, and intermarriage; and youth delinquency and gang activities.

Emphasis of the psychosocial assessment is placed on the strengths of the client including cultural and spiritual strengths. Cultural strengths are a focus of social work assessment in line with the asset resource understanding advocated by Saleebey (2002) and Cowger (1994). This assessment emphasis discovers internal strengths of the person and external ethnic group strengths from the culture. Examples of cultural strengths are religious beliefs, historical achievements, ethnic pride, capacities for endurance and hard work in the family, and related areas. Bricker-Jenkins (1997) talks about supporting the life world and strengths of the client from a cultural perspective:

The workers who engaged networks skillfully had two competencies that were essential: They were "culturally competent," knowing how to get "inside the skin" of a culture not familiar to them; and they used the oral histories of clients to assess their strengths and understand their systems of meaning. Thus they were able to place clients not only in time and situation but in their ethnic and class medium as well. These workers were able to assume, with patience and sensitivity, the "standpoint" of their clients. (p. 141)

The cultural strengths perspective emphasizes the discovery of strengths in the person and the culture, the motivation toward perseverance and change based on inner strength and endurance, and the environment as full of resources at the family, group, and community levels.

The inclusion of cultural and spiritual assessment expands the concept of biopsychosocial assessment beyond the biological, psychological, and social categories to include cultural and spiritual dimensions. Most cultures recognize this interconnectedness. Part of culture is the spiritual and part of spirituality is the culture. In minority communities such as the African American, Latino, and Asian American communities, the ethnic temples and churches are the source of imparting spiritual values and celebrating cultural events. For First Nations Peoples, the cultural and spiritual aspects of life are a part of rituals and group gatherings.

Psychiatric cultural assessment (American Psychiatric Association, 1994) addresses cultural identity, cultural explanations of illness, psychosocial environmental levels of functioning, and cultural elements between the worker and the client. Cultural identity is concerned about the degree of involvement that a person has with both the culture of origin and the host culture including language abilities, use, and preference. Cultural explanations of illness are important to determine in relation to cultural expressions of stress, cultural group norms and perceptions of symptom severity, local perspectives on cultural forms of illness, cultural explanations of dysfunction, and the blending of professional and indigenous helping. Psychosocial environmental levels of functioning involve culturally sensitive interpretations of social stressors, available social supports, and the role of religion and kinship networks. Finally, the relationship between the worker and the client is important in determining the degree of difficulties in language communication, understanding the cultural significance of symptoms, negotiating an appropriate relationship, and determining whether a behavior is normative or pathological.

Regarding spiritual assessment, linking spirituality and social work is a growing movement in social work education and professional practice (Amato-von Hemert, 1994; Bein, 2009; Clark, 1994). Part of the movement recognizes the importance of

religion and spirituality in people's life, and another part is active in churches, synagogues, and mosques. From a cultural competence standpoint, it is appropriate to understand and explore past and present spirituality and religious faith in the life of the client. Spiritual assessment is to explore the person's sense of life purpose and views on how one relates to the world and others.

Yuen and Lum (2003) differentiate several related terms: spirituality, faith, and religion, which are often treated interchangeably. However, each is a distinct term. *Spirituality* is "an inner sense of connectedness and meaningfulness in life" (Raines, 1997, p. 8). *Faith* is "an inner system of beliefs which relate one to the transcendent or ultimate reality, for the theistic believer, God" (Joseph, 1997, p. 2). Conversely, *religion* is "the organized, out-ward expression of that connection and meaning" (Raines, p. 8) or "the external expression of one's faith" (Joseph, p. 2). A good possibility exists that someone can be very spiritual but have no affiliation with any religious organizations. Equally, a very religious individual may not be spiritual (Yuen & Lum, 1991, pp. 131–132).

ASSESSMENT CONCEPTUALIZATION SKILLS Culturally sensitive assessment reinterprets and reconceptualizes psychosocial factors as socioenvironmental impacts and psychoindividual reactions; it also acknowledges cultural strengths and includes both the cultural and the spiritual (Lum, 2000). This extension of the conceptual framework should be included in any meaningful discussion of culturally sensitive assessment.

