

# **REFLECTIONS ON OUR EFFORTS TO HELP MENTAL HEALTH AGENCIES BECOME MORE “CULTURALLY COMPETENT”**

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## **ABSTRACT**

This paper reflects on our decades long cultural training experiences, offering details on training efforts we made and considers in hindsight interventions we wish we had been able to implement. The paper describes what we think could be necessary for organizational training/consultation to actually facilitate the transformation of organizations in the direction of social justice and the delivery of efficient and effective services to a community. We reflect on organizational training to promote cultural competence and social justice. We encourage readers to take the broadest possible perspective on the larger systems issues that tend to undermine such efforts, so they can better achieve their goals for organizational change.

## **Introduction to The Problem**

Throughout our careers we have worked in organizations where conducting systemic therapy was seriously hampered by the dominant culture's power arrangements that made it difficult to develop clinical interventions that would support healthy life patterns for our clients.

But along the way we were fortunate to also have a number of opportunities to intervene in mental health, social service and educational systems with a mandate to improve the organization's addressing of racial and other cultural issues. In this paper we reflect on these experiences with the hope that readers will feel empowered to address inequitable arrangements regarding race and culture in work places and inspire those organizations to undertake transformative endeavors.

Most of us came into the mental health field as family or systems therapists in the era of civil rights, community mental health and the deinstitutionalization of patients in the 1970s. That was the context that inspired us to become therapists in the first place.

But over the past 3 decades there has been a huge transformation of the mental health field toward medicalization and control by the insurance industry, big pharma, and corporate investors. This has been turning our nation away from the humanizing efforts of the civil rights era that had encouraged systemic thinking and practice in healthcare and mental health institutions, which has been our passion from the beginning. We still believe systemic practices are the only way to effectively support the health and mental health of our country.

But the dominant forces in our field have been turning seriously away from the search for interventions that consider human beings in cultural, community and family context over the life cycle. Our health services have moved even further away from the promotion of accessible healthcare, continuity of services and support for the well-being of all people in our society, especially the vulnerable. and the prevention of problems before they become major crises,

Increasingly, we are required to justify any mental health effort with numbers- for our diagnoses of individuals, for our minute by minute costs, and for the immediacy of our impact in the shortest possible time frame, primarily with a focus on symptomatic individual, while completely ignoring any need to understand or evaluate the context in which people are living or the caretakers of people in need of care. We have been losing sight of the values of fairness and the belief in the support of all members of our society.

Getting to know our patients or their families or learning their cultural and community stories in order to serve their health and mental health needs has come to be considered a waste of time and money. Primacy is given to manualizing therapies with the idea they can be carried out by anyone- regardless of the human connection that person has with the patient or the patient's life story or context. Such a model is considered necessary for efficiency.

But to us such myopia and distorted thinking suggest instead that we have lost our way. Aren't we ignoring what we all know to be true, that we can survive only in a supportive context in which we feel we belong? For that we need to create health and mental health services that maximize the functioning of our communities.

We have over the years had a variety of opportunities to train organizations in "cultural competence" or "undoing racism." Most often such engagements were brief, open-ended, and focused on one- or two- day trainings for clinical staff. Occasionally we were asked to consult with the leadership team of an organization, although we were almost never hired with the idea that the primary change would involve that leadership or a re-evaluation of its mission or organizational plan itself.

This paper reflects on these training experiences and on what we think could be necessary to create a training/consultation program to actually facilitate the transformation of an organization in the direction of social justice and the delivery of effective services to a community.

## **General Issues**

Our experience in doing organizational cultural training and consultation over the past 3 decades has generally been similar, regardless of the specific agency that hired us. The vast majority of organizations in the U.S., including, of course, political organizations, have until now been run by white men, with lower level organizations such as family guidance clinics or children's services sometimes led by white women and rarely by a person of color. Even though the state of New Jersey is very diverse, the professional staff of most mental health organizations are predominantly white and white-educated, using white theories and assumptions (Watson, 2019).

People of color are generally only present at lower levels of the organizations, with an occasional figurehead of color here or there, especially visible in any dimension of a program that refers to cultural diversity such as a "cultural diversity committee." It is extremely rare, for example, for white males to be leaders in the shift toward cultural competence. This, in itself, is an obvious problem, since developing cultural competence requires profound systemic change, most readily facilitated, of course, by the leadership of the organization. It is never about a mere rearrangement of the parts with a few "diversity sensitivity" trainings. It is also extremely unlikely for any agency to bring about organizational change unless the leadership becomes diverse, which in itself requires a major change in priorities, to meaningfully incorporate input from diverse voices at the top and then throughout the organization.

## **Dealing with The Power Structure**

A major question for us has always been how to help the white leadership become willing to invest in the profound change of undoing racism. How can we support initiatives that require white leaders to take personal responsibility for addressing their own part in the undoing racism change process in order to create the greater systemic processes we need for mental health services as a whole? Such change will, of course, remain especially difficult if other institutions in our society do not initiate similar change processes.

One obvious problem is the defensiveness of most white people when challenged regarding their ignorance about the impact white supremacy and the continuing impact of slavery, persecution and oppression of African Americans, Native Americans, Latinx and other groups of color along with the long history of oppression of women and LGBTQ members of society, in spite of our explicit value of liberty and justice for all (Billings, 2016; Diangelo, 2018). Of course, it will require a complete re-orientation of our service delivery organizations to get past centuries of white supremacy that operate throughout all our societal institutions.

