Diversity & Cultural Competence

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Diversity & Cultural Competence

Two recent events have made the need for "cultural competence"— understanding the specific cultural, language, social and economic nuances of particular people and families—more important than ever. One is the civil rights movement that began in the 1950s, in which African Americans, women, gays and lesbians, people with disabilities and other minority groups alerted the country to their distinct identities and long histories of oppression. The other is the growing number of new immigrants to this country, who bring with them unique cultural, language, religious, and political backgrounds. Histories of internal displacement within their own countries, torture, political oppression, and extreme poverty abound among immigrant communities. Melding these backgrounds with the history, experiences, and expectations of U.S. born ethnic and diverse populations creates both challenges and opportunities for social workers.

It is fair to say that both helping professionals and society at large have a long way to go to gain cultural competence. Fortunately, social workers represent a group of service providers with a longstanding history of understanding both people's differences and the impact of social injustices on their well being. Today, many social workers are adding cultural competence to these already existing strengths and values, making them particularly well-equipped to deliver culturally competent care. Many schools of social work now include curricula on cultural competence, and the National Association of Social Workers recently developed standards that require social workers to strive to deliver culturally competent services to their increasingly diverse clientele.

It is no exaggeration to say that a culturally competent provider can mean the difference between a person "making it" or "falling through the cracks." Here is an extreme example. Latina social worker Josie has a brother with schizophrenia who speaks only Spanish. When her brother failed to receive culturally competent care over a 20-year period, he was hospitalized 162 times. When he finally did receive culturally competent care, he was hospitalized only once in 15 years.

Language differences affect both majority and minority populations. For example, a refugee from war-torn Bosnia doesn't understand English, and he lacks both material and financial resources. If he doesn't get help, he faces many potential dangers that result from poverty and an inability to access the system. A social worker trained in culturally competent care connects him with a range of social services—the traditional assistance provided by social workers. In addition, she introduces him to a group of other Bosnians who have undergone similar experiences thus, providing an added support that she's aware of because of her extra training.

Another example of how a culturally competent social worker can have an impact on people's lives is in the area of international adoptions. Social workers trained in cultural competence can help adoptive parents understand their adopted child's cultural heritage and create activities to keep the child's culture alive. Adding this dimension to the child's assimilation can foster the youngster's sense of identity and make the adoption experience a smoother and happier one for both parents and child.

For Asian Americans, families are their primary source of support; thusly, they tend to keep problems inside the family rather than sharing them with others. A social worker who is culturally competent will therefore provide brief, task-oriented therapy that respects their privacy and helps them achieve concrete goals, instead of providing traditional Western-style therapy that is more individualistic and analytical. Similarly, African Americans often come from backgrounds that include extended-family bonds and a strong, community-oriented spiritual life. Trained social workers will make sure these cultural realities become an integral part of therapy by often times including other family members in therapy.

Culturally competent services are needed beyond race and ethnicity. Culturally competent social workers are also better able to address issues of gender and help persons with disabilities, older adults, gays, lesbians, bisexuals, and transgender people. A working knowledge of these groups' cultures and values helps social workers tailor care so it is effective and appropriate for their clients' needs.

It can be persuasively argued that effective care is impossible without a working knowledge and understanding of a person's or group's culture and background. As we move into an ever more pluralistic and multicultural society, social workers are among those best-equipped to deliver that care and to empower people from all backgrounds to lead connected, healthy lives.

 http://www.socialworkers.oro/sections/credentials/cultural comp.aso

 http://wwvy.helost3rtshere.orQ/kids and family/schools and communities/current trends/schoois and communities trends.html

References:

 http://ww\v.naswdc.org/pressroom/features/issue/diversity.asp?print=l&

9/6/2011

LEGALISSUES: FACTS & THOUGHTS

*This section of the newsletter is dedicated to legal and policy issues affecting social work practice, agencies and social work professionals.*

DUTY TO WARN: Revisited

**FACTS:**

The relatively recent Supreme Court of Texas case of Thapar v. Zezulk again revived interest in the "Duty to Warn" question. For Social Workers this important inquiry occurs reasonably often when the client, sitting in the office or over the phone threatens an identifiable person with harm and has the present means and intention of carrying out the threat. For example:

*During a therapy session, on agitated client informs the social worker that he is fed up with his wife. She has committed adultery and he knows the man involved. The recently divorced next door neighbor. As he leaves the session, he says, "I am going to get my rifle and hunt him down like a rabbit in the woods. And I can do it"says the ex-serviceman a hero of Desert Storm. The social worker believes him. He is determined, armed, angry, self-righteous and belligerent.*

*What is the social worker to do? How does the social worker deal with this information?*

**Guidelines:**

According to rules published by the Texas State Board of Social Worker Examiners, "A licensee shall not disclose any confidential information except as provided in the Health and Safety Code, Chapter 611 or other applicable state or federal statutes or rules. A licensee may take reasonable action to inform medical or law enforcement personnel if the professional determines that there is

probability of imminent physical iniurv by the client to the client or others or there is a probability of immediate mental or emotional injury to the client"

The National Association of Social Workers **CODE OF ETHICS** (1 -1 -97) provides (c) "Social Workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when *disclosure is necessaiy* to prevent serious, foreseeable, and imminent harm to a client or other identifiable person or when laws or regulations require disclosure without a client's consent. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose, only information that is directly relevant to the purpose for which the disclosure is made should be revealed."