Inductive learning provides an approach to construct assessment that includes client's own perspectives and to understand the meaning of the situation according to the client. Yuen et al. (2006) explain how the use of social constructivist research could help achieve this goal:

Social constructivist research is a type of naturalistic inquiry in which the researcher focuses on the "cognitive schemes that construct the subject's experience and action and lead to new interpretive frameworks or structures" (Rodwell, 1998, p. 254). Cognitive schema is the cognitive map or diagram of a person. The term "can also refer to the way individuals categorize to make sense out of complexity" (p. 262). This schema is often the result of one's data analysis processes. This cognitive map informs how one perceives and understands reality. Through linguistic negotiations and other narrative exchanges that are achieved intersubjectively, researchers gain understanding of the development of the new reality and meaning. In other words, through the communication process, new common referent terms and understandings between individuals are achieved, and they shape and construct the new reality. For example, suppose a social worker is working with a newly arrived refugee who is still traumatized by the war and torture he suffered. Through extensive dialogues that include genuine support and direct challenges, the social worker can gain the trust and understanding of the client and can attempt to help him sort out and make sense of his war experience and his life in a new land. The social worker and the client together write a chapter of his history and coauthor a new chapter of his future that is sensible to the client. (p. 231)

Ecological perspectives and systems theories offer an interactive and holistic framework to conceptualize the environment and problems experienced by diverse clients. Pardeck and Yuen (2006) assert that the ecological perspective is "based

on the metaphor of biological organisms that live and adapt in complex networks of environmental forces. It is grounded in an evolutionary, adaptive view of human beings in continuous transaction and interaction with their physical and social environment" (p. 7). As the result "both the person and the environment continuously change and accommodate one another. Ecological perspective stresses that people and environments are holistic and transactional" (p. 7). They further describe systems theory as the theoretical underpinning of the ecological approach to practice. It allows the practitioner to "understand how the client system is influenced by and affects the greater social ecology. It is critical of a reductionistic view of human behavior and stresses behavior can best be understood in the context of the various social systems" (p. 8).

The orientations of ecological perspective and systems theory form the ecosystem ways of conceptualizing diverse client populations. Yuen (2003) explains the application of these theoretical frameworks to foster holistic and culturally appropriate understanding. He states,

Ecologically, individuals and families as habitats occupy and develop their particular niches within their environment; their existence and reciprocal exchanges with others form the relatedness along with the life experience of rewards and growth as well as stress and difficulties. Individuals and families develop particular coping strategies, meaningful to their culture and reality, to deal with various life stresses throughout the different stages of individual and family life courses.

From a systems theory perspective, if individuals or families behave as open systems that have continuous input, output, and feedback, they will continue to develop and result in the attainment of the state of homeostasis or equilibrium. If the environments in which they reside exist as closed systems, they will eventually become extinct. These environments also interact and network constantly with other ecosystems ... social work practitioners should develop the ability to understand the dynamics within and among these ecosystem networks to form the basis for designing proper interventions. (p. 21)

The worker is to understand the negative and positive niches one occupies such as single motherhood, new immigrants who do not speak English, or the new teacher or medical doctor in town; the stressors and their coping strategies; the interrelatedness and reciprocal exchanges among people and entities; as well as the environment of their communities. The worker could further understand how the client's system is a lively and dynamic system that takes input, processes the input throughout, produces the output, and provides feedbacks as it relates to other equally active ecosystems.

Case Theory The development of a case theory for a client will help move the assessment forward to the formulation of suitable interventions. Bisman (1999) explains the function of the use of a case theory:

To intervene effectively, social workers need to make sense of clients and their situations. A case theory approach to assessment provides a framework to formulate assessments that are clear and directly related to the real-world problems clients present. Explaining the problem situation, case theory forms the foundation for selection of intervention strategies and methods to achieve change. Building case theory requires practitioner

abilities to form concepts, relate concepts into propositions, develop hypotheses, and organize these into a coherent whole. Including case background information, observations and relevant professional literature, case theory presents an accurate and cogent comprehension of the client. (p. 240)

The development of a case theory for change for a client employs the process, conceptualization, and personalization skills. It allows the social worker to develop a logical approach to understand and to develop intervention that makes sense to the situation, the worker, and the client.

