

**Building Consultation Skills:
Cultural Competence and Communication Skills
Trainer's Guide
version 1
(Last updated 2/15/2013)**

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Suggested Citation

Cimino J and The National Training Institute for Child Care Health Consultants. Building consultation skills: cultural competence and communication skills trainer's guide: version 1. Chapel Hill (NC): The National Training Institute for Child Care Health Consultants, Department of Maternal and Child Health, The University of North Carolina at Chapel Hill; 2013.

Supported by grant U46MC00003 from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services.

NOTE TO TRAINER

There are six separate Toolkits associated with the *Building Consultation Skills Training* Module. Each Toolkit includes a Trainer's Guide and a Slide Presentation. There is one Toolkit for each of the following sub-topics:

- Child Care Health Consultation
- Cultural Competence and Communication Skills
- Policy Development
- Advocacy
- Health Education
- Resource & Referral and The Medical Home

The Toolkits are designed to assist NTI Trainers in delivering training sessions on each of the above subtopics. Trainers have the flexibility to design a training using any combination of subtopics. For example, a day-long training may be designed to cover all six subtopics, or a shorter training may cover fewer subtopics as needed. The toolkits have been developed to accommodate this flexibility.

For more information about using the NTI materials, please read "Guidelines for Using the NTI Curriculum Materials," available in the "Curriculum" section of the NTI Resources Website (accessed by entering your NTI username and password at <http://sakai.unc.edu>).

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PREPARATION CHECKLIST

Curriculum Materials:

Download the following from the "Curriculum" section of the NTI Resources Website:

- Building Consultation Skills* Training Module
- Building Consultation Skills: Cultural Competence and Communication Skills* Trainer's Guide
- Building Consultation Skills: Cultural Competence and Communication Skills* Slide Presentation
- Training Checklists*

Preparation:

- Read the "Introduction" and "Cultural and Linguistic Competence" sections of the *Building Consultation Skills* Training Module.
- Read the *Building Consultation Skills: Cultural Competence and Communication Skills* Trainer's Guide.
- Review the *Building Consultation Skills: Cultural Competence and Communication Skills* Slide Presentation:
 - Customize slide #2 to include your name, agency, and the date of your training.
 - Print the slides as overheads or load the slide presentation onto your laptop, USB drive, or a CD. Save or print a back-up copy of the presentation as well.
- Create a participant's packet (one per participant) per copyright guidelines:
 - Copy activities, worksheets, and the evaluation form provided in this Trainer's Guide under "Materials for Participant's Packet".
 - Copy Appendix C from the Training Module, "Understanding Latino Names" if using.
 - If doing the supplemental Cultural Self-Assessment activity, print and copy "Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Services and Supports in Early Childhood Settings". Available at:
<http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.EIEC.doc.pdf>
 - Copy the Slide Presentation as a handout.
- On a flip chart sheet, write out the Overview of Training Session to display in the training room (you may prefer to leave off the estimated time and training technique).
- On a flip chart sheet, write out the Training Objectives to display in the training room.
- See "Training Implementation and Logistics Checklist" (located in the document titled *Training Checklists*) for set-up tasks to do the day of the training.
- Other: _____

Equipment and Supplies:

- See "Equipment and Supplies Checklist" (located in the document titled *Training Checklists*) for general supplies
- Laptop, slide presentation, and LCD projector or overhead projector
- Flip chart or large paper for posting Overview of Training Session and Training Objectives
- Colored cards for "Culture Club" activity (if doing this supplemental activity)
- Other: _____

OVERVIEW OF TRAINING SESSION

Below is an overview of the topics covered in this session.

Estimated Time	Topic	Training Technique
10-15 minutes prior to session ¹	Registration	-----
Optional ²	Introductions/Icebreaker	
2 minutes	Overview of Training Session and Objectives	slides/overheads
5 minutes	Opening: For What Reasons Is Cultural Competence Important?	large group
10 minutes	Presentation: Definitions and Key Principles for Individuals and Organizations	slides/overheads
10 minutes	Activity: Toileting Case Scenario	case scenario
10 minutes	Presentation: Communication Skills	slides/overheads
10 minutes	Activity: Active Listening and Communication Barriers	small/large group
5 minutes	Closing: Action Items for the CCHC	slides/overheads
3 minutes	Learning Assessment	individual/large group
5 minutes	Evaluation of Trainer	individual
Estimated Total Time: Approx. 1 hour ³		

¹ Not included in total time.

² Not included in total time. Develop activity based on participants' training needs.


³ Add additional time if group guidelines and/or group facilitation methods need to be addressed at the beginning of the session, or if you decide to include any additional activities. For more information, see NTI's *Building Curriculum Development and Training Skills* Training Module.

TRAINER'S OUTLINE


Introductions/Icebreaker Activity

Time	Optional
Training Technique	
Supplies	
Instructions	If you create your own activity, remember to base it on the participants' training needs and relate it to the training session's topic.
Talking Points	
For More Information	See NTI's <i>Building Curriculum Development and Training Skills Training</i> Module for ideas about introductions and icebreaker activities.
Notes	


Overview of Training Session and Objectives


Time	2 minutes
Training Technique	Slides/overheads
Supplies	<ul style="list-style-type: none"> • Flip chart sheet with Overview of Training Session written on it • Flip chart sheet with Training Objectives written on it
Instructions	<ul style="list-style-type: none"> • Direct participants' attention to the posted Overview of Training Session. • Show slides 1-3. (Slides 1-2, the title slide and customizable slide, are not printed below.)
Talking Points	<p>Training Objectives</p> <ul style="list-style-type: none"> • Review the Overview of Training Session. • Review training objectives. 
For More Information	See NTI's <i>Building Curriculum Development and Training Skills Training</i> Module to learn more about training objectives.
Notes	

Opening Activity: For What Reasons Is Cultural Competence Important?

