

From the Practitioner's Desk

Show Me That You Care:

Cultural Competency In Engaging Minority Clients

Carol Joann Beathea, Ph.D.

Abstract

Within the human services field an initial interview may not be productive due to the failure of the social phase of the first session. The author discusses the experience of client invalidation from two perspectives: the ethnic minority professional and the client advocate. This article synthesizes the basic processes in cultural competence needed to engage ethnic children and families in a psychosocial service agency. Additionally, this article highlights the need for ethnic minority professionals to be resilient by moving beyond racial insensitivities encountered with professional associates and moving toward creative advocacy for clients. A positive reframe is isomorphic to helping clients become resilient in their encounters with discrimination and racism.

Keywords: *Cultural competency, invisibility, invalidation, social phase, and resiliency.*

Introduction

Imagine this. You are a professional social worker who walks into a child welfare reception office for a staffing of a mutual client. The caseworker enters from a locked door, calls out your first name, and then she turns her back on you and proceeds to walk toward the meeting room. Along the way, she encounters one of her co-workers. They share a brief, informal conversation as you patiently wait for her to lead you to the office. She then continues down a very long corridor, opens the meeting room door, and walks in while you trail behind her and you shut the door.

The above description actually happened in northern Indiana. The professional social worker was so distraught by the lack of acknowledgment that she was unable

to proceed with the staffing agenda. She thought "If this is the way clients are treated, it is understandable how clients may feel disregarded even before the meeting begins." This is particularly true for ethnic minorities when they enter child welfare offices and other major institutions. They experience the environment as insensitive or hostile. Thus, this article is written to address a problem experienced by ethnic minority professionals as well as ethnic minority children and families. The problem is identified as an "invisible presence." *Invisible presence* occurs when a person is in close proximity and ignored in a social setting. It generally entails verbal or nonverbal communication (i.e. objectifying a person in the pronoun he, she, it, they, etc., or avoiding eye contact or handshake, or non-interaction on any level). Some considerations are offered for understanding and preventing *invisible presence*, and engaging ethnic minority professionals and parents in beneficial dialogues and efficacious outcomes.

Definitions

In child welfare today, cultural competence is rightly emphasized. But it can be important to reconsider what makes for cultural competency. The National Association of Social Workers (N.A.S.W.) standards for cultural competence state:

Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each (N.A.S.W., Specialty Practice Sections).

For this article, the definition of cultural competence is in compliance with NASW Standards and relates to “the ability to think, feel, and act in ways that acknowledge, respect, and build on ethnic (socio-) cultural, and linguistic diversity” (Lynch & Hanson, 1993, p. 50).

Underneath all understandings of cultural competence in human services lie several assumptions: What is culture? What are the aims of services? *Culture* has been defined by one’s reference group based “in terms of race, ethnicity, practices, and values that are common for certain groups. This includes kin and non-kin network or association patterns. . . traditions and rituals that define life transitions such as birth, marriage, and death; religion and spirituality; language. . . life context issues or experiences that many individuals from a given group have lived through due to historical factors.” (Mederos and Woldegiorgis (2003, p. 130). By contrast with that definition, culture is not a static process. “Culture is not static; it is dynamic and ever-changing” Lynch & Hanson, 2004, p. 23). In addition, “It is more than race, religion, or national and geographic origin. . . . It involves conscious and unconscious processes that fulfill a deep psychological need for identity and historical continuity” (Giordano & Giordano, 1977 [in McGoldrick, Pierce, & Giordano (Eds.), 1982, p. 4]).

Here, it is assumed that basic aims of all human services are to assist clients in developing *resiliency* and the ability to *bounce forward* (progressively advance) in the face of obstacles. *Resiliency* has been defined as “The capacity to rebound from adversity strengthened and more resourceful” (Walsh, 2006, p. 4). It’s corollary, *Bouncing Forward* is defined as: “Rebounding and reorganizing adaptively to fit new challenges or changed conditions” (Walsh, 2006, p. 85).

Twenty-first century professionals working in human service agencies or organizations will need to be cognizant of the proficiencies needed to engage ethnic

children and families and to respond to their experiences of “invisibility” within the helping relationship. Goals and strategies must be developed to enhance the process of engagement, resistance, or active cooperation throughout the intervention process.