ASSESSMENT PERSONALIZATION SKILLS Psychosocial assessment provides an opportunity to evaluate the positive potential of the client. One must not be trapped into focusing on negative pathology. Cox and Ephross (1998) point out the need for a balanced assessment. Assessment ought to mobilize positive resources that support change intervention strategies. A client's strengths and weaknesses are a given reality. However, a conscious effort to focus on positive client potentials and strengths helps create intervention strategies that draw on these resources that reframe the problem as an unsatisfied want or an unfulfilled need and the assessment as an evaluation of client potentials and strengths. As a result, intervention builds on these preceding stages in a substantive way. The worker has positive confidence based on these building blocks.

INTERVENTION

INTERVENTION PROCESS SKILLS The purpose of intervention is to affect a positive change between the person and the problem situation. Among the intervention process skills are goal setting and agreement; the selection of culturally diverse intervention strategies; and micro, meso, and macro levels of intervention. An intervention plan must be based on the needs of the client.

Goal setting and agreement is a cooperative effort between the client and the worker. It involves the detailed formulation of goal outcomes, expected behavioral changes, task objectives, and contracting.

Goal outcomes are terminal achievements accomplished at the end of the intervention stage. They are specific areas that give direction to the client. It is important to write down the exact words of the client as far as a goal outcome is concerned. Begin by asking the client what he or she wishes to accomplish based on resolving the problem. Often, clients may present many interrelated problems and there are many possible strategies for different solutions. The worker should work with the client to compartmentalize and prioritize the presenting problems with special attentions to those that are related to immediate survival, safety, and urgency. Certainly, behind the presenting problems, there are the underlining problems that may be the crux of the presenting problems and the true focus for intervention.

Expected behavioral changes are specific ways the client is willing to alter existing patterns and introduce a positive and alternative way of handling a situation. A workaholic mom may agree, instead of working continuously in her home office, to have family dinners at least three nights a week and to spend at least an hour each night with her children doing homework or just spending time together.

Task objectives are intermediate steps that are taken to move toward the achievement of goal outcomes. This over-working mother may immediately start

working biweekly with a counselor to develop effective time management skills for her involvement in her work and her family. Meanwhile, the worker should explore the underlining issues that may have contributed to the nonstop work scheduling of the mother and the possible neglect of the family and the children within the cultural context of this family.

Contracting may involve working with the client individually or bringing relevant client parties (e.g., family members) together to initially discuss the key goal setting (goal outcomes, expected behavioral changes, and task objectives), sketch them on a board or on a piece of paper, then draw up a written or verbal agreement that is realistic and fair for all client parties involved. Contracting is a dynamic, back-and-fro process that may take several attempts to complete.

The culturally competent worker utilizes intervention skills by selecting relevant micro, meso, and macro strategies based on the problem identification and assessment workup of the case. Among the multiple intervention strategies is the empowerment intervention approach. According to Browne and Mills (2001), empowerment is "the gaining of power by an individual, family group of persons, or a community" (p. 23). While empowerment presupposes a state of powerlessness on the part of the client group, it believes in the client's capacity to develop the power or competency to affect change, may be, with proper support and facilitations. Powerlessness is the inability to control self and others, to alter problem situations, or to reduce environmental distress (Leigh, 1984). Empowerment is a unique and useful intervention that employs a range of change strategies (micro, meso, macro) applicable to client problems. Crafting an intervention plan that embodies empowerment and addresses all three levels of concern denotes the holistic nature of this practice skill.

On the micro level, empowerment is the mobilization of the uniqueness and self-determination of the client to take charge and control his or her life, to learn new ways of thinking about the problem situation, and to adopt new behaviors that give more satisfying and rewarding outcomes (Cowger, 1994). In the empowerment process, the client recognizes that social forces have negatively affected his or her life and moves toward an internal locus of control over the outcome of his or her life as well as an external locus of responsibility to improve his or her life. The client is able to mobilize personal and community resources and control and master the environment. The focus is on client strength and responsibility (Gibson, 1993). Pinderhughes (1989) emphasizes the need to help clients with a sense of positive strength:

Empowerment requires the use of strategies that enable clients to experience themselves as competent, valuable, and worthwhile both as individuals and as members of their cultural group. They no longer feel trapped in the subordinate cultural group status that prevents them from meeting their goals. The process of empowering requires helpers to use their power appropriately to facilitate this shift. (p. 111)

The social worker is a vital resource to nurture the client and to help him or her in this self-discovery. At the same time, a person experiences empowerment as a member of a group. In order to make this empowerment transition, micro individual empowerment is interconnected to meso-group empowerment.