Time	5 minutes
Training Technique	Large group
Instructions	<ul style="list-style-type: none"> • Show slide 4. This is an animation slide. You may want to allow the group to discuss responses before showing the rest of the slide. • Allow the group to discuss their own answers to this question. • Emphasize any of the talking points below which are not covered in the group's responses.
Talking Points	<p>Opening Activity</p> <ul style="list-style-type: none"> • ALL children's needs should be addressed, and that will only happen in an environment that respects and nurtures cultural diversity. • The American population is very diverse. • Cultural competence is an important component of good communication. • Health disparities are linked to racial, ethnic, and economic status. Health-related advice that ignores culture perpetuates the patterns. • Cultural competence focuses on the family unit and not just the individual children. • The CCHC should display cultural competence in all interactions with child care staff and families. • The CCHC should also ensure that there is cultural competence within the child care facility. 
For More Information	<p>For additional introductory remarks about the importance of cultural competency, see the Cultural Competency Resources from the National Initiative for Children's Healthcare Quality. Available online at http://www.nichq.org/resources/cultural_competency_resources.html</p>
Notes	

Presentation: Definitions and Key Principles for Individuals and Organizations

Time	10 minutes	
Training Technique	Slides/overheads	
Instructions	<ul style="list-style-type: none"> • Show slides 5–11. • Slide 5 is an animation slide. Allow the group to respond to the question on slide 5 before showing the definition. 	
Talking Points	<p>What is Culture?</p> <ul style="list-style-type: none"> • This definition comes from the field of anthropology. • Individuals may belong to more than one cultural group, for example, ethnicity, religion, profession, sexual orientation, socio-economic status, etc. • Ask participants what they think of the definition. Anything to add? • Why is the word “cope” significant? It explains why culture is relevant to child-rearing, health issues, etc. 	
For More Information	<p>For additional introductory remarks about the importance of cultural competency, see the Cultural Competency Resources from the National Initiative for Children's Healthcare Quality. Available online at http://www.nichq.org/resources/cultural_competency_resources.html</p>	
Notes		


Talking Points	<p>What is Cultural Competence?</p> <ul style="list-style-type: none">• Someone who is culturally competent has the values, knowledge, behavior, and skills to work effectively across cultures.• Values includes cultural self-awareness and respect for diversity.• Knowledge means learning about other cultures.• Behavior means best practices (family-centered care, incorporating respect for health cultures into policy and practice, etc).• Skills include good communication skills.• There is no universal definition of “cultural competence.”• It is very important to remember that there is always room for growth. 
For More Information	Refer to Module section, “What is Cultural Competence?”
Notes	

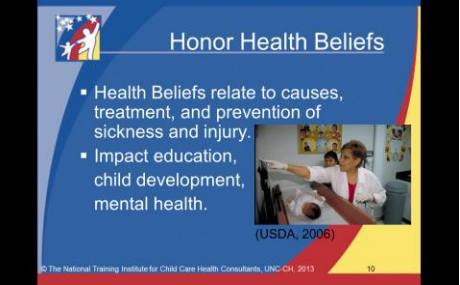
<p>Talking Points</p>	<p>Cultural Competence Continuum</p> <ul style="list-style-type: none"> • Achieving cultural competence develops over time in a process of self-assessment, learning, and acquiring new skills. • A culturally-competent CCHC is always striving to learn more. The CCHC can learn about other cultures by reading, observing, listening, and asking questions. • One of the best ways to learn is by talking personally with members of another culture, such as friends, colleagues, neighbors with who there is an established degree of mutual trust and respect. • Please note that when referring to this chart, the term “Cultural Blindness” deserves a bit of attention. The term may appear to some to have a negative connotation, but it is actually at the mid-point of the continuum along with “Cultural Pre-Competence”—neither positive nor negative. It is a term that is current in the field of cultural competency and usually does not cause offense. However, CCHCs should use sensitivity when promoting this continuum model.
<p>For More Information</p>	<p>Refer to Module section, “What the CCHC Should Know: Cross-Cultural Competence.”</p>
<p>Notes</p>	

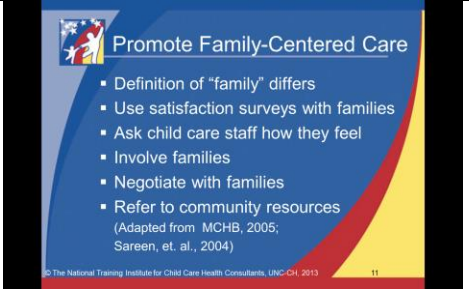


<p>Talking Points</p>	<p>Cultural Self-Awareness: Key Principles for Individuals</p> <ul style="list-style-type: none"> • Before a system can be culturally competent, the individuals within that system must be committed to cultural competency. There are key principles for individuals to be culturally competent. • Reflect, revise, respect summarizes the three main components of building cultural awareness: <ol style="list-style-type: none"> 1. Reflect: Examine your own attitude and values about culture, including your own culture. 2. Revise: Acquire the values, knowledge, behaviors, and skills for working in cross-cultural situations. Learn! Change your attitude! 3. Respect: Remember that everyone has a culture that deserves respect, and all cultural practices, even those you disagree with deserve respect. • Also important to building cultural self-awareness: <ul style="list-style-type: none"> - Ability to recognize cultural bias: The CCHC should be aware of her own cultural biases as well as historical and institutional biases that exist in their communities. This includes the sensitivity to how these potential biases may have an impact on the child care staff, children, and families, they serve. - Willingness to learn: One should not assume that he/she has learned everything about a culture. - Flexibility: A culturally-competent CCHC is willing to adapt his/her services in order to honor different cultural values and practices. - Sensitivity to power: Be sensitive to “power relationships”: The CCHC should always be aware of the “power” that exists between themselves and child care staff and families, as well as the “power” within families. - Communication skills: Having appropriate communication skills does not equal language proficiency.
<p>For More Information</p>	<p>Refer to Module section, “What the CCHC Should Know: Cultural Self-Awareness.”</p>
<p>Notes</p>	