Literature Review: Challenges in Attaining Cultural Competence

In 1988-1990, the Child Welfare League of America’s (CWLA) board of directors recognized the need to improve their work with ethnic and minority clients when they wrote a goal statement; “to ensure that all activities, services, and program are conducted in a manner that is sensitive to and shows respect for the cultural and ethnic diversity of our constituents” (Velaquez, 2003). Yet, the knowledge and skills needed to achieve their goals may, at times, seem overwhelming. In part this may be due to the complexities that professionals struggle with in actually knowing what skills to focus on.

The literature abounds with theories of the skills needed to become culturally competent, ranging from communication skills (Colombo, 2007; Kinnaird, 2007; Milner & Ford, 2007; Lynch & Hanson, 2004; Adams, Waldo, Steiner, Mayfield, Ackerlind, & Castellanos, 2003; Leigh, 1998) to knowing oneself and developing academic and professional expertise and skills (Lum, D., 2003; McPhatter, A. R. & Ganaway, T. L., 2003). One of the foremost experts, Doman Lum, (2003).stated, “So cultural competence involves the areas of cultural awareness, knowledge acquisition, skill development, and continuous inductive learning” (p. 7). At first glance, these tasks may appear to be overwhelming. However, a more palatable approach (by Lynch, and Hanson, 2004), suggests, “Acquiring . . . skills is a lifelong process; however, desire, willingness to learn and the potential outcomes for families and service providers alike make it a rewarding pursuit” (p. 73). Lynch & Hanson further state, “Cultural competence is a process, not an endpoint”

(p. 43). In other words, to take a strengths-based perspective, for all of us, the process has already begun.

Most Americans are aware of two facts:

1. Most child welfare workers are Euro-American, while most of the children who are clients in the child welfare system are children of color (Shaw, Putnam-Hornstein, Magruder & Needell, 2007);
2. There have been demographic changes in our communities, particularly in minority clients' involvement in social services, juvenile detention, and educational institutions. It has been estimated that by 2050, the United States will be composed of ethnic groups with no one group being in the majority.

As a result of the realities and projections of 1) and 2) above, professional associations are increasingly addressing cultural competence issues. For example, on June 23, 2001, the National Association of Social Workers (N.A.S.W.) Board of Directors developed 10 standards for cultural competence in social work practice. Social Work competence implies that social workers need to acquire "a heightened consciousness of how clients experience their uniqueness and deal with their differences and similarities within a larger social context" (N.A.S.W. National Committee on Racial and Ethnic Diversity).

According to Lu, Landsverk, Ellis-Macleod, Newton, & Johnson, (2004), "As equity remains a goal, there has also been an increased emphasis on separate cultural traditions, a sort of 'backlash' against the theory of the 'melting pot'" (p. 448). Therefore, social workers need to adhere to a cultural competence standard as well as develop cultural sensitivity skills that will engage clients, rather than their lack of cultural competence resulting in distance from the people they serve.

Lott (2002) addressed the manner by which professionals cognitively distance themselves from the poor in the form of "exclusion, separation, devaluing, and discounting" (p. 108). As Lott stated: "Help is too often accompanied by beliefs in the dysfunctionality of poor families and the discounting of strengths, skills, and wisdom. Too often professional efforts reflect insensitivity and paternalism" (p. 108). In addition, whites differ in their perceptions of racial identity (Castillo, Conoley, King, Rollins, Rivera, & Veve, 2006); how they base their self-esteem compared to African Americans (Zelgler-Hill, 2007; Ryan, Garnier, Zyphur, & Zhai, 2006; Pinderhughes, 1996); and their characteristics in relationship to child outcomes (Jayaratne, Faller, Ortega, & Vandervort, 2007; Lu, et al., 2004; Ryan, et al., 2006).

The above appearances of distancing, egocentric view of racial identity, and inflated self-esteem are also present among professional colleagues in many human service institutions. Among ethnic minority professionals who continually are on the receiving end of these patterns, such experiences lead to high levels of stress and mistrust of colleagues. For example, in Pinderhughes' (1996) reflections of an agency transformation – from an upper and middle class child psychiatry center to one serving poor minority families in the neighborhood – she observed an interesting phenomenon. She developed ideas about how the privileged and the oppressed function when under duress. For White professionals the difficulty was in the shift of power from having been the "sole experts and persons in authority" (p. 3). For some of the Black staff, Pinderhughes observed that they had difficulty relinquishing their patterned way of reacting to past experiences of oppression. Pinderhughes (1996) also discussed the frustrations felt by Caucasian professionals working with a diverse clientele and and ethnic minority staff:

With the addition of Blacks to both the educational and therapy staffs, tension grew in terms of how these families were being assessed. What was considered normal, and what techniques worked best? Questions were raised when Black anger was automatically seen as a sign of pathology or when a Black mother was labeled as rejecting because she wasn't planning ahead for her child's departure from his residential treatment center (p. 2).

