AFRICAN AMERICANS AND MULTICULTURAL INTERVENTIONS

JOYCE O. BECKETT, PH.D.
DELORES DUNGEE-ANDERSON, D.S.W.
LEAVELLE COX, PH.D.
ALFRIEDA DALY, PH.D.

ABSTRACT

This paper presents a Multicultural Communication Process Model for increasing multicultural competence. Incorporating social work values and practice theory, research findings, and principles of communication theory, the model defines a specific process for intervention with and by African Americans. The process is twofold. First, the practitioner uses the components of the model to guide his own individualized study and growth in multicultural knowledge. Second, the practitioner uses the model to intervene actively or supervise intervention in a multicultural context. The model's eight components are presented followed by case vignettes which vividly describe how the model is applied in a number of practice settings.

PRELUDE

In spite of the efforts of social work professional organizations, race remains a powerful determinant of behavior and experiences. Many of the most educationally and economically successful African Americans daily face behavior from others that indicates how much race matters. An African American male dean of a prominent school of social work attended a professional conference and ended up in the local jail. Dressed in a business suit, he happened to "look like a man walking up and down the conference hotel hallways" whom some residents had reported to security. The police accepted the dean's identity and alibi only after some of his White colleagues came to the jail and said he was telling the truth.

Dr. Zehner is a White female professor at a well-known university. After Dr. King's presentation at a professional conference, Dr. Zehner asked Dr. King for her calling card so she could contact her. After looking at the card, Dr. Zehner said, "You have an error on your card."

Smith College Studies in Social Work, 67(3), June 1997.

Surprised, Dr. King said, "Oh? Show me what you mean." Dr. Zehner said, "This card says you are a full professor; this must be a mistake." Attempting to cover her anger, Dr. King replied, "Thanks for flattering me. You must mean that I look too young to be a full professor." Actually, just as Dr. King had surmised, Dr. Zehner had the "audacity" to tell her the card was incorrect because Dr. Zehner could not believe that Dr. King was a full professor at one of the top five schools of social work.

Leaving social work education and turning to the practice community, we find that many African Americans face the same types of experiences. Dr. Cook, a licensed clinical social worker and the clinical director of a children's mental health facility for over ten years, changed her relaxed hair style to braids. Mrs. Martin, the White Executive Director called Dr. Cook into her office and nervously said she thought Dr. Cook's hair style was not professional and would interfere with her work with clients and other professionals. Dr. Cook was baffled and inquired how her hair style would influence her professional work. "After all, I have been an administrator and clinician here for ten years and have had excellent evaluations." What the executive had problems explaining was that she thought the White clients and staff would be uncomfortable with the symbolism they attached to the different hair style. Not knowing how to handle this issue directly with clients and staff, if it arose, Mrs. Martin asked Dr. Cook to change her "unacceptable" behavior. Dr. Cook resigned from the agency and became a partner in a private, clinical group practice.

Should we dare think that these daily reminders of one's "not good enough" status happen only to African American social workers, we will include a couple of examples for successful persons from other professions. Airline officials have frequently told the Honorable Maxine Waters, an African American U.S. Congresswoman from California, that she was standing in the "incorrect" passenger line because it was for first class customers. Because of her race, they assumed she was riding coach class. Typically, the officials then asked to see her ticket even after she has told them she was correctly stationed. Only after seeing her ticket did the officials leave, never having explained their behavior or apologized for their incorrect assumptions and for doubting Congresswomen Waters' veracity.

The last example is of the first African American Governor in the U.S. since Reconstruction. An airport security employee hit the Honorable Douglas L. Wilder because he "did not like his attitude." It seems that the then former governor of Virginia had asked to see the

employee's name tag because the employee was not very courteous. The employee responded by "punching" the governor in the face. The former governor accepted an out of court settlement after filing suit against the employee, his company, the airline and the airport.

These examples indicate that in America today, educational, professional and economic status do NOT override the negative stereotypical connotations that many Whites apply in evaluating many African Americans. The expectation that achieving middle class status will change negative attributions is not realized for most African Americans. Daily brushes with racism, or with what many African Americans perceive as differential negative treatment because of race, are additional stressors that take a physical and emotional toll both on individuals and on the wider society.

INTRODUCTION

This article focuses on African Americans who are social workers or human service practitioners and those who are clients. It demonstrates that despite enlightened past efforts, there is more that social work can and has to do. The paper discusses the complexity of multicultural practice and presents a model that will help social workers and other helping professionals of all racial and ethnic groups better understand and more effectively intervene with African Americans. Case vignettes vividly illustrate practice situations, first showing how professionals originally responded, and then more successful interventions. Since other authors (Alderfer & Thomas, 1988; Attneave, 1976; Beckett, 1994; Beckett & Dungee-Anderson, 1992; Beckett & Johnson, 1995; Billingsley, 1992; Chestang, 1976; Clark, 1972; Clark, Beckett, Wells, & Dungee-Anderson, 1994; Comas-Diaz & Greene, 1994; Daly, Jennings, Beckett, & Leashore, 1995; Davis & Proctor, 1989; Devore & Schlesinger, 1991; Dungee-Anderson & Beckett, 1995, 1996; Green, 1982; Helms, 1990; Ho, 1987; Hofstede, 1986; Hofstede, Neuijen, Ohayv & Sanders, 1990; Ibrahim, 1985; Ingoldsby & Smith, 1995; Jacobs & Bowles, 1988; Lum, 1992; McGoldrick, Pearce & Giordano, 1982; Nobles, 1980; Norton, 1976, 1978; Pinderhughes, 1982, 1989; Solomon, 1976, 1993; Wood, 1989) have done an excellent job of tracing the efforts of social work as a profession to serve African American clients, this paper focuses on case examples rather than the literature.