<p>Talking Points:</p>	<p>Strategies: Key Principles for Facilities</p> <ul style="list-style-type: none"> • Many of the key principles for organizations, such as child care facilities, to be culturally competent are the same as those for individuals, but there are some additional considerations: • Value diversity in families, staff, caregiver/teachers, and communities. • Staff that have the capacity for cultural self-assessment. • Be conscious of the dynamics inherent when cultures interact (e.g., families and child care staff). • Institutionalize cross-cultural knowledge by holding trainings, revising language in policies and handbooks, encouraging cultural education, etc. • Adapt programs to reflect an understanding of cultural diversity. 	
<p>For More Information</p>	<p>Refer to Module section, “What the CCHC Should Know: Cross-Cultural Competence.”</p>	
<p>Notes</p>		

<p>Talking Points</p>	<p>Honor Health Beliefs</p> <ul style="list-style-type: none"> • It is important for CCHCs and child care staff to respect the diverse health beliefs that exist throughout the consultation process. • Health beliefs are beliefs that people have about the causes, treatments, and prevention of sickness and injury. • They can also have an impact on the feelings and decisions about child development, mental health, and education. • Health beliefs are strongly held and must be dealt with respectfully—even those that are dangerous or counter to the CCHCs recommendations. • The CCHC should always prepare for these types of differences. Otherwise, he/she could make a recommendation that would not be accepted by child care staff or family. Examples of this include toilet training (see the case scenario activity) and feeding practices. • Alignment of policies and practices with diverse health beliefs should be taken into consideration. 	
<p>For More Information</p>	<p>Refer to Module section, “Cultural Competence and Health Beliefs.”</p>	
<p>Notes</p>		

<p>Talking Points</p>	<p>Promote Family-Centered Care</p> <ul style="list-style-type: none"> • Family-centered care honors strengths, culture, traditions, and expertise of all involved. Results in high quality services. • The Maternal and Child Health Bureau defines “family-centered care” as the assurance that the health and well-being of children and their families through a respectful family-professional partnership. • Because family-centered care is based on honoring cultural and family traditions by developing family-centered policies and practices, it is consistent with the principles of culturally-competent care. • It is also consistent with the medical home model. • There are methods that CCHCs can use to ensure that family-centered care is provided to all cultural groups served by their child care facility. 
<p>For More Information</p>	<p>Refer to Module section, “Family-Centered Care.”</p>
<p>Notes</p>	

Activity: Toileting

Time	10 minutes
Training Technique	Case scenario
Supplies	"Toileting" case scenario handout
Instructions	<ul style="list-style-type: none"> • Show slide 12. • Divide the participants into smaller groups of 2-4. Distribute the "Toileting" case scenario and allow each group 5 minutes to develop recommendations for the child care director. • Please see pg. 25 of the Trainer's Guide for this activity. • When the groups are ready to reconvene, ask for each group's recommendations and list them on a flip chart. • As needed, facilitate the discussion, with particular attention to the cultural issues.
Talking Points	<p>Activity: "Toileting"</p> <ul style="list-style-type: none"> • Your group may have many different ideas for dealing with this scenario. To encourage discussion, or to summarize, you may want to discuss what really happened in this case: • The child care facility was able to bring in an Indian social worker. Although the family spoke English, the social worker was able to help facilitate communication on a cultural level. The facility could not allow the child to be toileted in the sink under state regulations, and this was explained to the family. The facility agreed to hold a space for the child until she was toilet-trained and could attend. The facility recognized the value of involving grandparents and was able to establish a grandparent's program, but also developed a policy about how much time a relative could spend with a child in the facility. The facility realized the importance of a diapering policy, not only for the child care staff but also for the parents. The facility was able to revise its parents' manual to include the facility's policies, and the facility also drafted a policy about communicating facility policies and regulations to parents before the child's first day. • Questions for the group: <ul style="list-style-type: none"> - What are some strategies for resolving this issue? - How do the family's health beliefs conflict with the facility's procedures? - How could the facility improve policies to avoid this situation in the future? - How could the director improve her communication with the family? - What is needed on both sides of this scenario?





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Presentation: Communication Skills

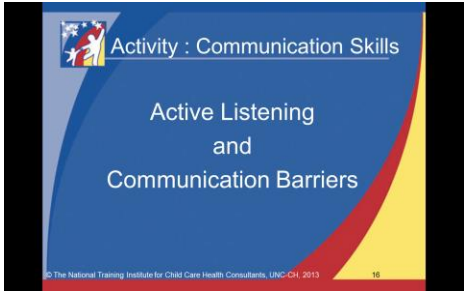
Time	10 minutes
Training Technique	Slides/overheads
Instructions	Show slides 13-15. Slide 13 is an animation slide. You may want to allow the group to respond to the question before showing the answer.
Talking Points	<p>What the CCHC Should Know: Linguistic Competence</p> <ul style="list-style-type: none"> • Good communication is the cornerstone of fruitful and trusting relationships between child care staff and families. The same is also true for the consultant-staff relationship. • A CCHC cannot be effective in his/her role without the ability to receive and communicate complex information to audiences that may include child care staff, community partners, families, and children. • While the purpose of communication may differ among groups, the foundation of strong linguistic competency will serve all situations. • Linguistic competence does not mean the ability to speak in someone's native language. It requires sensitivity to different communication styles. You already know about cultural competence, and now we'll explore good communication skills.
For More Information	Refer to Module section, "What the CCHC Should Know: Linguistic Competence."
Notes	