Conversely, some professionals mistakenly assume that clients have the same level of comfort, privileges and freedoms as they do. An example is the social worker who advised poor families to discipline their children by sending their children to their rooms for time-outs. The audience had to remind the speaker that their children did not have their own rooms. Another example is a consultant who advised those planning services for clients in public housing that the clients' major need was to 'relax' and that they should provide a room with a television set. By contrast, a culturally competent consultant advised, "the clients won't have any interest in the space if it doesn't have a purpose helping to improve their lives," and suggested assistance with reading, laundry facilities, and other useful activities.

The great difficulty believing that minority persons do not share privileged professionals' experiences seems to stem from the assumption that discomfort is a personal flaw in the character of individuals. Professionals also have difficulty taking seriously the importance of listening non-judgementally for differences in client experiences and in allowing themselves to be educated by their clients. Although some minority adults and youth may not have the words to describe what they are feeling (or are reluctant to disclose them), they have a propensity toward guardedness when they are placed in unfamiliar settings (Kahatsu, Dulay, Lam, Concepcion, Perez, Lopez, & Euler, 2000; Poston, Craine, & Atkinson, 1991; Whaley, 2001c). In other words, in order for non-minority and privileged professionals to understand the experiences

of clients from different backgrounds, they need to reverse their hierarchal position and prioritize the minority clients as experts – especially when there is an additional imbalance of power and the clients are younger than the social worker (e.g., child and adolescent clients).

Throughout the human service sector, and specifically with child welfare and juvenile probation services, caseworkers have experienced difficulty in engaging ethnic, minority children and youth in a participatory mode. Some insights from an African American high school dropout study help to understand why. Whaley and Smyer's (1998) study examined 31 African American high school dropouts' perceptions of themselves, their school, and society. They reported that "Perceptions of self as competent in the job domain and social acceptance by peers were significant predictors of positive self-evaluation or global self-worth" (p. 323). On the other hand, dropping out of school and mistrust of the society did not significantly contribute to negative self worth. Another author (Whaller, 2001) further reiterated that "African American high school dropouts had very high self-worth but may be reacting to social injustices in the school system and thus (dropping out) may not reflect personal inadequacies" (p.17). These teenagers' attitude toward services, society, and attending or dropping out are directly related to their encounters in culturally insensitive relationships with professionals. For children and teenagers, resiliency and protection of their self esteem may mean keeping their distance from strange professionals.

To increase professional sensitivity and decrease the distance of children and youth from human services, this article addresses a process model for child welfare caseworkers that places hegemony of process over the more emic perspective of content in ongoing treatment context (process entails awareness of the social context and how the client behaves and relates, over what s/he espouses verbally, see Whaley & Davis p. 567).

An Example of Resilience and Bounding Forward

For some professionals, cultural competence means treating others with respect. However, when ethnic or cultural groups are not responsive to workers' demonstration of respect, workers may become frustrated, defensive, or form a negative attitude toward ethnic persons. For example, in the situation regarding the caseworker and the African American professional, the caseworker was unaware that the African American woman (who was at least 30 years older than the caseworker) did not like being addressed by her first name. To the African American woman, being addressed by her first name was a sign of disrespect. The African American professional respectfully and appropriately expressed her concerns in the staffing office. The caseworker responded with a negative attitude toward the African American woman and discontinued all referrals to her. The African American professional realized that the caseworker's negative feelings had hegemony over the caseworker's ability to empathize or understand the African American woman's meaning.

Demonstrations of "invisible presence" occurred when the caseworker did not engage the African American woman in social conversation on the way to the office, when the caseworker did not offer the woman a seat, nor allow the woman to enter the office before her. This may seem like a rather trivial infraction but minorities have a long history of experiencing slights that render them as "invisible, insignificant objects." Whatever may have been on the caseworker's mind, she was not attuned to the woman who was trailing behind her through the long corridor.

In the local minority agency (owned by the African American woman), the staff realizes that the families and child clients are no different than the African American woman Director. In other words, ethnic minority clients are not automatically trusting of a professional simply because they share a cultural history. Trust must be earned.