Meso-level empowerment relies on the development of group consciousness and participation. The individual must reach for his or her internal power and at the same time be energized by the group. Group consciousness involves developing

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an awareness that there is collective power in a group and that political structures affecting individual and group experiences need to be changed (Gutierrez, 1990). Collective action and change take place on the meso-group level. Such collaborative partnerships between clients and social workers, client groups, and constituents focus on program and service changes.

Macro-level empowerment addresses large-scale organizational and institutional change. Group empowerment involves the ability to work with others to change social institutions. Political power and resource allocation for those who are powerless but who have mobilized a group's efforts are a part of rebalancing traditional power and control. Macro-level empowerment involves connecting groups with a number of social, political, and economic advocates and agencies who are sensitive and responsive to disenfranchised and powerless individuals and groups. This networking on the macro level is a demonstration of large-scale empowerment. It involves redistributing resource allocations (distributive justice), initiating class action discrimination suits (corrective justice), and working with state and federal legislators on fair and just social programs (political and social justice). Manning, Cornelius, and Okundaye (2004) have identified strengths as an expression of empowerment theory:

The client's support system, as a strength, can provide physical resources such as shelter, financial assistance, and emotional comfort. Individual strengths might be certain innate capacities like the ability to communicate, interact with others, or function under difficult circumstances. The role of the social worker is to help the client identify these strengths and then maximize their usefulness by identifying how these supports can be accessed. (p. 231)

Empowerment as an intervention strategy is appropriate to clients of color, in particular. In First Nations Peoples settings, empowerment is useful to support an individual to function as an integral part of creation. Gaining or developing power is seen as "securing help from the spiritual and natural world for a higher purpose than the individual self—to benefit the Oyate (Lakota Nation)," according to Yellow Horse Brave Heart (2001, p. 165). Empowerment and sovereignty have been linked in that there is the protection of power to advocate for rights, beliefs, and values. Traditional American Indian forms of governance are important to maintain in light of internalized oppression and the impact of colonization. Empowerment and resiliency are two critical themes in this circumstance (Weaver, 2001).

With African Americans, the powerlessness and empowerment themes were first used by Solomon (1976) to describe the situation of Black communities. African American spiritual beliefs and churches have been the source of community empowerment. In large urban areas, African American churches provide recreational, social service, housing, and other tangible economic programs (Manning, 2001). Empowerment is grounded in African American principles of self-determination and an equitable distribution of political, economic, and social choices.

Regarding empowerment with Latino Americans, Negroni-Rodriguez and Morales (2001) indicate that Latinos have natural strengths among extended family members, traditional support and healing systems, and levels of biculturalism and bilingualism. At the same time, they caution that it is important to "assess the ability to help Latino clients move from self-blaming and powerless views to being agents of

change.” This involves working with Latino clients to build a relationship of collaboration and partnership in problem solving and to impart social work knowledge and skills. Client preparation is crucial to launching an empowerment intervention strategy. Like other groups that have a history of being oppressed and discriminated, Latinos may have suffered socioeconomic and sociocultural oppression (racism, colonialism, economic exploitation, and cultural domination) and internal oppression (gender, sexual orientation, race, and class) (Acevedo & Morales, 2001). As a result, it may take longer to sort through these areas as part of the empowerment process.