Importance of Multicultural Social Work

There are statistical and demographic reasons for the current prominence of multicultural issues in social work. We define multicultural social work as any intervention situation in which the social worker and client have at least one characteristic on which they differ. The difference could be race, marital status, social class, religion, the region in which they grew up, gender, age, ethnicity, education, physical ability, sexual orientation, or any other characteristic. Defined in this way, most social work intervention is multicultural. In most large urban areas, African Americans represent a large proportion both of agency clients and social workers (Bureau of Labor Statistics, 1994; Gibelman & Schervish, 1997). These human service professionals serve African American and other diverse client groups. As the number of visible persons of color and other oppressed persons increase, the proportion of multicultural social relationships also increases. As NASW (1996) demonstrates in its latest standards, it is important that social workers increase their multicultural competencies.

Multicultural Communication Process Model (MCCPM)

The social work profession has been in the forefront of an effort among helping professions to increase the effectiveness of intervention with persons of color. The movement to multicultural social work has raised practice questions about interventions with African Americans, the largest group of color among clients in many urban areas. Effective problem-solving strategies based on an empathetic understanding of the African Americans' help-seeking behaviors is obviously needed. One of the authors (Beckett, 1994) has developed a process model for interventions that include African Americans as clients and/or social workers. Social work values and the perspective of the client in his/her social and physical context underlie the model's conceptualization of individual and group differences. The model views these differences as positive and valuable.

Although the model is applicable to cross-cultural intervention (traditionally defined as White practitioners intervening with clients of color, the MCCPM expands the focus to include interventions in which: 1) social workers and clients are both members of the same racial/ethnic groups but differ on some other demographic characteristic; 2) the social worker is a person of color and the client is White; and 3) the social worker belongs to one ethnic/racial group and the client belongs to a different racial/ethnic group. Incorporating social work values and practice theory, research findings, and principles of

communication theory, the author uses the model to define a specific process for intervention with and by African Americans. The process is two-tiered. First, the practitioner must use the components of the model to guide her own individualized study and growth in multicultural knowledge. Then the practitioner uses the model to intervene or supervise intervention in situations where the client system is different from the practitioner's.

The purpose of this model is to enhance social work practice by promoting and increasing multicultural social work understanding and competence. On the practitioner level, the goal is to increase self-awareness in the context of multicultural practice. The model has eight strategic and interdependent practical components that include acquiring knowledge about different ethnic and cultural groups. Other parts of the model incorporate skills demonstrating self-awareness and professional use of self. It is important to emphasize that this is a process model and as such does not include sequential components nor a linear conceptualization. Instead, a practitioner may begin at any component in the model, simultaneously concentrate on multiple components, or attend to each component several times as one becomes more knowledgeable and skillful in multicultural social work practice. One may use the MCCPM to guide knowledge building and multicultural competency for one group, then another and another, etc.

The eight components of the MCCPM are discussed below and included in the discussion of the case vignettes in the next section of the paper.

Know self— A deliberate, ongoing self-discovery process that requires the practitioner to continually assess his/her cultural values and beliefs, and their influence on interpersonal interactions. This process enhances effective multicultural interventions. It is essential that a practitioner become culturally self-aware, i.e., becomes consciously aware of the beliefs and values he holds and realizes that his perceptions are culture bound. One of the challenges of achieving this goal is that everyone belongs to a number of different cultures simultaneously. There are occupational cultures, regional and neighborhood cultures, gender-based cultures, and cultures associated with hobbies and avocations. Just about any group designation you can think of shares values, etiquette, rules of behavior, and an agreed upon set of rules for living that constitute a culture. Becoming culturally aware involves attending to these multiple cultures. If we are not aware, we are likely to project unconsciously onto the client or other people.

Learning about ourselves, then, enhances our sensitivity to other cultures and prepares us to learn about others.

For example, assume that your patient is an older African American and you are Euro-American. As you begin to speak, she drops her eyes and keeps them down during the entire time you talk. As she responds, she then raises her eyes and looks at something in the room. She never makes eye contact with you. What information will you use when trying to understand this behavior? Most likely, especially if trained in social work in the United States, you project the American view that lack of eye contact means dishonesty, shyness, disinterest or distraction. If you are aware that your cultural beliefs may not be shared by someone from another culture, you become willing to entertain others reasons for this behavior. Actually, the patient's behavior shows deference. For some older African Americans, culture dictates that looking someone directly in the eye is rude, intrusive and disrespectful.

Acknowledge cultural differences — Social workers must acknowledge individual, group, organizational and societal differences. Acceptance of one's own cultural identities is essential to self-knowledge and acceptance. Contrary to some practitioners' fears, straightforward and open discussion of differences does not suggest racism or another oppressive orientation; it doesn't prevent persons from seeing multicultural commonalties, or perpetuate stereotypes. Discussion of cultural differences with the client sensitizes the practitioner to differences among clients and supports learning about other cultures. If the practitioner ignores the client's cultural behaviors and values, he negates the client's individual and cultural identity. Cultural differences influence individual behavior, family organization, family interaction, and organizational behavior.

In fact, acknowledging differences is one goal of multicultural social work. For example, Betty Rami, a 27-year-old African American women brought her 14-month-old son, Rasheed, for a pediatric visit in a large teaching hospital. The physician found out that Ms. Rami fed the baby only breast milk and was concerned that the baby might be anemic. She prescribed iron for the child. On her next visit, Ms. Rami admitted she had not given the baby the iron. The physician was angry because Ms. Rami was noncompliant and referred her to social services. In exploring the situation, the social worker found that Ms. Rami was a naturalist who considered iron poisonous for a small child and preferred to use herbal and natural remedies. The social worker asked for permission for a nutritionist to join them. The three were able to decide on a regime that was satisfactory to the religious

and naturalist preferences of the mother, as well as to the physician. Looking for, finding and working with cultural differences resulted in a process of mutuality and collaboration which included the physician, the social worker, the nutritionist and the mother. This specific example describes a practice intervention which recognizes, supports, and communicates the social worker's positive value and respect for diversity.