Experienced staff in our trainings, who have mostly been white, frequently became incensed when they realized we were implying that, after all their years of work, they had more to learn. These attitudes are a consequence, of course, not only of our long history of white male heterosexual supremacy, but also of our linear, hierarchical dominant ideology that learning is a top-down and finite process, after which people are “fully cooked,” so to speak, and do not need to learn more, except for occasional continuing education credits, especially not from people beneath them in the hierarchy.

Our awareness of the importance of working to help agencies become “learning organizations” had been most helpfully influenced by the work of Peter Senge (2006) and his colleagues at the Society for Organizational Learning as well as by the People’s Institute for Survival and Beyond of New Orleans.

Our training has focused primarily on the context of our work: therapists’ own lives, the context of clients’ lives and well-being, and the larger context in which our clinical work is embedded. Specifically, we have emphasized:

- sharing personal experiences to highlight the severe limitations of all our cultural education
- offering statistics on racial and other cultural disparities to help convey the profundity of the problem
- showing videos where people from multiple cultural perspectives discussed their experiences rather than from top-down lecturing – on what to think and how to behave.

We have worked hard to help clinicians and agencies find their own path in seeking greater equity and diversity within their organizations. We encourage them to consider how to diversify their organizations, and how to begin to hear the experiences of those whose voices have generally been kept at the margins.

We tried to convey that racism is primarily systemic and systemically taught, not a matter of individual prejudice. Individual prejudice tends to be the result of our living in a world constructed by and for white people. So cultural change is about helping us face that fact and go about creating a world that will be constructed by and for all people. The insidiousness of white supremacy is its invisibility, which makes it so hard to notice. That is intentional-- so that those of us who are white (and presumably everyone else) would accept the world as it is, and not see all the inequities we continue to create (Wilkerson, 2020).

We have tried in our own training to minimize the negative impact of shaming, which has been such a large part of education about how racism operates, and to increase people’s awareness of how it operates in a way they can learn from. We aim to show how it has been built into our societal structures from the beginning, along with how the societal structure of our segregated society socialize us not to see it (Billings, 2016; Coates, 2015; Wilkerson, 2020).

One thought we had for helping trainees learn about their own racism, though we never formalized it in our training, was to give people an individualized computer test, The Implicit Association Test, which can indicate quick reactions we have to people of color. This test has shown how subtle and quick our judgements are about race (Greenwald, McGhee, & Schwartz, 1998; Gladwell, 2007). Participants would see only their own results, so they would not experience the humiliation of others knowing how they did. But by taking such a test every 6 months for several years, they could monitor their reactions and see if they made any change in their responses as they educated themselves about how white supremacy implicitly teaches racism. We thought about ideas such as this as have tried to figure ways to help white people become more aware of their own subtle and internalized racism, while minimizing their

defensive reactivity. Such a test could have the advantage that it could help white people appreciate that we all internalize racist ideas, and thus help them work more consciously to change their unwittingly internalized racist reactions. A similar test could perhaps educate people about the extent to which they internalize sexist and heterosexist assumptions as well as other prejudicial attitudes that impede our society's functioning.

### **The Six Year Statewide Initiative**

By far our largest consultation project began in 2006 and lasted for 6 years. We received one of three regional grants from the state of New Jersey to work with state supported mental health agencies to improve their cultural competence. Each regional team was expected to work with state-funded mental health agencies in their region. There was no mandate to conduct any evaluation or research on the services that were provided as part of the grant, and agencies received no additional resources for participating in the project.

We were very uncomfortable with the term "cultural competence" because of the implication that one would start out incompetent and through a particular process become competent and then be done. We thought the term undermined the magnitude of the lifelong change required to create the cultural transitions needed by our society, given the deeply embedded nature of our country's cultural incompetence as a starting point. In any case, we applied for the grant, in which the state awarded \$1 million per year to three organizations to work with the 100 or so mental health agencies for whom the state provided mental health funding. The grant was offered for only one year at a time, so we were never able to plan further ahead than that, even though it was obvious that such institutional and community level change would take much longer than a year to accomplish.

During the 6<sup>th</sup> year of funding, the state decided to redraw its map into 2 zones instead of 3, and cut the funding for the program in half, to be managed by either one or two training teams, who would now have responsibility for many more agencies and a much larger area. Agencies that had been working to whatever extent we could inspire them toward a focus on cultural competence for the previous 6 years would now be expected to shift to a completely new training team and program. The agency offering the training program would have either 50 or 100 agencies to deal with and the either half or the whole state of New Jersey (a distance of 150 by 70 miles) to cover with half the resources.

Our team spent a great deal of time planning how we could possibly manage the half-size grant to work with many more agencies and at much greater distances. Strongly committed to promoting social justice in services and by now having worked closely with many of these leaders for 6 years, we put a great deal of effort into preparing two proposals, one to serve the entire state and one for serving half the state.

A month after submitting the proposals, we were told that we had been turned down for both proposals before the readers even looked at them, because the state had determined that we were not a "fiscally viable institution." We were turned down, even though no question had ever been raised in the 6 years of our grant funding about our financial viability and no mention about agency funding had been in the Request for Proposals to carry out the Training Grant.

Furthermore, it was obvious to everyone that we had been the most successful of the 3 grantees in carrying out the original grant, which had been renewed annually every year for the previous 6 years with never a suggestion that we were not performing at a high level.