INTERVENTION CONCEPTUALIZATION SKILLS Intervention strategies should be based on the unique experience of the multicultural client (Ridley, Espelage, & Rubinstein, 1997) and tailored from a broad repertoire of intervention strategies to apply specifically to the client’s problem situation. This involves recognizing the unique factors related to the client, the problem, and the social/cultural environment. Boehm and Staples (2004) identify six essential conceptual characteristics of empowerment:

1. Empowerment is both a process and an outcome. As a process it involves individuals and groups moving from relative powerlessness to increased power and as an outcome it has end products whereby a measure of power is achieved such as access to information or increased economic resources.
2. Empowerment is operative at both the personal and the collective levels. Personal empowerment relates to the way people think about themselves as well as the knowledge, capacities, skills, and mastery that they possess such as increased levels of self-esteem, assertiveness, self-determination, social responsibility, critical consciousness, participatory competencies, and hope. Collective empowerment refers to individuals joining together to break their solitude and silence, to support and help one another, to learn together, and to develop skills for collective action.
3. Empowerment assumes that even when people are in situations of relative powerlessness, they have capacities, skills, qualifications, and assets that serve as resources for individual or collective change.
4. Empowerment cannot be created for another person, but professionals, such as social workers, can help facilitate the empowerment process through consumer self-determination and critical consciousness where people gain understanding of their sociocultural reality and their ability to change social conditions.
5. Empowerment underscores the need for consumers to make decisions and take initiatives as well as establish a partnership between social workers and consumers to share power, joint responsibility, and division of labor.
6. Empowerment focuses on oppressed groups in society, on better understanding of the way inequality and lack of power perpetuate personal and social problems, and a concern for stigmatization and unequal structural relations of power and the means for achieving social and economic justice. (pp. 270–271)

They conducted research on empowerment with 145 respondents (84 consumers, 61 social workers) and reported that mastery and competencies were basic elements of empowerment: physical mastery including the use of equipment and technology; mastery of emotions and behavior; mastery of information and decision making; mastery of social systems; efficient mastery of time and the effective use of

time; mastery connected to autonomy and individual freedom; and planning mastery to prevent negative situations and to actualize positive ones. Empowerment intervention presupposes conceptualizing a plan that addresses micro individuals, meso groups, and macro communities and organizations.

Another conceptual skill of empowerment intervention involves using the client's belief system and culture as sources of strength and empowerment. Conceptualization of indigenous interventions identifies natural cultural ways of helping and reconciling differences, such as the family group resolution effort in Hawaiian culture called *ho'oponopono*. There are other ways that ethnic groups and communities introduce intervention change. Ron Lewis, a Native American social work educator, asserts that it is important for an Indian with a drinking problem to attend and participate in powwows in order to contact his or her First Nations Peoples culture and tribe. These elements help an Indian person cope with alcoholism (Ron Lewis, personal communication, March 1985). Conceptualizing an indigenous intervention with a particular client offers indigenous expressions of empowerment.

Greene, Lee, and Hoffpauir (2005) advocate the solution-focused approach, which is based on a strengths and competence orientation:

The solution-focused approach operates from the assumption that change is occurring much of the time and that there are times when the problem is less frequent, intense, severe, or even not present. The language of solutions facilitates identifying the strengths, resources, and competencies clients use to make these exceptions to the problem occur. (p. 272)

They further explain,

The language of solutions never attempts to deny the existence of problems; rather, it emphasizes the fact that people have strengths, competencies, resources, potentials, and creativity which they or others are ignoring, forgetting, or underutilizing. By focusing the therapeutic dialogue on solutions and strengths, the power of language can facilitate the client and clinician in co-constructing a view of reality that contains an expanded definition of self that includes competence, skills, power, and personal agency. (pp. 272–273)

Conceptualizing interventions that accent empowerment, strengths, competencies, and solutions to problems are directions that culturally competent practice should take.

INTERVENTION PERSONALIZATION SKILLS The culturally competent worker is concerned about intervention implementation. Is the client motivated to make a change? To what extent will the intervention strategy be successful? How can the worker be a source of encouragement and facilitate the change process?

Yuen (2005) asserts that “social work practice could become merely a time-wasting and meaningless exercise of human interactions” (p. 5), if it does not believe in people and their ability to make change. Social work believes in human potential and the need for holistic interventions. The clients and their environment are the targets for both change and improvement. What motivate people to consider change? Frederick Perls, the founder of Gestalt Therapy, believes that change occurs when one becomes aware of what he or she is, not what he or she is not. Clients seek change as they experience conflicts between who they are and who they should be (Yuen,

2005). Motivation for change often comes from the aspiration for a better future or well-being as well as the pain and suffering experienced by the client as a result of the problem faced. The worker recognizes that the client has the power to make choices. The worker cannot and should not assume this responsibility. If the worker has structured the necessary means for change, the client has choice in determining the process.

