

Understanding and Measuring Providers'/Teachers' Cultural Sensitivity with Families:



Lesson Learned and Measurement Recommendations



OPRE Report 2015-55

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Overview: The Family and Provider/Teacher Relationship Quality (FPTRQ) project began in 2010 to measure the quality of relationships between families and the providers/teachers who care for their young children. The FPTRQ project included a multi-step process for developing these measures, including a literature review, measures review, focus groups, cognitive interviews, interviews with members of a Technical Work Group (TWG), a pilot study, and a field study. One of the goals of the FPTRQ project was to develop items that assess providers'/teachers' cultural sensitivity towards families. This brief summarizes the process that we underwent to develop items to assess cultural sensitivity throughout the FPTRQ project. We show which items were effective and which were not in assessing cultural sensitivity. This brief is intended to help researchers think about how to measure cultural sensitivity, particularly in early care and education settings and with diverse populations.

Introduction: The Family and Provider/Teacher Relationship Quality (FPTRQ) project created tools for measuring the quality of relationships between families and the providers/teachers who care for their young children. High quality family-provider/teacher relationships are associated with positive outcomes for children, families,¹ and providers.^{2,3} A fundamental component of quality family and provider/teacher relationships is cultural sensitivity.^{4,6} Research indicates that provider/teacher cultural sensitivity can foster a classroom environment that is more conducive to learning,⁷ which may, in turn, improve students' developmental outcomes.⁸ Additionally, provider/teacher interactions with families that are culturally sensitive can increase parental engagement,⁷ and in turn, enhance students' learning experiences.⁹

Children are the most racially and ethnically diverse segment of the U.S. population.¹⁰ In 2013, ethnic minority children accounted for half of the population under the age of five.¹¹ Indeed, the diversity of young students and the importance of cultural sensitivity are recognized by Head Start/Early Head Start (HS/EHS) as part of its program model. In 1991, Head Start published the Multicultural Principles for Head Start Programs, and in 2010 released an updated version.¹² Additionally, in 2010, the Office of Head Start invested in the training and technical assistance National Center on Cultural and Linguistic Responsiveness to assist HS/EHS programs in supporting the school readiness of dual-language learners with culturally responsive family engagement practices.

While there is consensus in the field on the importance and value of cultural sensitivity, there historically has been divergence about how to define and measure it.¹³⁻¹⁵ If measures are developed with inappropriate or incomplete conceptualizations of cultural sensitivity, they run the risk of producing inaccurate or misleading findings. One of the aims of the FPTRQ project was to develop measures of quality family and provider/teacher relationships that are applicable to diverse populations and settings. Accordingly, the project team identified cultural sensitivity as a critical concept to include in the measures. With the understanding that it is a critical concept and that it has historically proven difficult to define and measure, we underwent a thorough process to attempt to develop items capturing cultural sensitivity.

This brief describes the multiphase and iterative process of conceptualizing, developing, and testing items to capture cultural sensitivity within family and provider/teacher relationships and interactions. Our process included an extensive literature review, interviews with technical experts, and cognitive and pilot testing of items (a timeline of the FPTRQ project is included in **Figure 1**). This work was nested within the larger effort to develop measures of quality family and provider/teacher relationships.¹⁶