There had also never been a state plan for measuring improvement in service delivery for the agencies to be trained, nor for comparing the impact of the 3 training projects across the state. Over the six years of the grant, the state had spent more than \$6 million on this project. They were still going to be spending \$500,000 per year on it.

### **Our Project: The Crossing Cultural Bridges Model**

As with all other organizations, the fundamental cultural competence problems of mental health agencies reflect problems in the values and attitudes of the larger society. The first question was, of course, how to engage agencies in any discussion about culture at all. What is cultural competence? What would make agencies want to spend time on such an endeavor as

improving their cultural competence? And how would we, they, or the state evaluate their level of success?

We were so excited at the prospect of working with agencies toward the goal of decreasing cultural disparities, that we accepted the initial grant with great enthusiasm and with the assumption that the state shared our priorities and was invested in advancing cultural competence in mental health. We had been working without much financing toward the aim of improving mental health cultural awareness for decades already, realizing that change could only come if there was organizational level change rather than change at the level of individual clients, so this seemed like a great opportunity. We had already become well known for our training and writing about cultural issues in mental health delivery for almost 25 years (McGoldrick, Pearce and Giordano, 1982; McGoldrick, Giordano, Garcia Preto, 1996, 2005; McGoldrick, et al., 1988; McGoldrick & Rohrbaugh, 1988; McGoldrick & Hardy, 1998, 2008, 2019; Hines, et al., 1992; McGoldrick, et al., 1999).

While we tried to get a sense from the state of what a meaningful level of change would look like, how they would measure changes in service delivery or what their priorities were for the project. In fact, we never did understand who in the state wanted cultural change and how they would hope to measure the success of our efforts. We never became clear who had the power to make decisions about whether the training was or was not effective? How they would assess the success of our training or the success of their agencies in terms of culturally competent service delivery. Would effectiveness be measured by an increase in diversity of clients who participated in agency services? lower drop-out rates? Fewer days lost from work by clients? How would agency participation in our training be rewarded. Would they receive an increase in state support for improving their cultural competence? Would their state support increase if they hired more people of color, promoted them to higher positions, or became better able to retain them in high level staff positions?

At no point in the entire 6 years of our grant did anyone from the state ever ask us or the other training groups how the agencies were doing or how we might measure improvements in their cultural competence. They didn't ask us for feedback on the agencies' willingness to work with us toward this goal, nor suggest we consider any cultural factors such as composition of staff at various organizational levels (board members, senior administration, supervisory and line staff, support staff, or clients) in promoting cultural competence. Every one of the mental health agencies being funded by the state had a similar structure: white at the top, brown and black at the bottom and a trickle in between.

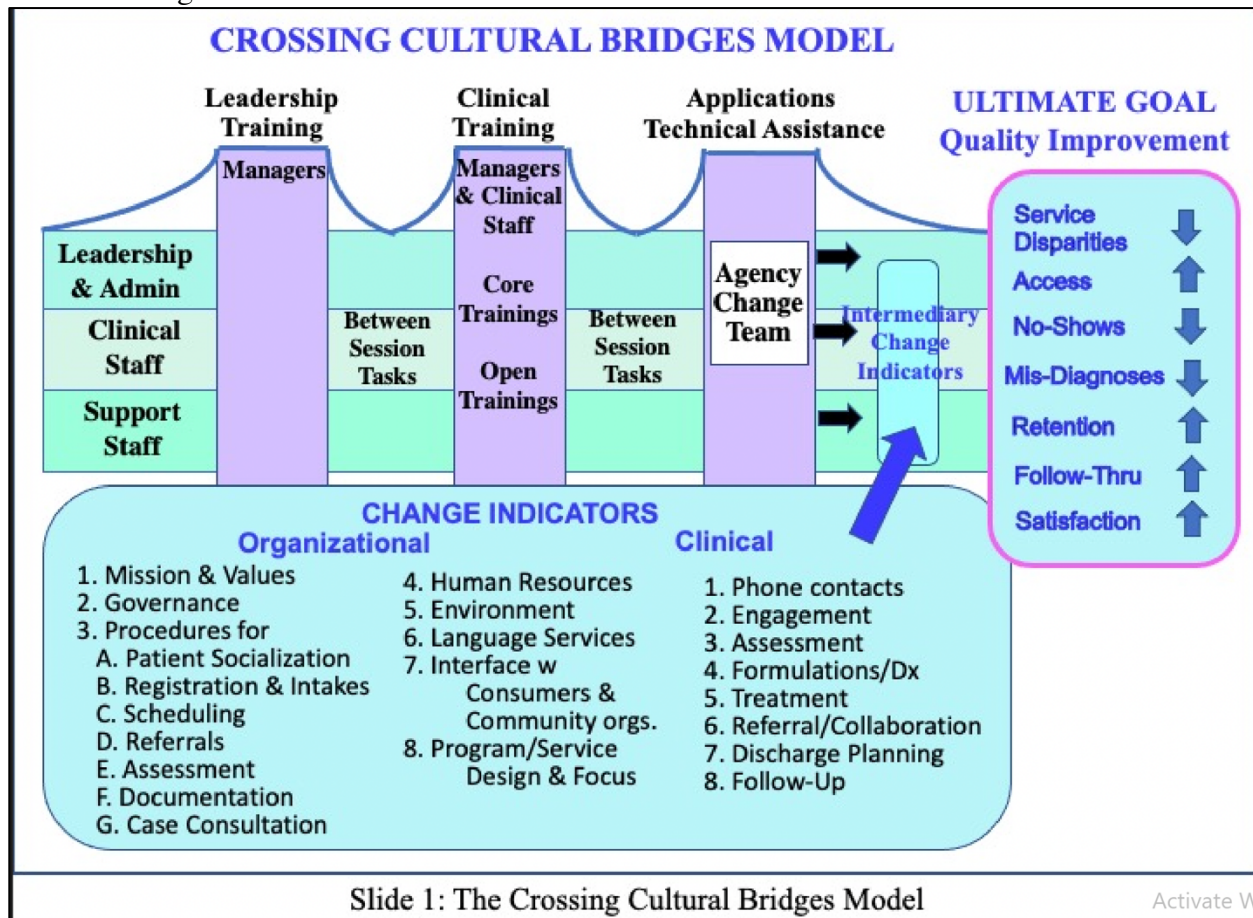
In undertaking the grant we were resolved that we wanted to work with agencies beyond the traditional "skills training" approach or the involvement with a low level staff "diversity committee." We had a hard time not caving in to those who wanted proof of the benefit of our training before they would let their staff participate. Generally, they wanted specific presentations on topics like "Dealing with Trauma in African American Clients" and "Engaging Immigrant Families." We should have been better prepared for fielding such presenting problems of the organizations and fore-armed with better strategies to reward agencies who made change efforts. It would have been most helpful if the original funding had supported agencies that were willing to embark on serious exploration of their services in terms of racial disparities.