Why do people come to social workers seeking help to change? Compton and Galaway (1998) believe that people who come to seek services have encountered life situations that have overwhelmed them and their means of solution. As previously suggested, after the initial contact, a psychosocial assessment is often the first step of the helping process. "The aim (of a biopsychosocial assessment) is to understand the clients and their situations in a manner that is culturally, developmentally, socially, and spiritually appropriate. It is also important to assess 'clients' unique concerns, strengths, and challenges'" (Yuen, 2005, p. 6). In some crisis situations, a thorough assessment is not feasible and the worker should still "strive to understand clients' reasons and needs for change, engage clients in working for change, and take aim at the outcomes of change" (p. 5). Assessment and any other efforts of intervention in facilitating changes have to make sense to the clients in their sociocultural contexts and environments. "Service providers with different theoretical orientations have different views on why and how people change. Behaviorists attempt to change behaviors through behavioral modifications. Psychoanalytic therapists try to identify insights that lead to change" (p. 8).

Yuen (2005) explains, "Clients or service recipients come to social workers' attention voluntary or involuntary. Some are highly motivated, while others are reluctant or unsure about their involvement and the necessity for change" (p. 5). Due to cultural and personal issues, unfamiliarity of the service system, feeling of shame, and history of abandonment and discrimination, many minority clients are hesitant to seek out services or resistant to engage in the helping process by reacting as uncooperative or reluctant. Some have chosen to maintain silence. Culturally competent social workers should be able to recognize these difficulties and respond appropriately.

Resistant Clients Instead of immediately labeling clients as difficult clients, the worker should first look inside and ask how one could make this encounter sensible within the client's cultural and personal contexts. A worker should spend time to build trust, identify common ground, and develop relationship instead of hurrying into an explanation of the agency's bureaucratic requirements and paperwork and setting goals without even knowing what the problem is. Acknowledging the client's unique situations and perspectives is more than relationship building, it is also validating the client's concerns, emotions, and feelings. It lays the foundation for cooperative effort for change. "It must be difficult for you. If it is okay with you, I would like to hear about your experience." "I am amazed by your resiliency and determination!" "How do you feel?" "How is your family?" are examples of some simple but powerful statements that indicate the worker's willingness to give credit to and show respect for the client's perspectives.

Positive framing of the problem, overstating of the problem, or over-praising client's effort to address the problem usually draws the client to attempt to correct or agree with the worker and start describing in his or her view of what really is happening. At that particular point, the client has become more engaging and open to assist

the worker to understand the problem and the interventions within the cultural and personal views of the client. In working with children or youth who are not ready to engage, some have suggested to start doing things that would trigger clients' curiosity and cooperative spirit. For example, the worker may start arranging the figurines in the sandbox or drawing a picture of schoolchildren at recess. The client may be curious to figure out what the worker is doing and unknowingly become participating in the story telling. There are clients who do not know why they are seeing a social worker or those who do not see they have the need to seek help. The social worker may draw a circle on a paper and ask the client to write down what is going on in his or her life at the moment within the circle and other nonessential events outside the circle. The client may be amazed by how many they put in the circle and how overwhelmed they are that some assistance may be needed. The list of items in the circle could also become the initial list for prioritizing and identifying focus for intervention.

Silence Silence may be the social norm for many cultures. Silence is, however, threatening and unbearable for inexperienced workers that they feel like they have to do something. Silence can be seen as an opportunity for reflection, evoking intervention, and building a sense of kinship and union (Elson, 2001). Silence may be the result of the lack of words to describe the feeling, that situation could be true to both native and foreign English speakers. Silence is protective that it guarantees one has said nothing wrong. An empathetic silence is healing that shows the worker is being considerate and respectful of client's need for not using words. The worker should develop the ability, both clinically and culturally, to gauge the appropriate extent of silence. Silence could facilitate deeper reflection for growth; it could also provoke anxiety that drives client away and result in loss opportunities. Workers again have to recognize that clients of diverse cultural backgrounds may have different meanings toward silence. Empathetic communication may not require words that to say nothing does not mean not to do anything. Silence has it sounds and workers just have to listen.