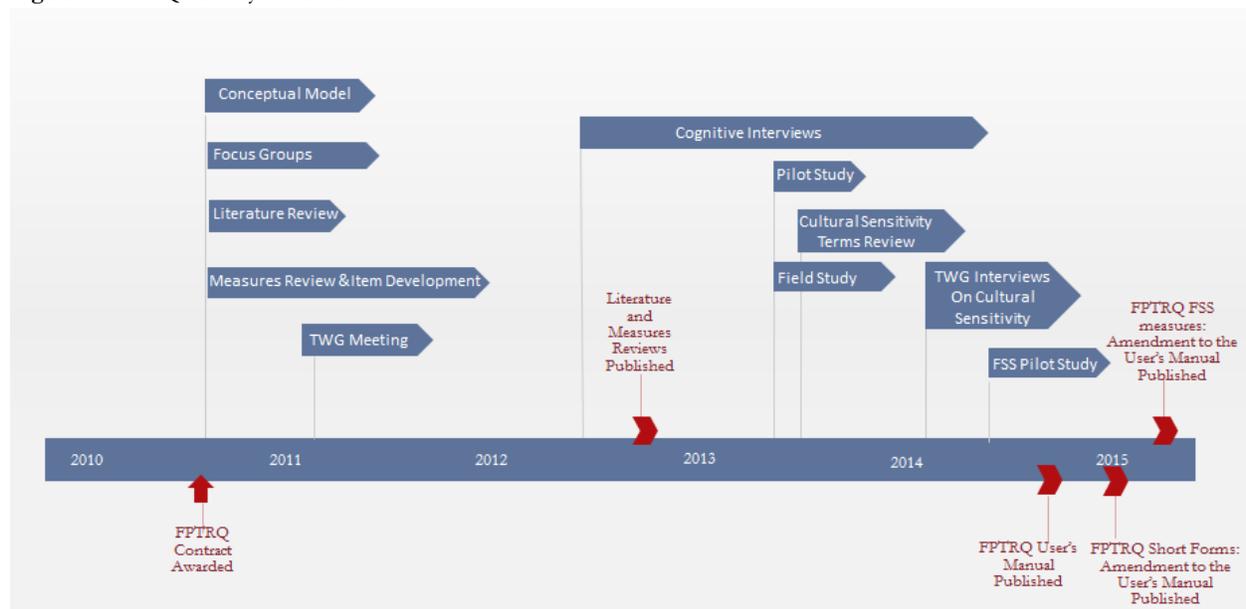
Throughout the FPTRQ project, the development of cultural sensitivity items was guided by the project’s broad conceptualization of cultural sensitivity (see below). This conceptualization evolved along with the development of the FPTRQ measures, and its evolution was nonlinear. Initially, we conceptualized cultural sensitivity as an aspect of each of the four constructs (knowledge, practices, attitudes, and environmental features) and the specific elements that comprise them in the FPTRQ conceptual model (see the [Family and Provider/Teacher Relationship Quality Measures: Updated User’s Manual](#) for more information at <http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq>). Later in the process, cultural sensitivity was conceptualized as its own stand-alone element. Ultimately, we reverted to our original conceptualization of cultural sensitivity as an aspect each of the four constructs in the FPTRQ conceptual model. Throughout this brief, we indicate how cultural sensitivity was conceptualized at different stages of the process.

Cultural sensitivity was broadly conceptualized as comprising of a provider or teacher’s...

- **Awareness: Ability to acknowledge differences across cultures**
- **Competence: Ability to interact effectively with persons of other cultures**
- **Responsiveness: Capacity to react in culturally-sensitive ways**

Cultural sensitivity can be measured through attitudes, practices, or knowledge.

Figure 1: FPTRQ Activity Timeline



Note: TWG stands for Technical Work Group

Literature Review: We conducted a comprehensive literature review in preparation for the development of the measures of quality family and provider/teacher relationships, including identifying ways in which cultural sensitivity had been defined and conceptualized by past research. This review did not lead us to a singular definition of “cultural sensitivity.” Accordingly, we used a conceptualization that evolved throughout the project and is presented in the text box above.

From the literature review we found that as a central principle in family-centered care, cultural sensitivity was identified as a key component of high-quality family and provider/teacher relationships. The consideration of a family’s culture facilitates and enhances provider/teacher connections with families and the delivery of high-quality care.¹⁷

Measures Review and Item Development: Through a measures review, we identified 62 instruments that assess family and provider/teacher relationships. At this stage of the project, we understood cultural sensitivity as encompassed within other elements of quality family and provider/teacher relationships. We identified items that could represent cultural sensitivity within the context of the family and provider/teacher relationship and considered them for inclusion in the FPTRQ measures. When necessary, we revised items to be more applicable for the FPTRQ measures. For example, we revised the item “The program staff respect my family's cultural and/or religious beliefs” from the Strength-Based Practices Inventory¹⁸ to “I feel my provider judges my family because of our...Cultures, values, and beliefs” (See **Table 1**). We then further revised this item through cognitive interviews (see below). Additionally, new items were developed by a team of researchers trained in item development and survey methodology to better capture our definition and operationalization of cultural sensitivity. We also included both positively and negatively worded items, representing the presence and absence of cultural sensitivity, respectively. We aimed to increase comprehension by writing items with clear and simple language to increase accessibility to a wide range of reading levels. Finally, because the FPTRQ measures are available in English and Spanish, we avoided American colloquialisms.

The FPTRQ conceptual model includes four constructs:

- Attitudes, which refers to providers’/teachers’ beliefs and values about families and children in their care;
- Knowledge, which reflects specific information providers/teachers have about families they serve;
- Practices, which refers to providers’/teachers’ interactions and engagements with families; and
- Environmental Features, which reflects the tone, physical environment, organizational climate, and program-level resources/supports for providers/teachers and families.