Obviously, any real organizational change would need ongoing leadership involvement. The leaders had expected to send their lower level and especially minority staff for the training to make them more culturally competent. But, of course, the issues were systemic, not a matter of ill-intentioned white leaders, or inadequately trained staff. Our initiative focused on working with the leadership teams of each agency to develop plans to improve the social justice of every aspect of their systems.

Not surprisingly, given the longstanding cultural patterns of most agencies, a good number of white agency leaders, who were initially receptive to receiving state support for free training for their staff, backed away once they realized that we would be addressing their own attitudes about race and culture in hiring, staff organization and systemic listening regarding inequities that flowed from racial disparities. Of the 35 agencies in our region only 7 were willing to commit to our working with their staff and leadership towards the goals of the grant.

We met with each leadership team at their agency to get to know them and discuss their hopes and ideas for their agency's cultural development. We then initiated cross agency meetings of the leadership teams together, so they could network and bear witness to each other's efforts and progress and learn from each other's example. These meetings also allowed the leadership staff of each agency to build more collaborative approaches to make their organizations more socially just. As the grant was renewed each year, we felt fortunate to have the ongoing opportunity to support the agencies' engagement in working together. Their efforts to respond to the cultural initiative were inspiring.

We entitled our project the "Crossing Cultural Bridges Model" (Slide 1-Crossing Cultural Bridges Model)



). Our efforts involved three levels of agency staff: The Leadership, the Clinical Staff and the Support staff. Our efforts focused on three pillars of effort:

1. The first pillar was engaging and training the leadership teams of each agency.
2. The second pillar involved engaging and training the clinical staff of the agency.
3. The third pillar involved providing consultation and technical assistance to support each agency's efforts to achieve specific cultural change(s). The leadership created agency change teams to oversee various agency change initiatives.

We discussed with the leadership teams their ultimate goals (indicated on Slide 1, including diminishing service disparities, and no-shows, misdiagnoses, increasing retention of clients and their satisfaction with services) as well as the various intermediate change indicators at both an organizational and a clinical level (see Slide 1, including agency mission, program design, procedures for scheduling, documentation, referral, discharge planning, etc.) and urged them to develop plans for implementing various cultural changes in their agencies, with specific change teams as necessary.

### **Conferences on Cultural Issues**

Over the years of our working together, our faculty team had evolved an approach to cultural competence training, which formed the core framework for our program. Our program included a variety of open trainings for agencies in our region (staff from publicly funded agencies could attend regardless of whether their agency had committed to participating in the six year project). We had long found that clinical trainings within a cultural framework can generate interest and enthusiasm for exploring cultural issues. Our institute had been organizing an annual 2-day “Culture Conference” since the early 1990s, which drew faculty and participants from near and far, and this annual conference became a pivotal part of our grant efforts as well. We worked to get as many staff as possible from the regional mental health agencies to attend, hoping that would encourage enthusiasm for attending to cultural issues at their agencies.

### **4-Day Training for Target Agency Staff**

But to help organizations transform their clinical services requires more concentrated training, including understanding of people’s own cultural background and the built-in cultural blindness of our society to cultural inequities and systemic racism. We worked to help professionals appreciate the re-conceptualizations necessary to become open to the ongoing cultural learning required for developing more culture competence. So, in addition to our open one or two day trainings, and our team work with the leadership of our target agencies, we developed a 4-day small group cultural training, which was at the heart of our program for all key staff, including management and administrative support.