<p>Talking Points</p>	<p>Active Listening Skills</p> <ul style="list-style-type: none"> • Active listening is the cornerstone of effective communication. • Listening consists of four steps: <ol style="list-style-type: none"> 1. Receiving the message 2. Paying attention to the message 3. Understanding the message 4. Reacting appropriately to the message • Tips for effective communication: <ol style="list-style-type: none"> 1. Collaboration – avoid giving orders or lecturing 2. Clarity – avoid clichés, using professional jargon 3. Positive outlook – start with praises, not criticizing 4. Honesty – don't offer praise 5. Open-mindedness – don't assume that you have all the answers  <p>The image is a slide titled "Active Listening Skills" with a blue background and a red and yellow curved graphic on the right. It lists four bullet points: "Attentive", "Non-evaluative", "Non-judgmental", and "Convey understanding", followed by "Respectful feedback" in a larger font. Below the list, it says "(Adapted from Palsha et al., 1997)". At the bottom left, there is a small logo and text: "© The National Training Institute for Child Care Health Consultants, UNC-CH, 2013". At the bottom right, the number "14" is visible.</p>
<p>For More Information</p>	<p>Refer to Module section, "Active Listening Skills."</p>
<p>Notes</p>	

<p>Talking Points</p>	<p>Communication Barriers</p> <ul style="list-style-type: none"> • No one is immune to bias, prejudice, discrimination, and the broad range of “isms.” • It is inevitable that CCHCs will encounter bias in themselves, their clients, families, colleagues, supervisors, and administrators, and in the communities they serve. • CCHC need to master two skills: monitoring communication and intervening when communication is derogatory. • Communication styles vary across cultural groups. One of the most important distinctions is between direct and indirect styles. Communication between these two often leads to misunderstanding and dissatisfaction for both. • Direct communication can come across as rude and abrupt. Indirect communication can come across as unclear and evasive. • Other differences could be nonverbal cues, fewer words, eye contact, posture, and facial expressions. • The key is to take the time to learn these differences. • The CCHC should also consider the literacy levels and communication with people who experience disabilities. 
<p>For More Information</p>	<p>Refer to Module sections, “Bias, Stereotyping, and Derogatory Communication” and “Communication Styles.”</p>
<p>Notes</p>	

Activity: Active Listening and Communication Barriers

Time	10 minutes
Training Technique	Small/large group
Supplies	"Active Listening and Communication Barriers" handout
Instructions	<ul style="list-style-type: none"> • Show slide 16. (Placeholder slide is not printed below.) • Ask participants to turn to the "Active Listening and Communication Barriers" handout in their participant's packet or distribute the activity at this time. • See page 29 of this Trainer's Guide for this activity. • Review the worksheet instructions. • Instruct participants to pair up with another participant to practice active listening techniques. • Give each pair 5 minutes to write a new sentence that reflects each technique listed. • Note that one example is given. Ask each pair to consider an alternative to those with examples if there is time. • Share and compare responses in large group. • Facilitate a discussion. • Handout answer key, if interested.
Talking Points	<p>Please see answer key on the following pages. It includes potential responses for this activity.</p> 
Notes	

ACTIVE LISTENING: ANSWER KEY

1. Repeat speaker's main words that express her feeling	
<i>Example:</i> A child care staff member says: "I'm afraid about caring for a child with such extreme medical needs."	CCHC response: I'm hearing you say that you are afraid of being able to care for a child that has a special health care need.
2. Avoid close-ended (yes/no) questions	
<i>Example:</i> CCHC says: "Are you having some problems with maintaining the playground equipment?"	Alternate: Example 1: What has been your experience with making sure the playground equipment is safe for the children? Example 2: How have you felt about the responsibility of maintaining the playground equipment?
3. Listen for emotional meaning	
<i>Example:</i> A child care staff member says: "Another parent tried to drop off a child with a fever today."	CCHC response: Example 1: How did you feel about that? Example 2: How do you feel when that happens?
4. Listen for more than facts	
<i>Example:</i> A child care staff member says: "Some children still seem hungry after lunch."	CCHC response: Example 1: Why do you think the children still seem hungry after lunch? Example 2: How do the children act when they seem this way?
5. Accept the speaker's feelings as his/hers, not yours	
<i>Example:</i> The staff member says: "I've decided to screen more carefully children with special needs who want to attend my facility." The CCHC might say, "I know how you are feeling. I've been in that type of situation before, and it was very uncomfortable for me."	Alternate: Your feelings are understandable. It can be difficult to care for children with special needs.
6. Offer a chance to elaborate	
<i>The CCHC says:</i> "There must be more to this situation."	Alternate: Example 1: Tell me more. Example 2: Can you think of any other details that might be important to consider?

7. Avoid premature conclusions and interpretations	
<i>Example:</i> "I can see right away that one of the children in your program needs special care from an early interventionist."	Alternate: Example 1: Tell me about your experience with [name of child] in the classroom. Example 2: What are your thoughts about how [name of child] does in his/her classroom?
8. Be alert for your own negative feelings	
<i>Example:</i> A CCHC might say to herself: "I think this child care staff member is not very responsive to the children's needs."	Alternate: Example 1: I think [staff] might need more assistance in addressing the children's needs. Example 2: It seems like [staff] has been feeling overwhelmed.
9. Listen for contradictions	
<i>Example:</i> A child care staff member in a new facility says: "I know this is probably not anything to worry about, but can you tell me all the things I would need to do if I accept a child who is medically fragile?"	CCHC response: Example 1: It sounds like you might be feeling overwhelmed about welcoming a child with special needs into your facility. Example 2: Tell me your concerns about welcoming a child with special needs into your facility.
10. Avoid implicating "You" statements	
<i>(They make it sound as if you know what the child care staff member is experiencing better than s/he does.)</i> <i>Example:</i> "You don't want to do that." <i>Example:</i> "That's not what you really think."	Alternate: Example 1: Let's talk it out more before making a decision. Example 1: Let's think about this some more.