Minority clients may not have the words

From the Practitioner's Desk Show Me That You Care: Cultural Competency In Engaging Minority Clients to describe what they are feeling, but they do have a propensity toward guardedness when they are placed in unfamiliar settings. They have been taught to "be careful . . . watch your back . . . don't go anywhere alone . . . stay out of trouble's way," or "don't tell them professionals nothing." In other words, their experiences in the larger social community have proven that professionals can not be trusted and that people in society are suspicious when ethnic children or adults are around. Thus, without basic understanding of differences in perspectives of ethnic and within ethnic groups, workers may have difficulty engaging the child, adolescent or their caregivers before the interview begins.

Counselors tend to believe that they have earned their degrees and that they truly are the experts in helping, directing, or providing services to others. This is far from reality or truth. Every person they encounter is unique and each client has experienced different levels of success or failure, acceptance or rejection, kindness or disapproval, encouragement or demeaning remarks. These life experiences conflict with the realities of those whose experiences are different. The result is that the "client/other"'s reality is frequently invalidated. Transformation, whether within an agency, within society, or within an individual, is an arduous process. To become a transformed, culturally competent professional one needs to become a person who is open to self-reflection, interested in learning about the "different" other, and invested in creatively engaging ethnic minorities in the transforming process. The culturally competent professional understands that to "feel another" is not a literal term. Rather, it is a term that means one has the ability to step outside of one's experiences and accurately tap into another person's motive to be understood and valued as a visible, autonomous, valuable person.

Practice Recommendations

The first step with ethnic minorities and new immigrants is to greet each person in the family, beginning with the adult male, with a smile and a handshake. This formal greeting will go a long way in embracing

a positive, first impression with clients. If a first name must be used, walk to the person(s) and personally greet him/her. In general, it is courteous to ask permission to address adult clients by their first name. This sign of respect is highly valued in other countries. For African Americans, it is an indication they are not being perceived as “boy” or “girl” (a carryover from slavery). The above small courtesies are often overlooked when counselors are under time constraints. Counselors must also inform the family about how to address them as professionals (i.e. Dr. Smith, Dr. S., or Sarah).

Secondly, the session must begin with social conversation. There are differences in how ethnic minority groups value “getting to know you” as a beginning stage of counseling vs. the professional’s motive of “getting to the problem.” It is recommended that a social phase precede any discussion about the presenting problem (see Nichols & Schwartz, 2006, p. 63). The social phase may begin as you walk down the corridor to the office.

Thirdly, when working with ethnic and cultural or immigrant adults and their children, explore their length of time in the United States or in the state that they reside. There are great differences in first, second, or third generations residing in the United States or a different part of the country (north, south, east, or west). These differences are reflected in the family interactions, the language used in the home, parenting beliefs, marital and subsystem structures. For instance, it is important to keep in mind that although the nuclear family is a tradition of Euro-American family constellation, other ethnic groups may consider extended relatives or non-related friends as family. Or, an aunt, uncle, or distant cousin may hold the status of being a mother, father, sister, or brother.

It is very important to understand the courage and determination it takes for a person from an ethnic minority and economically disadvantaged background to seek help. Experiences of rejection and humiliation have already created barriers that the client is having

to overcome just to get to the professional’s door. Clients often make arduous journeys on public transportation, or make special arrangements with friends or family members to assist with transportation. Difficulty reading and the strangeness of a new (and perhaps seemingly exclusionary) neighborhood can make travel to the worker’s office even more complicated. By the time s/he arrives, hunger and thirst may be important discomforts, and yet the client may not be able to afford to bring food or beverages. Concerns about payment, insurance, and feeling embarrassed about relying on public funds can function as additional obstacles. In order to come for help, the client also has to internally oppose rumors s/he may have heard that helping professionals are just another tool for society’s efforts to “keep our people down.”

Finally, the subject of gaining the trust of ethnic children and youth deserves special attention. A rule of practice is, “Don’t fake it.” If a professional is unfamiliar with the child’s lifestyle, take a one-down position: Become a student who is learning from one’s clients. Be willing to ask for the meaning of words, the rules of the neighborhood, or the style of dress, etc. The second rule of practice is “don’t fight the child’s resistance.” Try to find a way to get around it by extending the social phase of the session (i.e. “did you see the movie – Spiderman? Did you watch American Idol? Who is your favorite musical group? etc.) Then, be willing to share a brief description of anything that you can identify with from the above interactions. What matters initially is that children/adolescents begin to interact with the adult (process), not if they are telling the “truth” (content) because “getting over” is a term that is commonly embraced in the neighborhood of poverty: It means that one must do whatever it takes to avoid physical or emotional pain (humiliation, rejection, frustration) from another possible enemy. Yet, once the professional has established rapport, which is evidenced when the children and youth no longer fear that the professional will cause them pain, youth and adolescents will allow their vulnerabilities and distress to be truthfully exposed. Beneath the exterior of a

hardened child is a hidden, “invisible” inner child who craves for love and acceptance.