Know other cultures — Understanding how other cultural values and patterns motivate behaviors among individuals, couples, families, groups, organizations and/or societies. Knowledge enhances the social worker's sensitivity to differences as a basis for empathic understanding during the intervention process. Knowledge of other cultures is also a weapon against ethnocentrism. Such knowledge prevents the social worker from projecting her culture onto persons from different cultures.

Gaining knowledge about others' cultures does not mean that practitioners have to become anthropologists. What we do learn, however, are some of the cultural values and patterns that motivate behaviors. Such knowledge provides insights necessary to substitute correct, culturally aware interpretations for the habit of projecting one's own culture onto the other. There are several ways to increase knowledge of other cultures, including formal study and observations. The most effective is to interact with persons of other cultures and to have the courage to discuss cultural differences.

Identify and value differences — The use of direct verbal and nonverbal communications throughout the helping process that define and underscore the social worker's positive regard for differences. Practitioners must look for and identify cultural differences between themselves and their clients. This is often a difficult task because it goes against our socialization to the American norm of ignoring differences. Many Americans are taught to treat everyone as an individual, and to be color, gender and culture blind. Practitioners say things such as "Her race does not matter to me; she is just like any other individual; she is a human being," or "When I look at her, I don't see gender, I see an individual." Actually, these statements dismiss and reject characteristics that are crucial to a person's identity and behavior. Furthermore, if all persons are thought to be alike, what individual represents the norm to which all should conform? Discomfort about discussing subjects of race, gender, age and other differences inhibits effective communication and constructive interaction.

Other Americans are taught to see differences but to quickly ignore them. Some think that attention to differences contributes to discrimination and oppression. Even those who recognize differences are quick to label characteristics as good or bad. In reality, differences are not good or bad, they are just different. It is appropriate, and even permissible and desirable, to identify differences among people. People can be different and still equal even though this statement defies the mathematical ranking systems that Americans so frequently employ in evaluating one another; i.e., who is first, who is best? Identifying and valuing differences results in important changes. If we have the courage to notice differences, we are more likely to accept that our own culture does not have a monopoly on the truth. People have different views about the same situations. Perceptions are culture bound.

Recognizing differences allows us to learn from other cultures and to note that our way may not be the only way or that our perceptions can be incorrect in some contexts. In mental health for example, we have only recently initiated empirical studies of the influences of age, gender, race, and other variables on the effect of medication prescribed to clients. Until recently, medication dosage was based on research with young, White men—the subjects in most pharmaceutical studies. Now we are beginning to see that women and men may need different dosages, and children and adults may need different medications for the same emotional problems.

Identify and avoid stereotypes — An intervention of open dialogue which identifies relevant and specific cultural stereotypes that the social worker and others apply to the client's diverse group memberships. This component is based on the practitioner's commitment to recognizing and avoiding the use of stereotypes. It helps social workers view clients both as individuals and as members of cultural groups. When we have inflexible views of people based on prejudgments, we are using stereotypes. Stereotypes assume that everyone from a group has certain characteristics in common. When this perception is incorrect, the result violates individual differences. Stereotypes distort the truth. Commonplace stereotypes include: all African Americans can dance; African women are not good at mathematics; and African Americans are party people. Regardless of whether stereotypes are positive or negative, they have the same results — they distort reality.

Stereotypes should not be confused with information about groups of people. It is possible to say that African Americans usually respect the elderly. In this case we are stating general facts about a group, but

we do not expect every person within it to share this characteristic. This type of information provides guidelines but allows for individual differences. Stereotypes reduce the likelihood that a client will be valued for the characteristics he truly possesses. To eliminate stereotypes, we must first become aware of those we accept and use. We must separate our knowledge about a particular group from the inflexible notions we have. The most effective method is to have multiple experiences with culturally different groups. It is more difficult to stereotype persons with whom we have extensive contact. We can also increase our in-depth knowledge of groups. The more information we have, the less likely we are to stereotype.

Empathize with persons from other cultures — The use of an implicit and explicit practice focus on communicating genuine understanding of the client's experience in a society with differing values, beliefs and operational rules. This component requires the social worker to empower the client and to ask for the client's help in understanding the client's "situation," i.e., in viewing the client's situation as the client, herself, does. The distinction that Perlman (1979) makes between sympathy and empathy is important here. Sympathy, she said, is the practitioner's ability to understand and feel for the client. Empathy, on the other hand, is based on the practitioner's acumen in helping the client vividly describe how she feels in a particular situation so the practitioner can put herself in the client's position, view the situation as the client would, and non-judgmentally accept the client's view as a valid reflection of the client's reality. This process involves a shift in circumstances and in the practitioner's frame of reference. Empathy acknowledges and respects cultural differences through the practitioner's willingness to temporarily give up his/her world view in order to experience another's. Sympathy is an ethnocentric process while empathy is an ethnorelative process. Empathy, then, requires the social worker to know the client as an individual and in his/her particular cultural context.

Adapt rather than adopt — The practitioner's conscious attentiveness to his/her own expectations that clients adopt Euro-American (mainstream) values, beliefs, and behaviors. This stance increases a kind of awareness that encourages positive adaptations to a client's cultural variables. It appreciates that the social worker does not necessarily change his personal beliefs, but nonetheless, has to encourage the client to help him stand in the client's "moccasins" as a way of capturing the client's perceptions. Those perceptions are the client's reality! Social

workers can adapt or take on the client's reality without changing their own basic values and realities.

For example, if you are an Euro-American social worker interviewing an older African American who had lived many years in the segregated south, you might find that the client is hesitant to make eye contact with you. You are not required to stop having eye contact with the client. You do not need to mirror the patient's values and behaviors. You do need, however, to understand this behavior and how it fits into the African American culture. This prevents the practitioner from generating incorrect explanations for the behavior. You must consider the client's values and behaviors in order to communicate effectively, and to provide culturally acceptable and relevant social work interventions.