COMMUNICATION BARRIERS

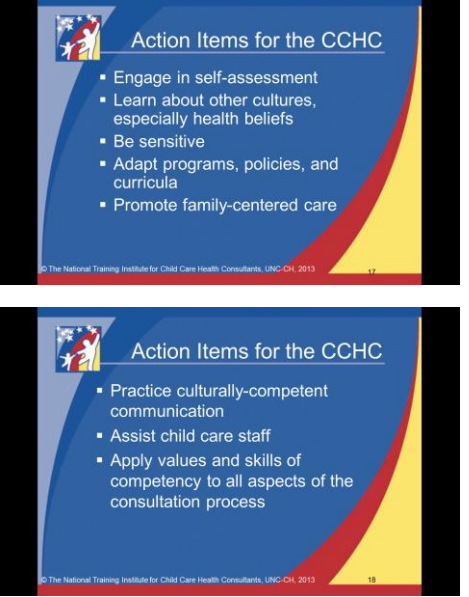
1. Ordering	
<i>Example:</i> "Contact the early intervention specialist about this immediately."	<i>Alternate:</i> Example 1: What do you think about contacting the early intervention specialist about this? Example 2: I think we might want to contact the early interventionist about this. He/she should be able to help us.
2. Threatening	
<i>Example:</i> "If you don't take care of this, I'll contact the child's doctor myself."	Alternate: Example 1: I think it might be beneficial to contact the child's medical home provider. Example 2: I hope you'll consider bringing this to the attention of the child's parents/guardians and encouraging them to contact their pediatrician.
3. Moralizing	
<i>Example:</i> "You should be able to control the spread of illness in this classroom better than this. The problem has occurred too many times this year."	Alternate: Example 1: How can I help you respond to the spread of illness in the most efficient way? Example 2: How would you feel if we worked together to strengthen this facility's response to the spread of illness?
4. Giving solutions, taking responsibility	
<i>Example:</i> "This child needs to be evaluated by a mental health professional. I'm going to call and make an appointment."	Alternate: Example 1: I think a mental health professional would be better equipped to respond to this child's needs. Would you like me to recommend someone? Example 2: How would you feel about contacting a mental health professional about this child's needs?
5. Lecturing	
<i>Example:</i> "I know operating a child care program is very demanding. You simply have to be more organized."	Alternate: Example 1: Your job is important, but at times it can be very difficult. How can I be of the most help to you? Example 2: How can I help you address the needs of your children?

6. Judging, criticizing	
<i>Example:</i> "You really should have taken care of this problem a long time ago."	Alternate: Example 1: Let's work together to make a plan so you can feel prepared if this happens again. Example 2: Let's brainstorm together about how we can address this problem.
7. False praising	
<i>Example:</i> "You are doing a much better job of controlling infection in this classroom even though this is the third outbreak of this kind in the last 9 months".	Alternate: I noticed that you have implemented some of actions we talked about last month to help control infection in the classroom. Let's talk about what else we can do to build on those actions.
8. Labeling, name-calling, stereotyping	
<i>Example:</i> "This is the snobbiest child care facility in town."	Alternate: This child care facility has implemented changes that have improved their quality of care.
9. Denying reality, false assurance	
<i>Example:</i> "Don't worry. I'm sure everything will be just fine."	Alternate: Example 1: There are solutions to this problem. Let's discuss what they might be. Example 2: We can work together to solve this problem.
10. Invading privacy, interrogating	
<i>Example:</i> "Did you have this many problems in the last facility where you worked?"	Alternate: Example 1: Have you dealt with something like this before? Tell me about that experience. Example 2: Do you have any experience with this type of situation?
11. Diagnosing	
<i>Example:</i> "The problem seems to be inadequate supervision on the playground."	Alternate: Example 1: Why do you think this might be happening? Let's talk about how we can make improvements. Example 2: Let's brainstorm a few potential causes to this problem and see which ones we can focus on changing.
12. Clichés	
<i>Example:</i> "It's for your own good."	Alternate: Example 1: Let's try this method and see how it works for your facility. Example 2: How would you feel about trying this strategy first?