Our 4-day cultural training was a small effort to counter the education most of us have received, which ignores the cultural context we all live in. This context is essential to understanding the plight of those struggling with psychological problems, who are most often in a mystifying cultural context that is hard to decipher. Our course focused on the assumption that culture begins at home- with our own backgrounds and with what we did or didn’t learn growing up about our own and other cultural groups. Cultural understanding continues with becoming aware of the ways the dominant culture keeps us blind to the overarching education we all receive on what is considered “normality,” what “mental health” is as opposed to “mental illness,” and to what “therapy” is. Generally, all definitions in our field are taught from a white perspective.

Our 4-day curriculum allowed participants to examine some of their own cultural legacies and explore basic cultural issues in working with African American, Latinx, and Asian consumers. But we focused particularly on unpacking the cultural patterns of the dominant European groups in the U.S., which are typically treated as “universal” norms and not even thought of as cultural. Our training also framed cultural competence in terms of the intersectionality of multiple dimensions of culture, including ethnicity, race, gender, social class, religion, sexual orientation, as well as abilities and disabilities.

We also worked with the teams on the need to transform how we think about education, to help them see the need for lifelong learning as a positive, because the isms (racism, classism, homophobia, sexism) are so deeply embedded in our culture and we have been systematically taught not to attend to them.

We showed videos of a variety of clinical situations with clients of different cultural backgrounds, to illustrate the importance of attending to cultural differences in perspective and to inspire participants to foster such discussion in their team meetings back at their agencies.

In addition to these open and focused trainings, our primary efforts were to collaborate with the senior staff of the most motivated agencies in developing programs to promote their cultural competence as helping agencies.

### **Leadership Training: The Importance of Shared Vision**

Our consultation for agency leadership teams willing to participate, involved ongoing consultation and training for leaders to develop their personal and shared vision for their agencies and to mobilize their staff to buy into the agency’s cultural competence plan for erasing



barriers to service for all cultural groups. Having participated in the Senge group's organizational training, we had become clear about the importance of helping any organization articulate a shared vision before trying to work on problem solving (Senge, 2006). It is remarkable how easily this basic concept can get lost when organizations, just like mental health practitioners, begin with problem solving instead of with clarifying their vision.

Typically, agencies realize they need to improve their cultural understanding because of a specific racial conflict or problem, and it is hard for them to resist focusing on the specifics of the problematic relationship. But that generally puts the cart before the horse, since it is only when we understand the deeper context that we can begin to make sense of the specific conflicts that occur in a particular corner of a system, which reflect the general problems of white supremacy and institutionalized racism or other oppressions.

When an organization is run obliviously by white people, with only a smattering of people of color above the level of the housekeepers, and there is a "racial incident" among the clinical staff, who are increasingly people of color, it makes no sense to keep the focus on the specific conflict, rather than exploring the systemic patterns that keep white supremacy in place. And yet that is what we do repeatedly as a society. We are impressed that the white head of Starbucks required the entire national staff to have a full day of sensitivity training after a racist incident in one of their stores became public, instead of paying attention to the organizational structure that keeps racism in place. Similarly, after a sex scandal at a university, they require everyone on the faculty to take a consciousness raising training on sexism- while the gender arrangements through the organization remain unchanged.

Following the Senge model, we decided to work with agency leadership teams first on articulating for themselves their personal vision for their own lives and discussing their shared vision for the organization as a whole.

We began our leadership training with a daylong orientation session, where we engaged agency leadership teams (no more than 25 at one time) in discussions of issues of cultural competence. We drew maps to convey the typical patterns of top-down organizational attempts to improve cultural competence (Slide 2: Traditional Top-Down Attempt to Incorporate "Cultural Competence:), which tend to have racially segregated staff at different levels and a cultural competence committee made up of mixed-race staff,

usually drawn from the lower levels of the agency. We then discussed with them a more systemic and alternative positioning of organizational efforts at cultural change (Slide 3: Collaborative Leadership System to Achieve Cultural Competence), within which the cultural competence committee, including more upper level and hence white staff, operating closer to agency management so that their input could more readily be heard and considered. We strongly recommended that agency leaders consider how to create lines of authority so they would be most likely to get clear feedback about possible needed changes.

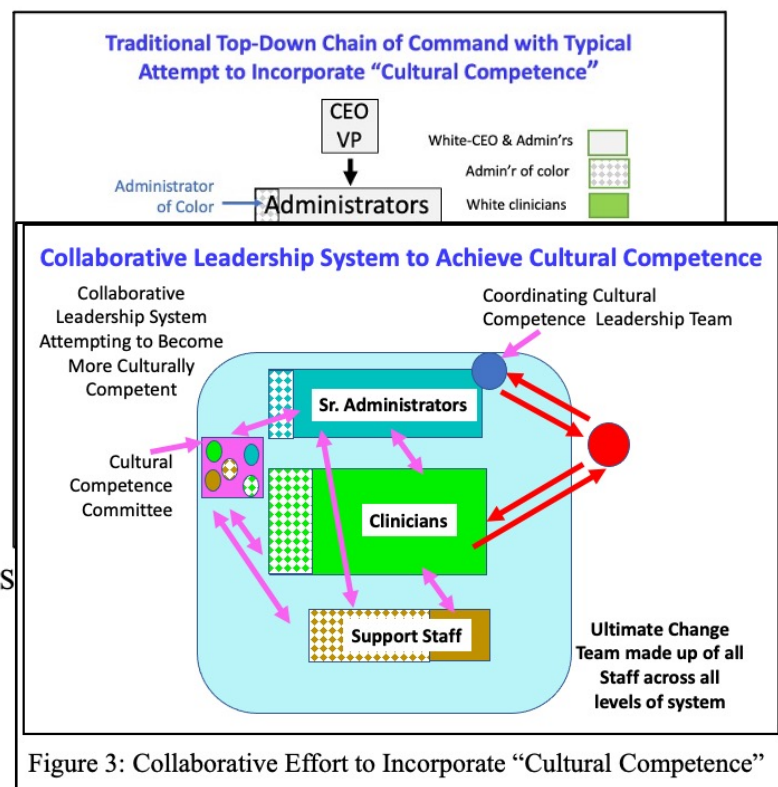


Figure 3: Collaborative Effort to Incorporate "Cultural Competence"



We tried to help each agency examine the physical arrangement of space, the artwork on the walls, and paperwork, and develop their internal change group to promote whatever other initiatives they decided to undertake.