Acquire recovery skills — A continual focus on recognizing, taking responsibility for and sensitively handling practice errors that occur during the helping process. As professionals mature as multicultural practitioners, they notice specific patterns and techniques that are particularly effective with certain clients. For example, one will usually be more effective in engaging adult African Americans if one uses, initially at least, Mr., Mrs., Miss or Ms. "Surname" rather than the client's first name. "Hello, Mrs. Johnson" rather than "Hi, Jane" is the more appropriate greeting. The human service professional can later ask what the client prefers to be called: "Would you like me to address you as Mrs. Johnson or Jane?"

Social workers skilled in multicultural practice differ from novices not in the number of mistakes they make but in their ability to recover from their errors. If a social worker makes no mistakes in multicultural interventions, she may not be taking enough personal and professional risks. Practitioners who are confident that they can recover from mistakes are likely to be less anxious about making mistakes. A culturally competent social worker will also have different assumptions about culture than an unskilled practitioner. For example, the competent practitioner will view all cultures as valid and viable. Furthermore, she will believe that cultural diversity and heterogeneity must be built into organizational structures and processes.

Multicultural Interventions

This section presents several case vignettes. They describe interaction between a social worker and a client system in the initial, assessment or intervention stage. The interactions are repeated twice. The first presentation describes ineffective or problematic interventions

while the second suggests a more effective approach. The vignettes represent various social work settings involving criminal justice, school-based intervention, agency practice with families, and graduate education. In all except the last vignette, the social worker or client is African American. The last vignette discusses a situation in which both social worker and client are White, but are discussing the client's reactions to and feelings about African Americans. As you will see, even in this situation, the absent parties, African Americans, have considerable influence on the therapeutic interactions and communications.

John and Todd, "You are Just Like Me"

The following case situation demonstrates how and why an intervention process may fail between a practitioner and client who appear to have similar characteristics and share parallel backgrounds. The interaction between the social worker and client highlights how differences that are not readily apparent nor addressed can negatively influence interaction processes.

John is a 33-year-old African American male. He is married and has a 3-year-old daughter. He holds a graduate degree and is a Licensed Clinical Social Worker. He is employed by his state's Family Courts System and is described by his colleagues as "friendly." He easily establishes positive therapeutic relationships with his court–mandated clients. His family resources place him in the upper–middle socioeconomic class.

The client, Todd, a 30-year-old African American male, was referred to John for a family diagnostic assessment. Todd also has completed graduate education and is married. He has a 4-year-old son. Initially, he had been charged in criminal court with "resisting arrest." However, the charges were dismissed. Todd's attorney successfully argued that Todd had committed no crime, and that he lived in the neighborhood where he had been stopped for looking "suspicious." Although exonerated, Todd had a difficult time recovering from the incident. He became increasingly irritable and short–tempered at home and, on a specific occasion, lost his temper with his very active son. Todd had asked him to stop opening and noisily slamming the door to his bedroom. His son did not immediately stop. Todd explained that he had jumped up from his chair, grabbed his son, and began forcefully shaking him. He had been unable to stop himself. His wife was visibly upset. Although she knew Todd was quite remorseful, she reported his behavior to the authorities. She begged him to seek help. Todd readily agreed. He explained that he loved them both and had not

meant to strike out at their son.

When John read Todd's court report, he immediately felt a strong surge of anger and believed he understood exactly why and how Todd had ended up in the legal system. Todd's situation reminded him of his own similar experiences. He would never forget just how humiliated he had been. The following exchange took place at John and Todd's first meeting:

John: "Todd, it looks like you've really had a rough time of it."
Todd: (Nods. Is silent.)
John: "Look Todd, I do not often share personal information, but I do want to tell you this because I sense we are alike in many ways. I can understand how you must feel about all of this. A very similar thing happened to me a couple of years ago."
Todd: "Look man, I'm tired right now. And — I don't mean to be rude but you don't know me so how can you 'sense' we're alike? Why? Because we're both 'brothers'? You *don't* know *how* I feel!"

What occurred during the communication process between John and Todd? John believed himself to be a competent practitioner. He had a record of positive outcomes with the majority of his previous clients and families. However, there was one notable difference between John's previous clients and Todd: the client's similarity to John. Because of their many similarities, John promptly lost his professional perspective. He experienced Todd's situation as his own and violated several components of the MCCPM. First, he had only been dimly aware of the immediate surge of anger he had felt when reading Todd's court report. Having failed to identify his *own* anger about Todd's experience with the police, he then became very vulnerable to projecting his feelings about his own experience onto Todd. He acted as if his feelings really *were* Todd's.

The first component in the model, "know self," requires continuous assessment, identification, and separation of one's personal values and responses from the client's values and responses. Further complicating this situation for John had also been his unconscious observation that Todd was dressed in a business suit similar to his own. He had noted in the court report that Todd's educational status was similar to his and that Todd actually lived in the same upper–class neighborhood where he lived. Finally, the "unfair" treatment he believed Todd had received resonated strongly with his own lingering painful feelings about his similar experience. These areas of "identification" with Todd caused

John to ignore that Todd was indeed a different person who had his own unique perceptions, feelings and responses to his experience. Thus, John was unable to acknowledge or "value" Todd's "differences" as a unique African American male because they were so "alike."

Todd's angry reply made John aware that he had made an error and immediately motivated him to use his "recovery skills." His "knowledge of self" (self-awareness) permitted him to correct his error in the following exchange:

John: "You are absolutely right! And I apologize. I am *very* sorry. For a moment there, I was so caught up in feeling my own anger about my incident with the police, I didn't take the time to ask about you. How *have* things been for you?"

Todd: (Looked at John for a moment and then sighed.) "I- I've needed to get this out for a long time. I really would like to talk to *someone* about what a hellish nightmare this has been!"