Conclusion

It is imperative that professionals begin “seeing others with different eyes; changing ourselves in relationship” (Walsh, 2006, p. 328): In other words, become the person who loves to learn about the strengths and experiences that families and children value. All of the knowledge that separates professional helpers from nonprofessional clients is useless without the basic skills of lifting the blinds of invisibility, attending to the social phase of treatment, and, most importantly, demonstrating care to those in need.

When professionals learn how to rebound from their mistakes, reorganize their perceptions, and adapt their skills to more sensitive practices with ethnic minority families and children, they can have an isomorphic effect for clients. The professionals will be able to set an example that helps clients learn new ways to become resilient in their encounters with discrimination and racism, and that can be a liberating experience, allowing clients to “bounce forward.”

Finally, professionals in human services must leave the comfort of their office environment and, like their pioneering predecessors, become activists for social justice and advocates for the oppressed, the disenfranchised, and the under-served. It may seem like a tall order but, the African American social worker mentioned at the beginning of this article made a difference. Even though she believed that she had not been “given common courtesy”, she organized conferences to address cultural competence with ethnic and cultural families. The conferences had ripple effects in many ways. School corporations began to address cultural diversity issue. Agencies began to review their policies and efforts at inclusiveness of diverse ethnic staff who were hired to work with recent immigrants who did not speak fluent English. Furthermore, outreach social service offices began to extend their efforts to reach vulnerable populations. Most importantly,

people began to envision a society larger than a dichotomous ideology of “white/black” or “good/bad”, but rather, a kaleidoscope of people from the four corners of the world. This process can expand all across the United States when the human factor, the humane common denominator of giving care to others, becomes the priority in professional interventions and interpersonal relationships.

Professionals in the beginning of the 21st Century are working in the midst of a transforming society. The development of evidence-based practices, the limitations placed on frequency of care by for-profit managed care corporations, and the need to stay abreast of these rapid changes have all added to the stress of meeting agency expectations while working with diverse ethnic populations. During these changing times, professionals need the support of their colleagues. The work environment becomes more palatable when, professional-to-professional, we are all able to demonstrate concern for one another. As do our clients, we all need others to “show us that you care.”

References

- Adams, E. M., Waldo, M., Steiner, R., Mayfield, R., Ackerlind, S. J., & Castellanos, L.P. (2003). *International Journal for the Advancement of Counseling*, 25(4), 281-291.
- Castillo, L., Conoley, C., King, J., Rollins, D., Rivera, S., & Veve, M., (2006). Predictors of racial prejudice in white American counseling students. *Journal of Multicultural Counseling and Development*. 34(1), 15-26.
- Colombo, M. W., (2007). Developing cultural competence: Mainstream teachers and professional development. *Multicultural Perspectives*, 9(2), 10-16.
- Congress, E. P. & Gonzalez, M. J., (Eds.), (2005). *Multicultural perspective in working with families (2nd Ed.)*. New York: Springer.
- Jayarathne, S., Faller, K. C., Ortega, R. M., & Vandervort, F. (2008). African American and white child welfare workers' attitudes towards policies involving race and sexual orientation. *Children and Youth Services Review* 30(8), 955-966.
- Kinnaird, L., (2007). Health care providers as cultural brokers: Paying attention to the first interaction. *Creative Nursing*, 13(1), 11-12.
- Kohatsu, E., Dulay, M., Lam, C., Concepcion, W., Perez, P., Lopez, C., & Euler, J. (2000). Using racial identity theory to explore racial mistrust and interracial contact among Asian Americans. *Journal of Counseling & Development*, 78(3), 334-342.
- Leigh, J. W. (1998). *Communicating for cultural competence*. MA: Allyn & Bacon.
- Lott, B. (2002). Cognitive and behavioral distancing from the poor. *American Psychologist*, 57(2), 100-110.
- Lu, Y. E., Landsverk, J., Ellis-Macleod, E., Newton, R., Ganger, W., Johnson, I. (2004). Race, ethnicity, and case outcomes in child protective services. *Children and Youth Services Review*, 26, 447-461.
- Lum, D. (2003). *Culturally competent practice: A framework for understanding diverse groups and justice issues (2nd ed.)*. Pacific Grove, CA: Thomson Brooks/Cole.
- Lynch, E. W., & Hanson, M. J. (Eds) 2004. *Developing Cross-cultural Competence: A guide for working with children and their families (3rd ed.)*. Baltimore: Paul H. Brookes Publishing Co.
- McPhatter, A. R. & Ganaway, T. L. (2003). Beyond the rhetoric: Strategies for implementing culturally effective practice with children, families, and communities. *Child Welfare*, 82(2), 103-124.
- Mederos, F. & Woldegiorgis, I. (2003). Beyond cultural competence: What child protection managers need to know and do. *Child Welfare*, 82(2), 125-142.
- Milner, H. R. & Ford, D. Y. (2007). Cultural considerations in the underrepresentation of culturally diverse elementary students in gifted education. *Roeper Review*, 29, 166-173
- National Association of Social Workers: Specialty Practice Sections. (June 23, 2001). *NASW Standards for cultural competence in social work practice*. http://www.socialworkers.org/sections/credentials/cultural_comp.asp. (Retrieved electronically on 10/12/2008.)
- Nichols, M. P. & Swartz, R. C. (2006). *Family therapy: Concepts and methods. (7th Ed.)*. Boston, MA.: Pearson Education, Inc.
- Pinderhughes, E., (1996). Developing theory as a personal response to systemic entrapment. *Cultural Diversity & Mental Health*, 2(3), 157-169.