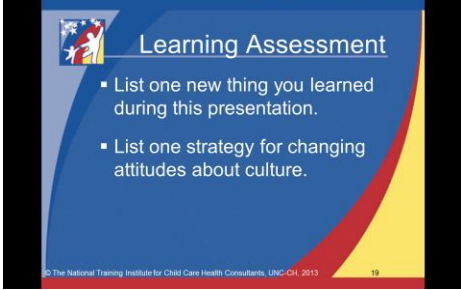
13. Belittling	
<i>Example:</i> "It's taken three consultation visits before you took action to solve this problem. All other facility directors I work with take immediate action."	Alternate: Example 1: It sounds like this might not be the best way to solve this problem. Let's talk about what else might work. Example 2: Maybe this isn't the best strategy for you. What do you think about trying this instead?
14. Interpreting	
<i>Example:</i> "So when you say you have problems with some parents, I guess you feel frustrated."	Alternate: Example 1: Tell me more about how you feel when that happens. Example 2: How does that make you feel?
15. Disagreeing with child care staff	
<i>(May put child care staff on the defensive and anger him/her.)</i> <i>Example:</i> "You're wrong about the amount of bleach to make a disinfecting solution."	Alternate: Example 1: Let's review the information I presented to you at last month's infectious disease workshop. Example 2: The amount of bleach that is most effective in disinfecting the classroom is..."
16. Disapproving	
<i>(Indicates that you have not accepted the child care staff's feelings and actions as valid.)</i> <i>Example:</i> "I wouldn't have done it that way."	Alternate: Example 1: There are several ways to address this issue. Example 2: If this were to happen again, there are several ways your facility could approach the situation.
17. Using jargon	
<i>Example:</i> "Your children need to be cohorted immediately to minimize the impact of this communicable disease outbreak."	Alternate: If an infectious disease were to break out in your facility, the first thing to do is divide the children into groups so that the children who are sick are kept separate from the children who are not sick.
18. Show disrespect for differing opinions, beliefs, attitudes, or practices	
<i>Example:</i> "That's a silly idea."	Alternate: Example 1: Great idea! Tell me some other ways you could address that. Example 2: Good thinking. Here's another idea that might also address this issue.

(Both tables adapted from Young, Downs and Krams, 1993)

Closing: Action Items for the CCHC

Time	5 minutes	
Training Technique	Slides/overheads	
Instructions	<ul style="list-style-type: none"> • Show slides 17-18. • Use this opportunity to review key points from your presentation and to get the participants talking about ways to promote cultural competency in their own work and facilities. • You may want to have them create their own list of action items or list a few steps to achieve each item listed in the two slides. 	
Talking Points	<p>Action Items for the CCHC Let's talk about things the CCHC can do to promote cultural competency in child care.</p>	
Notes		

Learning Assessment

Time	3 minutes
Training Technique	Individual activity/large group
Instructions	<ul style="list-style-type: none"> • Show slide 19. • Ask participants to write down their responses to these two questions. • Ask a few participants to share their answers. • You may use this as an opportunity to provide resources for further learning.
Talking Points	<p>Learning Assessment</p> <p>I'd like you to take one or two minutes to write down two things:</p> <ul style="list-style-type: none"> • One new thing you learned during this presentation, and • One strategy for changing attitudes about culture. <p>Let's come back together to share our ideas.</p> 
Notes	

Evaluation

Time	5 minutes
Training Technique	Individual
Supplies	"Evaluation of Trainer Form" handout
Instructions	<ul style="list-style-type: none">• Show slide 20. (Placeholder slide not printed here.)• Ask participants to complete the "Evaluation of Trainer Form" at this time.• Inform participants that the evaluations are anonymous.• Explain that the evaluation results provide you with information about the effectiveness of the training and that information collected from the evaluation will be used to improve the training.• Allow participants 5 minutes to complete the evaluation.• Collect forms.
Notes	

MATERIALS FOR PARTICIPANT'S PACKET

Activities

The following are activities related to cultural competence and communication skills. The first two activities, "Toileting" and "Active Listening and Communication Barriers," are part of the hour-long presentation that has been designed on this topic. The remaining activities ("Cultural Self-Assessment" and "The Culture Club") may be included in your training if you have additional time. Your audience analysis and training objectives will help you determine which of these activities are most appropriate for your group.

Any of the following may be printed and included in a participant's packet or as handouts to be distributed to the group. You may wish to white out the existing page numbers and write in your own, or you may print each activity on different colors of paper for easy reference by your participants.

Evaluation of Trainer

The "Evaluation of Trainer Form" at the end of this material should be printed and distributed to each participant for feedback on various aspects of your training.

Cover Page

The cover page may be printed and used as a cover page for the activities, slide handout, evaluation form and any additional materials you wish to provide as part of a participant's packet. If your participant's packet contains several activities and handouts, you may want to create a table of contents to guide participants through the materials.

ACTIVITY: TOILETING

Instructions: Please read through the following case scenario. In small groups, take 5 minutes to: 1) determine the key issues, and 2) determine strategies to help this child care director and family resolve these issues. Write down your ideas to share in a large-group discussion.

Case Scenario

Ajay and Deepa had their two-year-old daughter, Kavita, on the waiting list at ABC Child Care. After several months, they received a call welcoming Kavita to enroll and eagerly signed her up for full-time care. They received and completed enrollment papers, and everything seemed to be on track for her first day of care. On the day that Kavita was to start at ABC Child Care, Ajay and Deepa took her to the facility. Kavita's grandmother also went with them. When they arrived, the facility's director, Emily, welcomed them. She then showed them to a locker where they could store Kavita's extra clothes and diapers. The following conversation ensued.

Parents: **Kavita does not have any diapers.**
Director: Wow! She is very young to be fully toilet trained.
Parents: **Oh no, she is not yet toilet trained. We encourage Kavita to eliminate in running water in the sink each hour. This works very well and she has very few accidents. In fact, our family has never used diapers.**
Director: I am very sorry for any misunderstanding but elimination in the sink is not a possibility at ABC Child Care. Kavita will have to use diapers. Please bring them next time.
Parents: **We were never told that diapers were required. We do not want Kavita to use one system of toileting at home and a different system here. Since Kavita's grandmother is going to be staying with Kavita during her time here, she could take her for her hourly elimination and will clean up very carefully afterwards.**
Director: I am sorry, but to maintain hygienic practices in the facility, the sink cannot be used for toileting under any circumstances. Also, Kavita's grandmother will surely not be here all the time?
Parents: **In our culture, the grandmother is not expected to provide care but often spends her days with members of younger generations. We expected she could stay with Kavita during the day.**
Director: Kavita's grandmother is always welcome to visit, but it would not be appropriate for her to stay with Kavita every day. None of the other children have family members with them all the time. Besides, we need to deal with this toilet issue before we can discuss anything else.