In this beginning phase of their therapeutic relationship, John clearly demonstrates the ability to acknowledge his own vulnerability and openly accept responsibility for his error. In doing so, he was able to communicate genuine empathy, which provided a bridge of connection between himself and Todd — through their shared *human-ness.* Had John attempted to recover his error by launching into the full details of his own encounter with the police, he would *not* have acknowledged Todd as a unique and different individual with his own set of responses. John's self-awareness and his capacity to recognize and value Todd's differences permitted him to recover successfully from his error. Only then was Todd empowered to begin speaking of his "hellish nightmare."

Aisha, Pamela and Julie, "But I Am Black!"

This case example illustrates the violation of four components in the MCCPM committed by an African American practitioner, Aisha. These components are: 1) know oneself; 2) identify and value difference; 3) empathize with persons from other cultures; and 4) identify and avoid stereotypes. Aisha, the practitioner, had been working with a 36-year-old Euro-American client, Pamela, a recovering drug addict, charged with neglecting and abusing her five children. The client lived in a poor African American neighborhood and was experiencing oppression from neighbors and her boss at work. She was virtually ostracized from her Euro-American friends, primarily because the

fathers of her children were African Americans. During the initial interview, Pamela came with an older woman, Julie. Julie was in her late forties and identified herself as a close friend. She had been in recovery with Pamela. Initially, Julie seemed to do all the talking for Pamela. She explained, very articulately, how inadequate Pamela was as a parent and how she, Julie, was the one who provided for the care of Pamela's children while Pamela worked. Pamela was paying her, of course, but Julie did not approve of Pamela's male friends, especially the African American males Pamela continued to see.

> You know, she said, no offense to you, but Pamela can do better than that. I don't see what she sees in Black men, and old men at that. That's why she is in the trouble she is in now. She should have known better than to have a child by a Black man. He's not worth anything. I have told her she needs to stop him from seeing that child. He's nothing but a drug dealer and a pimp. Now she's got another Black man. I'm trying to help her but she just won't listen. I think she is obsessed with Black men.

Aisha listened attentively as Julie continued to talk about Pamela's obsession and sexual pursuits with African American men and how unfit she was as a parent. Pamela sat with her head down and quietly agreed when Julie said Pamela was an unfit parent. Then Aisha said matter of factly, "Julie, I understand your strong feelings about Black men, but I wonder how you feel about all Blacks since you chose to see me (a Black therapist). Since you are just a close friend of Pamela's, would you mind if I spoke to Pamela a few minutes alone?"

After establishing a good relationship with Pamela over a period of several months, Aisha began to question her own success with Euro-American clients. The issue of race was constantly being addressed because, as Pamela's story evolved, she described the fathers of all the children as abusive and violent. In addition, Pamela's family, particularly her mother, held them in low esteem. Finally, Aisha, feeling uncomfortable about her ethnicity, confronted Pamela and said simply, "Do you have a problem with my being Black?" The client replied angrily, "I don't care about your being Black, I care about how you treat me. I know you care about me."

In the beginning treatment process, Aisha had failed to acknowledge differences that existed between Euro-Americans and African Americans. In the first session, she had also accepted Julie's stereotypical comments about Pamela and the Black men who had fathered her children. Julie's comments may have evoked feelings of inferiority or incompetence in Aisha. Early in the treatment process, these feelings

may have prevented Aisha from initiating a dialogue with Pamela regarding the feelings Julie's stereotypical comments had evoked.

As Aisha found out in this interview, inferiority and incompetence were the exact feelings Pamela was also experiencing. Identifying such feelings would have initially enhanced open dialogue around this relevant treatment issue. In the early portion of intervention and in the initial part of the interview reported above, Aisha was not aware of her own reactions and feelings about race. She was reacting to Julie's negative comments about African Americans. As a result, Aisha may have missed important information she needed to hear and explore with Julie, before abruptly dismissing her as "just a close friend of Pamela's."

A social worker, with greater multicultural awareness, might have acknowledged Julie's difference and stereotypical statements by reframing the situation: "I sense your concern for Pamela. It must be difficult for you to see her treated so badly by the Black men that she has chosen as friends. Your coming today is an indication that you are here for her. Where do you think we should start in helping Pamela regain her strength as a parent?"

Dr. Rhodes, "Why Am I here?"

This example shows violations of all components of the MCCPM. While trying to aid the smooth transition of a new faculty member, Dr. Sams, a Euro-American social work educator, erected more barriers. Dr. Rhodes had earned a Ph.D. in social work at a state university in the Southeast. His quantitative and computer skills, in combination with his focus on urban youth, made this young African American male an attractive candidate to schools of social work in urban settings. Shangri-La University, located in the Northeast, successfully recruited him for their faculty; he began in the fall term. He had told the search committee he was attracted by the research support they offered and the fact that there were several people of color on the faculty.

A few weeks after the term began, the Associate Dean, Dr. Sams, met with him. She was a relatively young single White female who had been on the faculty for twelve years and had served in her current administrative position for two years. Her stated purpose was to make Dr. Rhodes feel welcome and to assist him with his work agenda. Dr. Rhodes stated that while everything was going well he found the move more challenging than he had anticipated. He missed the easy access to social support systems and the familiar patterns of life in the South, where he had spent his entire life before this move. He expressed a desire to make connection with appropriate agencies and professionals so that he could network and gain more substantive knowledge about

the area's concerns and resources.

Dr. Sams said she was appointing him to co-chair a colloquium on race and ethnic diversity for faculty and students scheduled for October. The speaker had already accepted the invitation. Dr. Rhodes and Dr. Lopez, a Latina professor, should be prepared to respond to questions from the audience after they presented their concerns as minority faculty. She stated she hoped he would teach the course on racism and oppression in the spring as she did not feel the professor who taught it presently was qualified because he was White.

When the meeting ended, Dr. Rhodes left feeling dehumanized and angry while the Associate Dean felt she had done a good job in helping Dr. Rhodes feel he was a part of the faculty. Dr. Sams felt she had acknowledged the cultural differences between Dr. Rhodes and herself and that she had shown that she valued those differences. Despite her good intentions, she had related only to Dr. Rhodes' status as a person of color, and unfortunately she did not respond to the issue he raised. Also, she was not in touch with her own discomfort with a young, single, African American male.