#### Case Example of Shared Vision

One of the most interesting experiences regarding organizational vision involved a large 100 year old agency that had begun with a mission of helping widows and orphans in the late 1800s (unspoken, of course, was that this referred only to white widows and orphans!). This organization had had a very negative experience with previous cultural training, which had been festering for several years. Now a much loved and respected leader of many decades was retiring, which seemed to leave the leadership team with an even greater sense of threat and insecurity.

We asked the team first to share in pairs their personal visions for themselves, and then their vision for their work. Only after that personal exploration did we ask them to speak about their vision for the organization. The leadership team, which had not seemed very interested in our consultation up to that point, became very energized about what they wanted their organization to stand for and work for. They began to talk about the previous cultural consultation which had followed racial conflicts in their struggling community. The consultation had opened up a lot of raw feelings among agency staff, but they had felt no sense of closure after the previous cultural training. Some white staff had left feeling wounded, defensive, and not healed, and the staff of color who had spoken up had been left with great anxiety and no sense of resolution. The leadership team had felt great anxiety when the organization was again “required” to work with us on cultural issues. But as they explored their organization’s historical mission and their own individual visions for their own work as helpers and then for the agency, they became very animated about conflicts they had experienced, and joined in their wish to move their apparently “constricted” agency more effectively toward diversity. They were well aware of the lack of diversity in the agency staff leadership and on their board, which had only 3 minorities out of 31. They were realizing how difficult it was to get potential board members of color to join an organization with less than 10% non-white board members.

Inspired by the discussion of personal and group vision for the organization, one of the agency’s previously reticent managers prepared an outstanding chronology for the next leadership meeting, discussing the many kinds of programs they had sponsored over the agency’s hundred year history. The group seemed to feel deeply inspired by this history in spite of the lack of diversity in the organization’s history. They became clearly focused on how they could deepen their longstanding mission if they really worked at becoming more diverse, which they began to see would require deep efforts at every level. They also began to realize that perhaps their previous attempt at diversity training, though not seen as successful, was now helping them to realize the seriousness of the work they would need to do to create a more successful change effort.

#### Exploration of Agency Environment: Space, Design and Artwork

We had the leadership team look at the artwork, waiting room arrangement and layout of their space to consider how it fit with the cultural messages they wanted to convey. The leaders themselves were often surprised to realize that decisions about agency furniture and design often take place at a great remove from client services. As one example, an enormous cafeteria of the largest mental health center in the state, had a huge (20’ x 20’) and surely very expensive mural (Slide 4:



Slide 4: Cafeteria at Mental Health Center

So, of course, it was relevant to have agencies assess and modify their artwork, their physical location and accessibility to patients, and the sense of welcome and set up of their waiting rooms to be welcoming for people from diverse backgrounds. But it was an entirely more complicated proposition to help them track how they were doing with clients and assess how they might want to change their practices to reconsider, for example, how cases were assigned. That would also mean adding the cost of taking time to consult on the cultural dimensions of their cases.

We developed teaching slides to convey basic concepts about organizations, clients and values, and promoted their conversations about these ideas in their personal lives, their work places, and in the outside world (Slide 5: The Culturally Competent System; Slide 6: Our Institutions Value;

1. What do you stand for?
2. How does what you stand for relate to your choice to go into the mental health field?
3. How does what you stand for drive your leadership in your agency?
4. How has your gender influenced your leadership in your agency?
5. How has your ethnicity influenced your leadership in your agency?
6. How has your class background influenced your leadership in your agency?
7. How do you think your sibling position influences your leadership in your agency?
8. What do you think are the major barriers to you bringing to fruition what you stand for?
9. Who in your life most influenced what you stand for?

## 10

One of the most useful exercises we found for our Leadership Training came from our colleague Eliana Gil, who had developed it for working with children and families. She called it the donut exercise.

It requires large pieces of paper with concentric circles (Slides 7: Cultural Issues, Obstacles & Resources;) and a bucket full of small play miniatures figurines, animals, vehicles, and all kinds of miniature items, typically used in play therapy with children). Each leadership team had a paper and chose miniatures to place on the paper to illustrate 1) the cultural issues they believe most needed addressing at their agency; 2) the obstacles to resolving the issues, and 3) the resources they could draw on to overcome the obstacles.

Slide 8 (Cultural Issues, Obstacles & Resources: Example) is a photo of one team's choices.