Questions for your consideration:

- What are the main issues facing the parents? Facing the director?
- How do the family's health beliefs conflict with the facility's procedures?
- How could the facility improve policies to avoid this situation in the future?
- How could the director improve her communication with the family?
- What are some strategies for resolving these issues?

Notes:

ACTIVITY: ACTIVE LISTENING AND COMMUNICATION BARRIERS

Instructions: Pair up with another participant to practice techniques to improve active listening and decrease communication barriers. As a team, write an alternative to the examples that are given below. Examples are given for each listening technique. Your responses should reflect respective listening techniques. Be prepared to share and compare responses in the large group.

ACTIVE LISTENING

1. Repeat speaker's main words that express her feeling	
<i>Example:</i> A child care staff member says: "I'm afraid about caring for a child with such extreme medical needs."	<i>CCHC response:</i> I'm hearing you say that you are afraid of being able to care for a child who has a special health care need.
2. Avoid close-ended (yes/no) questions	
<i>Example:</i> CCHC says: "Are you having some problems with maintaining the playground equipment?"	<i>Alternate:</i>
3. Listen for emotional meaning	
<i>Example:</i> A child care staff member says: "Another parent tried to drop off a child with a fever today."	<i>CCHC response:</i>
4. Listen for more than facts	
<i>Example:</i> A child care staff member says: "Some children still seem hungry after lunch."	<i>CCHC response:</i>
5. Accept the speaker's feelings as his/hers, not yours	
<i>Example:</i> The child care staff member says: "I've decided to screen more carefully children with special needs who want to attend my facility." The CCHC might say, "I know how you are feeling. I've been in that type of situation before, and it was very uncomfortable for me."	<i>Alternate:</i>
6. Offer a chance to elaborate	
<i>The CCHC says:</i> "There must be more to this situation."	<i>Alternate:</i>
7. Avoid premature conclusions and interpretations	
<i>Example:</i> "I can see right away that one of the children in your program needs special care from an early interventionist."	<i>Alternate:</i>

8. Be alert for your own negative feelings	
<i>Example:</i> A CCHC might say to herself: "I think this child care staff member is not very responsive to the children's needs."	<i>Alternate:</i>
9. Listen for contradictions	
<i>Example:</i> A child care staff in a new facility says: "I know this is probably not anything to worry about, but can you tell me all the things I would need to do if I accept a child who is medically fragile?"	<i>CCHC response:</i>
10. Avoid implicating "You" statements	
<i>(They make it sound as if you know what the child care staff member is experiencing better than s/he does.)</i> <i>Example:</i> "You don't want to do that." <i>Example:</i> "That's not what you really think."	<i>Alternate:</i>

COMMUNICATION BARRIERS

1. Ordering	
<i>Example:</i> "Contact the early intervention specialist about this immediately."	<i>Alternate: What do you think about contacting the early intervention specialist about this?</i>
2. Threatening	
<i>Example:</i> "If you don't take care of this, I'll contact the child's doctor myself."	<i>Alternate:</i>
3. Moralizing	
<i>Example:</i> "You should be able to control the spread of illness in this classroom better than this. The problem has occurred too many times this year."	<i>Alternate:</i>
4. Giving solutions, taking responsibility	
<i>Example:</i> "This child needs to be evaluated by a mental health professional. I'm going to call and make an appointment."	<i>Alternate:</i>
5. Lecturing	
<i>Example:</i> "I know operating a child care program is very demanding. You simply have to be more organized."	<i>Alternate:</i>

6. Judging, criticizing	
<i>Example:</i> "You really should have taken care of this problem a long time ago."	<i>Alternate:</i>
7. False praising	
<i>Example:</i> "You are doing a much better job of controlling infection in this classroom even though this is the third outbreak of this kind in the last 9 months".	<i>Alternate:</i>
8. Labeling, name-calling, stereotyping	
<i>Example:</i> "This is the snobbiest child care facility in town."	<i>Alternate:</i>
9. Denying reality, false assurance	
<i>Example:</i> "Don't worry. I'm sure everything will be just fine."	<i>Alternate:</i>
10. Invading privacy, interrogating	
<i>Example:</i> "Did you have this many problems in the last facility where you worked?"	<i>Alternate:</i>
11. Diagnosing	
<i>Example:</i> "The problem seems to be inadequate supervision on the playground."	<i>Alternate:</i>
12. Clichés	
<i>Example:</i> "It's for your own good."	<i>Alternate:</i>
13. Belittling	
<i>Example:</i> "It's taken three consultation visits before you took action to solve this problem. All other facility directors I work with take immediate action."	<i>Alternate:</i>
14. Interpreting	
<i>Example:</i> "So when you say you have problems with some parents, I guess you feel frustrated."	<i>Alternate:</i>

15. Disagreeing with child care staff	
<i>(May put staff on the defensive and anger him/her.) Example: "You're wrong about the amount of bleach to make a disinfecting solution."</i>	<i>Alternate:</i>
16. Disapproving	
<i>(Indicates that you have not accepted the staff member's feelings and actions as valid.) Example: "I wouldn't have done it that way."</i>	<i>Alternate:</i>
17. Using jargon	
<i>Example: "Your children need to be cohorted immediately to minimize the impact of this communicable disease outbreak."</i>	<i>Alternate:</i>
18. Show disrespect for differing opinions, beliefs, attitudes, or practices	
<i>Example: "That's a silly idea."</i>	<i>Alternate:</i>

(Both tables adapted from Young, Downs and Krams, 1993)

Notes:

ACTIVITY: CULTURAL SELF-ASSESSMENT

Instructions: Take 5 minutes to complete the “Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings” distributed by the Trainer. Engage in a facilitated discussion to address questions such as the following:

- How comfortable were you in giving honest answers to the questions?
- How did you react to areas in which you felt you did well? Were you satisfied or did you feel challenged to do more?
- How did you react to areas in which you feel you did not do as well?
- Is there something specific you would like to work on? Can you identify available community resources that could assist you in this process (i.e. a local non-profit that focuses on diversity issues, a bilingual child care staff member, etc.)
- What did you learn about yourself from the self-assessment process?
- How do you think this will have an impact on your ability to work with child care directors, child care staff, parents and children in your role as a CCHC?