Her lack of self-knowledge, along with her statement that the agenda for the meeting was to facilitate Dr. Rhodes integration into the School, made her focus on his minority status more aggressively. She had not heard the concerns and scholarly interests Dr. Rhodes expressed as she assumed his value to the school largely related to his skin color. She missed his issues around adjusting to the northeastern culture, an adjustment that could be difficult for anyone who had lived mainly in the southeast.

While Dr. Rhodes had stated concerns about the cultural adjustment involved in moving from another area with distinctly different cultural patterns, Dr. Sams did not explore these issues. As a consequence, she lost an opportunity to empathize and to assist Dr. Rhodes in making a needed adjustment. By not responding to these issues, she had communicated that his research goals were not important to the school. She had stereotypically assumed that he would be able to teach a course on oppression without considering his qualifications and interest in this area. Furthermore, she had set up a possible rivalry between Dr. Rhodes and the White male currently teaching the course. Finally, she had implicitly introduced a power differential by assigning him responsibilities for a program already structured in a way that left no room for his input. She also closed discussions about the assignments she made.

The MCCPM could have helped Dr. Sams avoid many of these mistakes. Her role in this relationship was to assist Dr. Rhodes in

developing his potential as a scholar so he would be well prepared for promotion at his tenure review. The literature on cross-racial relationships suggests that racial dynamics are a primary influence, and that developing a meaningful relationship depends on knowing where each person is in terms of his/her racial identity (Alderfer & Thomas, 1988; Cross, 1991; Helms, 1990; Kantor, 1977; Thomas 1993). If Dr. Sams had been more self-aware, she might have assessed her own readiness to effectively mentor a person of color. She might also have identified areas of cultural differences (e.g., ways of relating to authority structure) which might be relevant as well as common ground (e.g., similar theoretical and substantive areas). Ideally, this self-assessment could have identified areas of inquiry she could pursue in this initial interview in order to provide for his needs.

The focus of this interview then might have been to get to know Dr. Rhodes, his interests, his support system, and his work plan for the year. She might have asked what assistance the School could offer to assist him toward his goals and what opportunities interested him. Such questions would have provided opportunities to individualize him, to affirm and welcome him to the community of scholars at the University. After acknowledging interest in his agenda, Dr. Sams could then have inquired about his view about contributions he could make to the school for the coming year. Some information about African American events, organizations and key people, offered as one would to any other member of an ethnic/racial group, would have been appropriate to share when Dr. Sams commented on the challenge of adjusting to the new area. Even given these errors, Dr. Sams could modify the problems generated in this initial interview by becoming more sensitive and open in her management and professional relations.

Candice, "Now I Know"

A young, Euro-American social worker violates all eight components of the MCCPM. A 27-year-old Euro-American practitioner was assigned to work with a group of African American adolescents in an alternative school. The school was for drop-outs and students who had been expelled from school for fighting and other school violations. Her supervisor, Mrs. Diggs, a middle-aged, African American woman, asked her to work on career development with this group. The practitioner, middle class and a new MSW graduate, was excited but had not worked with nor had any previous interactions with African Americans. Although she lived in a neighborhood not too far from the housing development where many of the alternative school students

live, she only saw them on the streets and in their run-down neighborhoods when she infrequently passed by.

During the first meeting with the group, Candice nervously asked the group to tell her what they wanted to do. She asked: "Do you think you are college material?" One young African American male yelled, "No, I'm going to be a drug dealer, and I'll make more money than you." Shocked, appalled and confirmed in her previous biases and stereotypes about African American males, she told Mrs. Diggs at their next meeting, "You wanted me to work on goal setting with them? They do not have any goals. They don't want to be anything." After two planned sessions of attempting to facilitate group participation in simple games, Candice decided to consider the suggestion her supervisor had made and assume that these young people did have the capabilities of planning collaboratively with her for their future. Perlman (1979) called this technique "acting as if." Candice allowed herself to act as if the group were capable. Mrs. Diggs had also advised Candice to treat the group with the same respect that she would want to receive if she were planning with her career advisor. She might be surprised to find strengths in this group. In an effort to apply these theoretically based strategies, Candice opened her next group meeting with the following statement:

> You know, I have really blown it for the first three meetings. I can tell the activities that I have planned for you are just too elementary. You all have so many wonderful skills. I have been noticing some of your work in other classes and I see how competitive you are in the PE class. Today, I really need your help to get this group on the right track and to plan some real exciting and challenging activities that will help you discover your talents and skills in planning for a future career.

She was amazed that these young people were really able to come up with their own agenda for the meeting. The young man who had said he was going to be a drug dealer emerged as a leader and helped facilitate the group. With his help, the group developed a plan for the next three meetings which included visiting the area community college to get information about computer technology. In her follow-up meeting with Mrs. Diggs, Candice, elated and surprised by this experience, said "I have found a new, real meaning for respect of their individual strengths and own self-determination after all these years of reading about it in the social work literature."

Jamison and Mary, "The Word Just Slipped Out"

As Mary is being seated in the office, the social worker, Jamison, observes Mary's meticulous grooming as well as her faded, worn, but clean clothing. This is their first meeting. Jamison asks Mary to have a seat. The following is their initial interaction.

Mary: "Whew! Am I glad *you* called my name. When I saw that n——— walking toward me, I thought certain she was coming for me. No disrespect to this office, but I would have walked right out!"

Jamison: "Well, I am glad you were not disappointed. (Smiles painfully.) Now, how may I help you?"

This interaction between two Euro-Americans raises questions about practice dimensions not often examined in the context of diversity and multicultural communication processes. While neither is African American, Mary's views of African Americans are explicit. It is evident that Mary has very strong racial biases. She has openly stated her attitudes in the very first minutes of her meeting with Jamison. Although Jamison does not share Mary's sentiments, and is offended by the racial slur, she does not communicate her feelings or address the issue with Mary at all. Jamison wonders how to handle the situation.