- Poston, W. S. C., Crain, M., Atkinson, D., (1991). Counselor dissimilarity confrontation, client cultural mistrust, and willingness to self-disclose. *Journal of Multicultural Counseling & Development*, 19(2), 65-73.
- Ryan, J. P., Garnier, P., Zyphur, M., Zhai, F. (2006). Investigating the effects of caseworker characteristics in child welfare. *Children and Youth Services Review*, 28, 993-1006.
- Shaw, T. V., Putnam-Hornstein, E., Magruder, J., & Needell, B. (2008). Measuring racial disparity in child welfare. *Child Welfare*, 87(2), 23-36.
- Terrell, F., Terrell, S. L., & Miller, F.(1993). Level of cultural mistrust as a function of educational and Occupational expectations among black students. *Adolescence*, 28(111). 573-578.
- Velazquez, J. Jr., McPhatter, A. R. & Yang, K., (Eds.) (2003). Preface. *Child Welfare Journal of Policy, Practice, and Programs, Special Issue: Perspectives on Cultural Competence*, March/April 82(2), 101-102. Walsh, F. (2006). *Strengthening family resilience (2nd Ed.)*, New York: The Guilford Press.
- Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans. *Professional Psychology: Research and practice*, 32(6), 555-562.
- Whaley, A. L., & Davis, K. E., (2007). Cultural competence and evidence-based practice in mental health services: A complementary perspective. *American Psychologist*, 62(6), 563-574.
- Whaley, A. L. & Smyer, D.A. (1998). Self-evaluation processes of American youth in a high school completion program. *Journal of Psychology: Interdisciplinary & Applied*, 132, 317-327.
- Zeigler-Hill, V. (2007). Contingent self-esteem and race: Implications for the black self-esteem advantage. *Journal of Black Psychology*, 33(1), 51-74.

C. Joann Beathea, Ph.D., M.S.W., L.C.S.W. was a recent faculty member at the Indiana University South Bend School of Social Work, and has lectured widely and authored TV presentations educating the public and professionals about cultural competency. For several years she organized a conference providing advanced cultural competency training for mental health professionals, that attracted practitioners from all over the Midwest. She was founder and President of Bonhomie Counseling Corp., an agency specializing in serving disadvantaged and ethnic minority clients. Prior to starting her own agency, she was a clinical social worker and supervisor for 14 years at a community mental health Center. She has specialized in Marital and Family therapy, Cultural Competency training with Ethnic minorities, and African American children and families. She is a past member of NASW, Indiana Association of Social Work, Indiana Association of Social Work in Education, and Indiana Healthy Marriage and Family Coalition. She is currently a member of the Editorial Board of Illinois Child Welfare. E-mail: dr_cajo2003@yahoo.com.