No Show We all know that it is a fantasy to believe that all our clients are eagerly looking forward to working with us. Some come to see a social worker because they want to; some come because they have to. Moreover, some come without knowing why. Many new social workers have found that they lost more clients than they retained. Many have also been frustrated by doing all the preparations only to find out the clients fail to show up. No show is a common concern and is particularly more frequent among clients of lower socioeconomic status, having substance abuse-related problems, or having been waiting for a long time to receive services (Meyer, 2001). Ethnic and cultural minority clients are also known to have a high dropout rate. Clients of minority backgrounds as well as refugees and immigrants might have too many negative encounters with the systems and authorities that they become skeptical and less hopeful toward working with a social worker who may be perceived as the representative of the authority or the system. Psychologically and practically, it is easier for the client to drop the social worker than to be disappointed or dropped later on by the social worker. Culturally competent social workers will need to first recognize the mistrust and disappointment that have been experienced by the clients.

There are many ways to address the issue of no show. Building a working relationship with a client may require patience and several attempts, because trust takes time to develop. Reputation, words of mouth, and introduction through a respected source certainly would be helpful. Many ethnic and cultural communities use teacher or medical doctor as the first point of contact as well as referral sources for services. As to the use of community leaders, there are true community leaders and there are self-proclaimed so-called community leaders. A social worker is not called to judge who the true leader is and who is not, but has to be cognizant of the political economy within that community. The first phone call or the first culturally appropriate greeting is the all-important opportunity for a positive first impression. Helping clients to achieve tangible, concrete, and immediate results, small as they may be, could help the clients to see the benefits and confidence of continuing working with the worker. For clients who have repeatedly failed to show up for appointments, Meyer (2001) suggests that a social worker should not set up a dynamic that he or she is pursuing the client. He or she could ask the client resolutely on what the client wants to go from that point. If the client cannot be reached in person, he or she may send the client a brief note expressing his or her concern of the client's well-being and informing the client where the services will be available when the client is ready. For clients who are new to the community or from low socioeconomic status, having time off, finding childcare, or having available transportation are common challenges. While there are many ways that an agency or a social worker could accommodate these logistic needs, the service provider should always consider bringing service to the clients' neighborhood rather than requiring clients to come to the agency.

EVALUATION

EVALUATION PROCESS SKILLS Evaluation, or the ending stage of the social work process, is a critical transition time for the client. On the one hand, a meaningful relationship between the worker and the client is ending, but on the other, the client is making a transition, with the worker's help, to coping with the normal problems of living. Lum (2000) describes four of the process skills:

- Helping the client connect with an ongoing support network: family and friends, ethnic community resources, a referral to another agency for follow-up care
- Conducting retrospective analysis of the problem situation and the growth that has occurred during the helping relationship
- Ascertaining whether the goals and outcomes agreed upon in intervention planning have been achieved
- Establishing a sensible plan for follow-up such as periodic phone calls, visits for checking in, and rechecks that gradually taper off

Evaluation does not start at the end; it begins at the first contact. The end of a working relationship could be the result of the attainment of the expected outcome and the ending is planned and mutual. A client may decide to leave because he or she chooses to do so. Failure to see progress, satisfaction of the progress, conflict between the client and the worker, frustration with the agency policies and procedures, inability to follow agency rules or adhere to the intervention agreement, relocation of the client, or worker leaving the position are all possible reasons for

both planned and unplanned termination (Walsh, 2003). Evaluation is an anxiety-laden process. For many clients of vulnerable populations, their earlier holding environments or refugee/immigrant experiences might have encountered many forced or violent separations and many of the transitions have been difficult. These let-downs and disappointments are often mixed with much unresolved grief and loss of property, people, culture, identity, and even dignity. Ragg (2001) challenges workers to help clients address these "rotten good-byes" and provide them the experience of some "good good-byes." He suggests the worker to highlight and acknowledge client's feeling of loss and anxiety, assist clients to review and evaluate the progress made, capture the feeling with token gifts or favorite sayings, draw boundaries for separation, set limits for future contact including return path for necessary reconnection, and visualize success. Approaching the end of a relationship may trigger many mixed responses ranging from denial of the ending or the importance of the helping relationship, regression to old problem or emergence of new problem, anger and lash out on others including the worker, avoidance and flight by not attending the last session or meeting, to celebration of success, trying out new skills, and making plan for future gains.