The Issues as they saw them were:

- The lack of a “welcome mat,” representing the need to find better ways to welcome those who are different.
- A gold coin, representing the need to spend their money in more equitable ways.
- The domino, representing the unfair ways decisions get made that relate to who is more connected to whom culturally.
- A book, representing the need to educate themselves about how to respect the realities of cultural disparities. and
- The strawberry, representing the need to find ways to fairly nourish those who are different or who make efforts to cross cultural bridges to other staff or clients.



Slide 9: Cultural Issues Exercise: Issues, Obstacles, Resources: Example

The Obstacles, which they placed in the next circle, represented the obstacles that stand in the way of solving the problem, included:

- Talking teeth, indicating the people who talk a good game but do not actually work to create change.
- Scissors, speaking to how services and paperwork are cut up in ways which divide people.
- A danger-caution sign, reflecting the anxiety people feel about raising cultural issues for fear of saying the wrong thing or making a cultural mistake.
- The \$ sign, suggesting that there's always money pressure. Reaching out to poor people of color is more difficult and will cost more in services and time.
- The empty cup, serving as an indication of their not having knowledge or resources to help families in need from non-dominant cultures.
- The Snake, indicating the fear that opening up topics of diversity would “bite” them, causing shame, and anger among staff.
- Man with hatchet, representing staff feeling under a microscope with their heads always on the chopping block.

- Man in rowboat, representing the lone person working against the tide.
- Crocodile- similar to the snake, representing the dangers of talking about hot topics.
- A Man with a Sword, representing feeling alone in fighting against systemic problems similar to man in rowboat.

Resources, shown in the outside ring, represented resources the organization could draw on to overcome obstacles and solve the problems, included:

- A school house- representing education on how to respond to culturally different clients.
- The word “Team”: They saw working together as an important way to overcome difficulties and come up with new intervention ideas.
- A Star- represented a shared vision to aspire toward
- A Red roofed home-a safe place, where all would be welcomed.
- Shepherd with staff- indicated leadership herding and bringing staff together.
- Computer – indicated sharing information across all levels of in the organization.

Each team worked at a separate table and presented their choices first to each other, and then each group presented to the other agency teams. The most remarkable aspect of the exercise was the humor and creativity it elicited from the teams and their frankness in describing the issues at their agencies under the guise of play and finding solutions. They also learned by hearing each other’s definition of the problems, obstacles and potential solutions. They realized as they shared that they had a lot in common and could draw from each other’s perspectives.

As the teams presented their miniatures to the other leadership teams, their laughter and enthusiasm expanded. They found commonalities in the struggles each agency was experiencing, and they got new ideas from each other about the resources each group had thought of. They came up with many suggestions including being given extra pay and time for new cultural learning, to develop collaborations, to mentor others and to develop their voices. They also wanted to get feedback from their own organizations on how they were doing at diminishing disparities in service and to reward those who did a good job with cultural change. Since marginalized clients tend to rely more on family, they agreed that they needed extra time to connect with family members and to record what they learned. They also needed to provide welcoming space to facilitate information sharing in their communities- information about jobs and services, lessons, housing, and meetings in public spaces that foster community connections. They recommended that there be a focus on more shared knowledge, so that the CEO would get information about issues in the community that might require changes in the services they offered. They came up with 4 aspects of organizational cultural competence they thought were crucial to address:

- ❖ **SHARING KNOWLEDGE**- need for a staff worker who was connected to community as well as to CEO and supervisory staff.
- ❖ **SHARED VISION**- all levels of the organization needed to be in on discussions of the vision for imagining the future.
- ❖ **ACTING TOGETHER**- senior administration needed to share their plans and ideas directly with the workers closest to the groups needing service and to be open to their input.
- ❖ **CHANGE PLAN MUST ADDRESS WAYS STAFF GOT STUCK**-
  - Overwhelmed by requirements (paperwork, numbers, etc.)
  - Staff were impatient to get to practical answers
  - Staff were easily disappointed in others- They had a short attention span for new learning, withdrawing or going underground when organization or training didn’t immediately meet their needs



## Lessons Learned and Questions That Remain

The better we got to know the agencies we worked with most closely, the more we realized the importance of having a good analysis of the mission, structure and history of each organization. During the years of our project there were several key changes in leadership right in the middle of our leadership training, which completely altered the functioning of the leadership group.

The situation was isomorphic with the current clinical idea that you can replace a clinician with virtually no consideration for the historical relationships the previous therapist has had with the person or family. The organizations seemed to have a similarly careless view about replacing a director. This taught us a serious lesson that we needed much better understanding of the history and dynamics of organizational relationships and structure than we had appreciated. We had really not paid enough attention to how the agencies were actually structured to help them change in the profound ways we came to realize would be necessary for the personal and political changes required to change the culture of the organizations.

There was also the issue of how the agency boards were structured and how willing they were to have a cultural training program going on in their organizations. We did not have enough access to the boards of our agencies to get their support for the changes we were trying to help the agencies bring about. It would have greatly strengthened our work to have developed training for the boards themselves, since their financing and cooperation would be essential to the long-term success of our endeavor.

We were admittedly very naïve about funding politics when we first applied for the grant, even though we had participated in several previous cultural training grants with colleagues at Rutgers University Robert Wood Johnson Medical School, including a three year grant from SAMHSA to promote cultural competence at the Medical School's main facility and a year-long training program for emergency medical staff in case of a bio-terrorism attack. We assumed that the state of New Jersey was investing to create change they wanted to see happen. As it turned out, no one seemed to prioritize the success of the effort.