Mary immediately began to talk of the fights with her abusive husband. Jamison was attentive but found it increasingly difficult to listen to Mary's descriptions of the many confrontations she began describing. She was uncomfortable with Mary's distress and also felt distracted by Mary's repeated use of racial epithets. She became aware of rising feelings of distaste followed by dislike for Mary. She offered a slight smile but said nothing. Jamison was not sure what action, if any, to take about the slurs.

Mary continued talking but paused several times while glancing at Jamison. Finally Mary stopped speaking. She stood up and said, "I'm sorry I have taken up so much of your time. I can see that you're not really interested in what I have to say." As she left the room, she said over her shoulder, "Thanks." Jamison sat there, stunned. She was quite aware of the guilt, shame, and relief she was experiencing, all at the same time. She mumbled to herself, "What went wrong?" She realized she had lost her client.

This exchange poses a practice issue that raises controversial discussion among practitioners as well as across the varied social work practice settings. The situation itself presents a scenario among individuals who belong to the same racial group, Euro-Americans

(Dungee-Anderson & Beckett, 1995). The professional practice controversy is value-based, as suggested in the following three hypotheses about Jamison's interventions with Mary: (1) Might Jamison have been fearful of alienating Mary and therefore chose not to start her interactions with a confrontation? (2) By her silence, was Jamison making an effort to accept and value Mary as a unique individual with differences? (3) Or, did Jamison not "know herself" and as a result, did she egocentrically receive Mary's offensive statement that she preferred to work with a White social worker, as confirmation of her competence? Moreover, is there a basis for argument that the social worker's intervention *was* inadequate?

First, by not responding to Mary's offensive comment, the social worker communicated the *illusion* of accepting and valuing Mary's differences. Does the component of the MCCPM model, "acknowledge and value differences," include valuing and respecting differences that seriously violate the centrality of social work values? As a practice value, should Jamison have supported Mary's right to express her racial biases and her use of racial epithets?

We argue that Jamison's failure to address her strong objection to Mary's negative racial references was a significant error. The position that the component, "acknowledge and value differences," is all inclusive, is in direct conflict with social work's professional value base, upon which the Multicultural Intervention Process Model is based. Thus, because Mary's behaviors expressed values that violate the value base of the profession, the Multicultural Intervention Process model suggests that Jamison was morally required to address Mary's behavior.

Jamison did not feel acceptance or beginning appreciation for Mary's sentiments. However, she offered a wan smile that obviously was not motivated by her genuine response to Mary. As Mary continued speaking about her situation, Jamison's growing level of discomfort soon overshadowed her efforts to attend and listen empathically. She was preoccupied and offended and simply wished Mary would leave, which is exactly what Mary did.

What might have been a more genuine and therapeutic response to Mary's initial comment? Consider the following more culturally competent and client-centered reaction:

Mary: "Whew! Am I glad *you* called my name. When I saw that n——— walking toward me, I thought certain she was coming for me. No disrespect to this office, but I would have walked right out!"

Jamison's alternate response: "Well, I do hope I am able to help. It is sometimes very hard to ask for help and I am glad you have come. Before we begin, I would like to say something — and I believe you will be able to hear me, to respect my position, since we will be working together. The professional training I have had teaches us to respect all persons whether we like them personally or not. I have had to practice this for a long time and I guess it is second nature to me now. Please believe I respect your right to all and any feelings *you* may have about others. However, as we talk, it will be difficult for me to genuinely appreciate how you may be feeling if I am distracted when you use words about African American people that my training teaches us are disrespectful. Would it be okay if we didn't use those terms while we work together?"

Jamison's alternative response to Mary's offensive comments uses all of the components in the MCCPM. First, she offers a clear challenge to Mary's behaviors, but not to her values and beliefs. In this response, Jamison "acknowledges their differences" and makes it clear that she responds differently when referencing other racial groups. Further, she openly articulates that she has "identified" Mary's use of a negative stereotype and requests that such comments be avoided in their work together. Also, Jamison has experienced the client's comments as offensive and has communicated her value differences from a professional value–based perspective, one that is not *personally* challenging to the client's values. Though implied, this response involves a distinct "adaptation" to the client's cultural variables. Jamison did not request that Mary change her values and beliefs about other racial groups. She does convey to the client that, to ensure a successful intervention process, it is necessary to refrain from negative stereotyped expressions *when* they work together.

Inherent in Jamison's substitute response to Mary is her self-knowledge, and her understanding of the perverse effect Mary's offensive behaviors could have on the mutuality of their working relationship. It also reflects an understanding that intolerance breeds intolerance, and that people are the products of their environments. Thus, in order to preserve an opportunity to be genuine and assist the client, Jamison's professional knowledge could have defused her personal reactions if she had been guided by her understanding that culture motivates values and patterns.

Our clinical experiences suggest that Mary might have responded to this more culturally sensitive and culturally competent intervention as follows:

Mary: "I- I – Oh- sure. I didn't mean — I mean — I didn't mean that like it sounded! I was afraid- I mean — the word just slipped out. No problem. I'm sorry."

CONCLUSION

This paper has presented a Multicultural Communications Process Model. Based on communication theory, the aim of the model is to enhance social work practice by promoting and increasing multicultural social work understanding and competence. It is especially useful when considering social work intervention with or on behalf of African American clients and practitioners. The model is two-tiered. First the practitioner uses it to guide his/her individualized study and growth in multicultural knowledge. Second, the practitioner uses the model to intervene or supervise interventions in multicultural practice. The paper presented the eight components of the model along with several case vignettes that illustrate the model's effectiveness in guiding multicultural interventions.

REFERENCES

Alderfer, D., & Thomas, A. (1988). The significance of race and ethnicity for understanding organizational behavior. In C. Cooper & L. Robertson (Eds.), *International review of industrial and organizational psychology* (pp. 1-42). London: Wiley & Sons.