Notes:

ACTIVITY: THE CULTURE CLUB

Instructions:

- The Trainer will divide participants into two groups, or “cultures”, “culture A” and “culture B” and distribute cards to each group.
- Take a few minutes to read the rules of your culture. **(Do not read the other culture's rules.)**
- If you are in “culture B”, you will receive 5-6 different colored cards from the Trainer.
- Select a small group from within your culture to act as an “observer team” to the opposite culture. This team will identify the other culture's norms and conventions.
- At a given signal from the Trainer, trade “observer teams” for several minutes. (If time allows, everyone will be given the opportunity to act as part of an “observer team”.)
- When the large group reconvenes, determine who will be the reporter from each “observer team”. Report on what the team identified as the other culture's norms and conventions.
- Engage in a facilitated discussion about the experience.

Notes:

Culture A norms and conventions:

Group A is a very close knit, friendly, and hospitable society. Members pass their time conversing in small groups. Members like to stand very close together, even touching one another, when conversing. Topics of conversation are generally inquiring as to the condition and wellbeing of the other members of the conversation. Although they like closeness, eye contact is rarely made. It is not considered rude to do so, but it just isn't seen as necessary.

Group A is very welcoming of strangers, and warmly invite them into discussions. This is usually done by making a long, audible sigh, then asking as to their well-being. (Or you may also answer the stranger's questions, if they ask them.) Of course, you also make them feel welcome by standing very close and even touching them.

Certain topics are never brought up in conversation. Three of these are any mention of women, money, or the weather. If any of these topics are mentioned, others will quickly abandon the conversation. This is never done angrily. They merely look at their feet and nonchalantly move away from that person as if they have simply lost interest in the conversation.

Culture B norms and conventions:

Culture B society is based on trade. Virtually all of a member's time is spent in the exchange of small colored cards. The goal of this trading is highly personal, and unique to each person. A person may collect in order to have all cards of a certain color. Or perhaps he/she wants a certain assortment of colors. Having a lot of cards isn't really important. Everyone seems to be happiest when they have between 4 and 6 cards.

The procedure for trading these cards is highly stylized. To trade, you approach another person with a broad smile on your face, making eye contact, and hold your cards at arms length in front of you, fanned out so each card can be seen. The other person then picks any card they want.

When this happens, you have one of three reactions: If you are glad of the card they picked, (in other words, if it helps you toward your goal) give them a very broad smile before going on to the next transaction with someone else. You may also give a look of great surprise. This surprised look means that you are happy with the card that was picked, and you are going to allow the other person to pick one more card from your hand. If you are not happy with the card that was picked, scowl and quickly move to another transaction, unless the other person offers to let you make a pick. This is indicated, of course, by their holding their cards at arm's length and smiling.

It would be unthinkable in Group B culture for persons to ever allow more than two picks in a row with the same person. You may, however, return to that person after exchanging with someone else in between.

Exchanges are always done without speaking, since speaking adds nothing to the transaction. If someone tries to engage you in conversation or ask a question, you remain silent, hold your cards close to your chest and quickly move to another transaction. You do this without being rude or defensive, but talking just gets in the way of efficient trading.

Even when you have achieved your goal of trading (for example, when you have all blue cards, if that is your goal), you will continue trading. It doesn't even matter if the other person doesn't have any cards for you to pick from. As a Culture B person, to trade is to live.

Trainer's Name: _____

Date: _____

**National Training Institute for Child Care Health Consultants
Evaluation of Trainer Form**

Using the rating scale below, please evaluate the Trainer's presentation skills.

1= unsatisfactory 2= below average 3=average 4=above average 5=outstanding NA=non-applicable

Training Content						
Please rate the Trainer on the quality of the following:	1	2	3	4	5	NA
• Introduction and opening						
• Accuracy of information						
• Usefulness of information						
• Clear presentation of training objectives						
• Fulfillment of training objectives						
• Organization of training content						
• Closing						

Training Techniques: Methods, Media, & Materials						
Please rate the effectiveness of the Trainer's use of the following:	1	2	3	4	5	NA
• Flip chart						
• Handouts						
• Overhead transparencies						
• PowerPoint slides						
• Video						
• Other (specify):						

Training Techniques: Activities						
Please rate the Trainer's use of training activities on the following characteristics:	1	2	3	4	5	NA
• Clear instructions						
• Usefulness						
• Opportunities for interaction among participants						

Delivery of Content						
Please rate the Trainer on the following training dynamics:	1	2	3	4	5	NA
• Enthusiasm						
• Voice projection						
• Clarity and professionalism of voice						
• Word choice						
• Pace of presentation						
• Eye contact						

Facilitation Skills						
Please rate the Trainer on the following skills:	1	2	3	4	5	NA
• Time management						
• Manner of answering questions						
• Manner of handling difficult behaviors of participants						
• Ability to engage all participants						

Please take a moment to answer the following questions:

What did you like most about this training?

What can the Trainer do to improve this training?

Was this the most effective way to present this material? Please explain.

Do you have any suggestions for other methods to present the material?

Thank you.



Cultural Competence and Communication Skills

Participant's Packet