

Consider This: Becoming Multi-culturally Competent Regulators

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Every person is shaped by the features which create the **context** of his/her life:

- ✓ Age
- ✓ Religion
- ✓ Sexual orientation
- ✓ Race and ethnicity
- ✓ Family structure and child-rearing practices
- ✓ Social and economic class
- ✓ Different abilities
- ✓ Gender
- ✓ Physical appearance
- ✓ Language, accent, and linguistic style
- ✓ Occupation
- ✓ Education
- ✓ Attitudes and values
- ✓ Geographic roots and place of residence
- ✓ Health and mental health status



These **contextual factors** affect all an individual's relationships, including how they respond to case situations as regulators.

Although human beings are dissimilar, they are still more alike than different.

We should not emphasize either similarities or differences.

Multi-cultural professionals know that

- 1) we share many things in common regardless of culture, and*
- 2) we all are profoundly affected by the many cultural aspects with which we identify.*

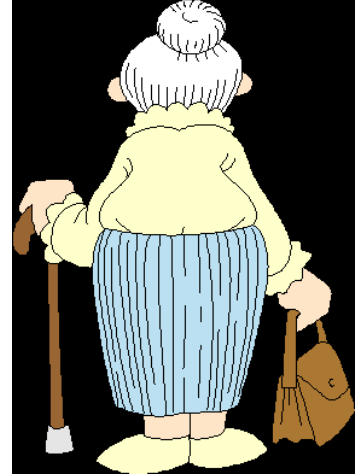
Regulators often need to address context, but it should be within appropriate professional boundaries.

To be successful at addressing all these contextual, multi-cultural components, the regulator:

- Should understand how one's values and biases interact in the regulatory relationship;
- Should acknowledge and monitor his/her personal attitudes and biases about contextual factors;
- Should not generalize about any individual because of the assumptions you make or knowledge you have about a group with which you think the individual may be aligned;
- Should avoid overemphasizing contextual factors;
- Should ask questions before drawing conclusions;
- Should be willing to discuss with other regulators any statements that may indicate that regulators are acting on the basis of personal bias about contextual factors;
- **SHOULD ALWAYS RESPECT YOURSELF AND THE PARTIES IN THE CASE**, without regard to contextual factors!

Here are some questions to ask yourself as a regulator when you consider cases:

1. Does something about this person's *appearance* make me think this person's behavior is abnormal?
2. What is my basis for making these assumptions?
3. What labels am I consciously or subconsciously applying to this person?
4. Where did those labels originate?
5. What other labels might I use to describe this behavior?
6. What cultural group do I assume this person belongs to?
7. What do I know about that group?
8. Are my assumptions, labels, and beliefs about certain groups affecting my decisions as a regulator in this case?



The multi-culturally competent professional adopts an **ETHNOGRAPHIC STANCE**, in which we learn from each other about the nature and effects of contextual factors. We remain open to new data, using active listening, checking out our conclusions, and respecting one another.

Resources that triggered thinking about Multi-Culturally Competent Regulators:

Bransford, C.L. (2009). Process-centered group supervision. *Clinical Social Work Journal* 37, 119-127

Christie, A. (Spring 2009). Workplace abuse: Roles of the supervisor and the supervisee. *Journal of Social Work Values and Ethics* 6 (1). <http://www.socialworker.com/jswve/content/view/114/67/>

Doyle, O.Z., Miller, S.E., Mirza, F.Y. (Spring 2009). Ethical decision-making in social work: Exploring personal and professional values. *Journal of Social Work Values and Ethics* 6 (1).

<http://www.socialworker.com/jswve/content/view/113/67/>

Haynes, R., Corey, G., Moulton, P. (2003). *Clinical supervision in the helping professions: A practical guide*. Thousand Oaks, CA: Brooks/Cole.

Taibbi, R. (1995). *Clinical supervision: A four-stage process of growth and discovery*. Milwaukee: Families International.