Worker should expect some type of "doorknob counseling" behavior such as while client's hand is on the doorknob ready to open the door and leave, the client may suddenly turn around and say "one more thing." Although the client has been working with the worker on a particular issue over time and developed some degree of trust, the reality of the end of a relationship create a sense of "now or never" urgency for client to decide whether to seek help for a critical concern. Some may finally decide to tackle the underlining problem of the presenting problems that they have been working on; some may just be a way to prolong the working relationship. Social workers need to use their professional judgment to decide what the appropriateness responses should be.

People of different cultures and backgrounds have different ways to say good-byes. For some it is the end but for other it is only the beginning. Social workers who work with diverse clients have extra layers of considerations in implementing termination. It is not unusual, particularly for new workers and students, to doubt whether they have provided the best service to the client or hold themselves responsible for some of the failed attempts. Shulman (2006) cautions social workers on this type of thinking:

First, it's important for students to gain a clear perspective on the interactional nature of their practice. They will never be able to reach all clients, no matter how effective and skillful they become. Second, social workers can only do the best they can at any particular moment in their professional careers. They cannot hold themselves responsible for not being able to give a client more than they had. Instead they should guard against allowing their feelings to cause them to underplay the help they have given—just as big a mistake as overplaying their contribution to the client. (p. 199)

EVALUATION CONCEPTUALIZATION SKILLS Evaluation is a critical stage, but it is least considered in social work practice. It is important for a worker in an agency to study the termination rates of clients. What is the agency doing to conclude successful client cases? In cases of premature or unsuccessful termination, what are the agency elements that may have contributed to unresolved cases? Follow-up on

unsuccessful cases may teach the worker and the agency as much as analyzing successful cases. Exit interview surveys and follow-up on premature termination are important because of the high dropout rate of multicultural clients. Research and reflection on early termination and clients of color are helpful at this stage.

EVALUATION PERSONALIZATION SKILLS Evaluation triggers a range of responses on the part of the worker. The caseload number and intensity, along with the stress of unsuccessful resolution of problems, take their toll on the social worker. The daily demand on staff is apparent in many service agencies. Many agencies are using case management to broker a network of services for their clients, group treatment with crisis intervention on serious cases, brief treatment with community referral, and other strategies to deal with the volume of clients. As a result, intensive casework with single clients is the exception rather than the rule of service. Short-term treatment with reachable, concrete, and practical goals results in frequent evaluation and reliance on social services, the family, indigenous community agencies, and ethnic church and community.

CULTURALLY DIVERSE SERVICE DELIVERY

Developing skills to design culturally diverse service delivery program structures is a prerequisite to working effectively with clients. Service delivery deals with structuring programs, facilities, staff, funding, and administration on behalf of serving the needs of client populations in a geographic area. Service delivery design through an ethnic lens is crucial to culturally diverse services.

Service delivery is based on the philosophy of social services reflected in the administrative unit and the board of directors of an agency. It may change as a series of events occurs or as new policies are made that alter how services are organized and delivered to clients. Iglehart and Becerra (2000) observe, "Service delivery as a system or organizational process continues to be a dynamic process that is altered by technological, ideological, political, and economic factors. The mode of service delivery has varied from specialization to integrated, comprehensive services" (pp. 244–245). These authors offer the following observations about social service delivery:

- Social service delivery systems are changing as the population of the United States becomes more diverse and as there is an increased challenge to provide services to ethnic minority groups.
- The client–worker relationship is important in the delivery of ethnic-sensitive services, because the client experiences the agency through the worker as the worker interprets the policies of the agency and implements its services.
- In service delivery planning and implementation, there is a need to accept and respect the client's ethnicity and culture and to increase sensitivity to the cultures and values of minorities.
- In service delivery arrangements, the client is a member of other systems such as groups, communities, and other service delivery systems that are bounded by ethnicity, culture, and community.
- Effective ethnic-sensitive service delivery utilizes and incorporates the client's community and community services in the service delivery process so that the