The Supreme Court of Texas, (and an article in the Fort Worth Star Telegram, June 28, 1999) trace the history and development of the "duty to warn" question in Texas and offer a genuine insight into this complex issue including the California TARASOFF litigation. The court discusses the Texas exceptions to the confidentiality statute which indicates:

"There is an exception in the confidentiality statute that provides for disclosure to law enforcement personnel in certain circumstances.

The stature, however, **permits these disclosures but does not require them."**

"2) To medical or law enforcement personnel where the professional determines that there is probability of imminent physical injury by the patient/client to himself or to others, or where there is a probability of immediate mental or emotional injury to the patient/client.

The court goes on to indicate that: "the confidentiality statute here evidences an intent to leave the decision of whether to disclose confidential information in the hands of the mental-health professional. In the past, we have declined to impose a common-law duty to disclose when disclosing confidential information by a physician has been made permissible by statute but not mandatory. We have also declined to impose a common-law duty after determining that such a duty would conflict with legislature's policy and enactment concerning the employment-at-will doctrine." " *We decline to impose a common law duty on mental- health professionals to warn third parties of their patient's threats. "* **Thoughts:**

In their book, PORTABLE LAWYER (Wiley, 1998) the authors trace the options, "Legal Lightbulbs." in duty to warn cases, indicating actual and potential inconsistencies between the ethical guidelines of national and state organiza*continned*

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tions and the state licensing laws, and the cases litigated in the Supreme Courts of the various states.

The Texas Supreme Court has clearly rejected the holding in the TARASOFF Case. In Texas there is no direct, imposed, mandated duty to warn an identifiable potential victim of an actual or implied threat. Until the Texas Legislature imposes such a duty it appears the social worker is left with only one option: notifying medical or law enforcement personnel if he or she chooses. Notifying the potential victim may be an impermissible breach of confidentiality. When faced with this kind of dilemma all options available should be carefully explored before a decision is made.

The NASW Code of Ethics does not impose the specific duty to warn identifiable, potential victims. The Texas State Licensing Act for social workers falls short of imposing this duty. Unlike the Texas LPC licensing act the Texas State Licensing Act for social workers does not even mandate notification to medical or law enforcement personnel.

National and state organizations and attorneys can shed light and share wisdom concerning the issues, but each social worker must make a decision after analyzing and balancing the risks involved to the client, the potential victim and the individual social worker.

Doing nothing appears to be a legal option at the present time, but may not be an ethical or moral option for the social worker confronted with the threatening and danaerous client.

*nothing. Client leaves the office, picks up his weapons, pins on his Marine Marksman's Medal and kills adulterous neighbor. Children of deceased neighbor investigate and realize after legal consultation, they can not sue social worker as social worker had no "duty" to warn their father. Children know nothing of the affair. Filled with anger and frustration they gather the facts and file complaint with the Texas social work licensing board and NASW. They assert that a reasonable social worker, armed with this knowledge, has a moral, ethical, common sense and civic duty to warn the identifiable, intended and vulnerable victim.*

*Question: Does a Texas Supreme Court decision control the opinions of the state board or NASW? What are your thoughts?* Thomas L. Hartsell, Jr. JD 214-363-0555

Barton E. Bernstein, JD. LMSW

If you would like a copy of the "Legal Lightbulbs" source article please send a pre-addressed envelope with $.96 postage to Thomas L. Hartsell Jr., Attorney at Law, 6400 North Central Expressway, Suite 402. Dallas, TX 75206.

For a copy of the Supreme Court of Texas decision, contact the chapter office at 1 -800-888-6279.

**EPILOGUE:**

The worst case scenario

*Social worker does*

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**Dallas Unit teams with the American Red Cross to bring you Ethics!**

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**Call Sharon Raver-Villanueva at 214-823-5700 x232 or Doris Marshall 214-526-8721 for more information.**

DALLAS UNIT OffEXS CONrEKE.NCt •SCHOLARSHIP!

The Dallas Unit of NASW/ Texas is offering the Maida Dees Award, a SI50 scholarship which has been made available by the Women's Council of Dallas County, to assist a social worker from the Dallas Unit area to attend the NASW/Texas State Conference, at the Adam's Mark Hotel, Houston, November 4-6.

Maida Dees, an early member and third president of the Women's Council of Dallas County, gave a bequest to the Women's Council of Dallas County, in 1972 to be used for continuing education for social work employees of social service agencies.

Members and nonmembers of NASW; may apply. In order to be considered for a scholarship you must: 1) be employed full or part time by a non-profit social service organization in the Dallas area, 2) work for an organization unable to afford the fuil cost of your attending the conference. Call Sonja Romanowski, leaing your name and address on the ansering machine at 972-690-4755 to request an application form. The awardee will be notified by October 14 in order to buy 21 -day advance plane fare, if needed.

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