Attneave, C. (1976). Social networks as the unit of intervention. In P. Guerin (Ed.), *Family therapy* (pp. 220-233). New York: Gardner Press.

Beckett, J. (1994). *A cross-cultural model of social work practice.* Unpublished paper presented as the Galt Lecture in Mental Health. Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, Richmond, VA.

Beckett, J., & Dungee-Anderson, D. (1992). Older minorities: Asian, Black, Hispanic, and Native Americans. In R. Schneider & N. Kropf (Eds.), *Gerontological social work* (pp. 277-322). Chicago: Nelson Hall.

Beckett, J., & Johnson, H. (1995). Human development. NASW, *Encyclopedia of social work* (19th ed.), (pp. 1385-1405). Washington, DC: National Association of Social Workers.

Billingsley, A. (1992). *Climbing Jacob's ladder: The enduring legacy of African American families.* New York: Simon & Schuster.

Bureau of Labor Statistics. (1994). *Household data survey: Employed civilians by detailed occupation, 1985-1994.* Washington, DC: Author.

Chestang, L. (1976). Environmental influences on social functioning: The Black experience. In P. Cafferty & L. Chestang (Eds.), *The diverse society* (pp. 59-74). Washington, DC: National Association of Social Workers.

Clark, C. (1972). Black studies or the study of Black people. In R. Jones (Ed.), *Black psychology* (pp. 4-17). New York: Harper & Row.

Clark, M., Beckett, J., Wells, M., & Dungee-Anderson, D. (1994). Courtship violence among African American college students. *Journal of Black Psychology, 20,* 264-281.

Comas-Diaz, L., & Greene, B. (Eds.). (1994). *Women of color.* New York: Guilford Press.

Cross, W. (1991). *Shades of Black: Diversity in African American identity.* Philadelphia: Temple University Press.

Daly, A., Jennings, J., Beckett, J., & Leashore, B. (1995). Effective coping strategies of African Americans. *Social Work, 40,* 240-248.

Davis, L., & Proctor. E. (1989). *Race, gender and class: Guidelines for practice with individuals, families and groups.* Englewood Cliffs, NJ: Prentice Hall.

Devore, W., & Schlesinger, E. (1991). *Ethnic-sensitive social work practice* (3d ed.). New York: Merrill.

Dungee-Anderson, D., & Beckett, J. (1995). We don't have to be insulted like this. In P. Sessions, S. Donner & A. Garrett (Eds.), *Interviewing, its principles and methods* (pp. 277-283). Milwaukee: Families International.

Dungee-Anderson, D., & Beckett, J. (1996). A process model for multicultural social work practice. *Families in Society: The Journal of Contemporary Human Services, 76,* 459-466.

Gibelman, M., & Schervish, P. (1997). *Who are we: A second look.* Washington, DC: National Association of Social Workers.

Green, J. (1982). *Cultural awareness in the human services.* Englewood Cliffs, NJ: Prentice-Hall.

Helms, J. (1990). *Black and White racial identity.* New York: Greenwood Press.

Hofstede, G. (1986). Cultural differences in teaching and learning. *International Journal of Intercultural Relations, 10,* 301-320.

Hofstede, G., Neuijen, B., Ohayv, D., & Sanders, G. (1990). Measuring organizational cultures: A qualitative and quantitative study across twenty cases. *Administrative Science Quarterly, 35,* 286-316.

Ho, M. K. (1987). *Family therapy with ethnic minorities.* Newbury Park: Sage.

Ibrahim, F. (1985). Effective multicultural counseling and psychotherapy: A framework. *The Counseling Psychologist, 13,* 625-638.

Ingoldsby, B., & Smith, S. (Eds.). (1995). *Families in multicultural perspective.* New York: Guilford Press.

Jacobs, C., & Bowles, D. (Eds.). (1988). *Ethnicity and race: Critical concepts in social work.* Silver Spring, MD: National Association of Social Workers.

Lum, D. (1992). *Social work practice & people of color: A process-stage approach* (2d ed.). Pacific Grove, CA: Brooks/Cole.

McGoldrick, M., Pearce, J., & Giordano, J. (1982). *Ethnicity & family therapy.* New York: Guilford Press.

National Association of Social Workers. (1996). *Code of ethics.* Washington, DC: Author.

Nobles, W. (1980). Rethinking the so-called Negro self-concept. In R. Jones, (Ed.), *Black psychology* (pp. 99-105). New York: Harper and Row.

Norton, D. (1976). Residential environment and Black self-image. In P. Cafferty & L. Chestang (Eds.), *The diverse society* (pp. 75-92). Washington, DC: National Association of Social Workers.

Norton, D. (1978). *The dual perspective: Inclusion of ethnic minority content in social work education.* New York: Council on Social Work Education.

Perlman, H. (1979). *Relationship: The heart of helping people.* Chicago: The University of Chicago Press.

Pinderhughes, E. (1982). Afro-American families and the victim system. In M. McGoldrick, J. Pearce & J. Giordano (Eds.), *Ethnicity & family therapy* (pp. 108-122). New York: Guilford Press.

Pinderhughes, E. (1989). *Understanding race, ethnicity and power: The key to efficacy in clinical practice.* New York: Free Press.

Solomon, B. (1976). *Black empowerment: Social work in oppressed communities.* New York: Columbia University Press.

Solomon, B. (1993). Ethnocultural issues in child mental health. In H. Johnson (Ed.), *Child mental health in the 1990s: Curricular for graduate and undergraduate professional education* (pp. 20-26). Washington, DC: U.S. Government Printing Office.

Thomas, D. (1993). Racial dynamics in cross-race developmental relationships. *Administrative Science Quarterly, 38,* 169-294.

Wood, J. (1989). Communicating with older adults in health care settings: Cultural and ethnic considerations. *Educational Gerontology, 15,* 351-362.

Copyright of Smith College Studies in Social Work is the property of Smith College Studies in Social Work and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.