**A crucial first step in any organizational change process is surely to clarify the vision that makes them desire this change, the obstacles they are likely to encounter, and the resources they have to overcome those obstacles.** In other words, in trying to implement change, it is critical to pay attention to the question: In whose interest is it to make what change and what forces might try to block it?

Had we paid attention to this concept, we would undoubtedly have spent our time and resources very differently. We spent a lot of time on the specifics of the finances rather than on doing a better analysis of the state's interest in the grant itself and in the mental health organizations we were trying to help change.

At no time in our process did anyone from the state offer to inform us how they related to the various mental health organizations that led them to commit so much funding in this way. We even had trouble getting a full list of the organizations they wanted us to target. We naively, but enthusiastically, plunged ahead to help agencies improve their cultural competence without even knowing who the agencies were, what their history with the state or other supports was (philanthropies, grateful patients, local businesses, etc.), how their institutions were organized, or what values and interests they cared about! (This approach seems to be very similar to the non-systemic approach to psychotherapy: responding to an individuals' symptom presentation with no assessment of the context in which they live, the values they hold, or the others to whom they are or have been in formative ways connected.)

It would have been hugely different if we had known from the beginning that we would have 6 years to try to bring about organizational change. Awareness of the time it takes to bring about systemic change is a crucial aspect of the process. Otherwise, people are left feeling inadequate that they cannot manage to do something which anyone would know takes much more time. We were given no time frame beyond the-year-at-a-time, which gave an implicit message to the organizations that whatever was going to happen could be done within the time we were assigned at each phase. If the agencies had known they had 5 or 6 years to plan systemic

change, we and they would have been able to make much more appropriate plans regarding who to train first and how to support trainers who could then more readily become built in change-agents within their organizations.

**We also failed to facilitate the organizations' making a serious racial analysis of their organizations:** (the color of the board, of managers and other decision makers, of "workers" and support staff- from secretaries to the cleaners), and to a power and financing analysis of how each of these staff levels actually operated. **A financial analysis of the organization would, of course, have been the clearest path to understanding the power structure, analyzing how power and money intersect with services would be a deep challenge to the traditional hierarchy.**

We did ask the organizations to put together a form on the composition of their staff, their previous diversity efforts and their current aspirations (Slide 10: Brief Agency Cultural Summary Form), but it did not address finances of different levels of staff, nor the underlying financial arrangements for continuing staff education, bonuses for extra efforts needed or rearranging priorities based on better understanding of how white supremacy tends to operate.

AGENCY CULTURAL SUMMARY														
AGENCY NAME: _____										DATE: _____				
COMPILED BY: _____										POSITION IN AGENCY: _____				
AGENCY DIRECTOR _____										Phone _____				
Email _____										Phone _____				
Please give approx. numbers in each position	All Staff	WHITE		LATINO		AFRICAN AMER-ICAN		LGBT	ASIAN		JEWISH		Non-Christian	
		M	F	M	F	M	F		M	F	M	F	M	F
Demographics:														
Population Served														
Board Members														
Director														
Assistant Director														
Other Administrative Staff														
Direct Care Workers														
Support Staff														
Total Staff														

**Please list any consultations your agency has engaged in over the past 7 years including length of time and number and level of staff involved**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please summarize past multi-cultural initiatives and/or staff development at your agency:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe any history of staff, board or community conflicts regarding race, culture, or leadership**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please rate your agency on the following aspirations from 1(not at all) to 7 (very much)											
Diminishing cultural disparities is a major goal of our agency	Not at all	1	2	3	4	5	6	7	Very much		
Staff are generally on board for changing our agency to develop its cultural competence	Not at all	1	2	3	4	5	6	7	Very much		

**Please attach to this form:**

1. Table of Organization for your agency.
2. Mission statement of your agency.
3. Agency Cultural Competence Plan, if you have one.

## Slide 10: Agency Cultural Summary

We would have needed to take our questioning to a much deeper level to facilitate agencies realizing what would be involved to make successful cultural change. For example, if we assume white therapists need extra learning to work effectively with people of color, given the extreme levels of segregation in our society, who will pay for their ongoing consultation to help them be successful? How would agencies support and provide consultation for leaders who want to be proactive in hiring staff of color and offering them enough support to become well integrated into the agency, so they could function effectively? Who would be available to help them get past the resistance of staff who would be threatened by their leadership?

## Concluding Comments



We hope that our descriptions of our experience working to help organizations move toward promoting cultural competence will be helpful to others and will encourage a much broader systemic approach in efforts to create organizational change. We will never get where we are hoping to go unless we expand our lens to understand how patterns have evolved from the past and explore the underlying forces of power and money that support and control our organizations.

We still believe Margaret Mead's statement: "Never doubt that a small group of committed citizens can change the world. Indeed, it is the only thing that ever has." But we are convinced that such change can only occur if we pay attention to where we have come from, the forces that are organizing our behavior and values now and take responsibility for creating our own shared vision and shared effort to re-vision and remake our world. We urge others to keep asking systemic questions that go way beyond the immediate issues, toward broader historical perspectives. That seems to us the only way we can create a world with liberty and justice for all. We wish we had had the wisdom to take a broader view in the work we did and we hope that at least a few of the efforts we tried to inspire have continued in our communities.

We hope our experiences help others to feel empowered to address inequitable arrangements regarding race and culture in their organizations and inspire those organizations to undertake transformative endeavors.

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