Each of these constructs is then broken down into specific elements; for example, “Attitudes” contains the specific element “Respect.” We used the FPTRQ conceptual model to map the cultural sensitivity items and decide which items should be included and where. Cultural sensitivity was assumed to be an essential aspect of each of our four constructs (Attitudes, Knowledge, Practices, and Environmental Features) and the specific elements that comprise them, rather than a stand-alone element. Accordingly, the conceptual model notes that, “Cultural responsiveness ... [is] central in each of these constructs and elements.” More information about the FPTRQ conceptual model is available in the Family and Provider/Teacher Quality Measures: Updated User’s Manual¹⁶ at

<http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq>.

Focus Groups: We tested the conceptual model using focus groups with parents of young children, providers/teachers, and Head Start family services staff. Specifically, we used the focus groups to ensure that we included the components of FPTRQ that providers/teachers, family services staff, and families thought were important. Without being asked directly, participants of the focus groups expressed an understanding of cultural sensitivity that aligned with the conceptual model's constructs of Attitudes, Practices, and Knowledge. For example, both parents and providers/teachers expressed that it was important that providers be accepting of families' cultural values and practices as well as their linguistic preferences (reflecting the "Attitudes" construct). The majority of participants indicated that providers should actively seek information about specific families' unique cultural values and practices to better understand and serve the children and their families (reflecting the "Practices" construct). Parents and providers/teachers stated that providers/teachers need to learn about the cultural practices and values of the families for whom they provide care (reflecting the "Knowledge" construct).

Cultural Sensitivity-specific Review: Based on findings from the literature and measures reviews as well as the focus groups for the FPTRQ project overall, we conducted an extensive review of terms, definitions, and measurements of cultural sensitivity specifically. We conducted this review because at this point in the project we recognized the unique opportunity we had to develop and test measures of cultural sensitivity for use in ECE settings. Additionally, based, in part, on the suggestions of some members of the Technical Work Group (TWG), the results of the cognitive testing (see below) and further consideration by the projects' senior staff, we moved to look at cultural sensitivity as a stand-alone element, and thus needed to define and operationalize it. The review searched for peer-reviewed journal articles using Google Scholar, PsychNet, PubMed, Ebsco, and JStor. With the exception of key historical articles, the search was limited to work published in 2000 and later. We began with a broad literature search using the terms: "culture," "cultural sensitivity," "cultural match," "cultural competence," "ethnicity," and "race." From this broad scan, the literature was divided into the following academic fields: anthropology, education, early care and education, health care, psychology and psychotherapy, public health, social work, and sociology. We also conducted a directed search for government reports relating to cultural sensitivity.

Of the terms we searched, "cultural competence" was the most prevalent term used across fields, though there were 38 different terms used overall. This diversity in terminology complicates understanding and measurement. However, we found that conceptualizations of cultural sensitivity were often comprised of attitudes, knowledge, and practice, mirroring the constructs in the FPTRQ conceptual model. Cultural sensitivity was found to also exist generally and directly, that is, the provider's sensitivity towards diversity and culture generally, and the provider's sensitivity towards individual families and how they express their own culture. These layers add complication to the measurement of cultural sensitivity.

In the review, we found several measures of cultural sensitivity developed for service fields (summarized in **Table 3**). In the education field, we found the Teacher Multicultural Attitude Survey (TMAS),^{19,20} Quick Racial and Ethnic Sensitivity Test (Quick-REST),²⁰ and Teacher's Sense of Responsibility for Multiculturalism and Diversity (TSR-MD),²¹ for example. These scales neither captured all of the constructs of the FPTRQ

conceptual model nor the dual parent-provider/teacher perspective. Because of this, the measures did not provide helpful information for cultural sensitivity item development for the FPTRQ project.

Cognitive Interviews: Cultural sensitivity items that were constructed after the literature and measures reviews, Technical Work Group (TWG) discussions, and focus groups were then tested across three iterative rounds of cognitive interviews (**Tables 1 and 2**). Cognitive interviewing is a tool that gives researchers insights into respondents' thinking processes while they answer an item on a survey. This helps researchers identify problems and potential solutions at each step in this process. For the first two rounds of cognitive interviews, cultural sensitivity was conceptualized as an aspect of other elements. For the third round, it was conceptualized as a stand-alone element. We made this conceptual change based on findings in first two rounds of cognitive interviews.

After each round of cognitive interviews, we addressed the problems raised and often revised the items as needed. For instance, parents interpreted “culture,” “cultural values,” and “cultural beliefs” differently or were not sure to what these terms referred. Parents' interpretations of these terms encompassed race/ethnicity, religion, moral values, birthdays, holidays, heritage, and immigrants. Providers/teachers reported similar issues with interpretation, though to a lesser extent than parents. To address these issues we attempted to clarify what was meant by “culture” in part by explicitly developing separate items that encompassed sensitivity towards various religions and ordering those first. These changes were intended to encourage participants to report on provider/teachers' sensitivity towards religions first and then report about providers' cultural sensitivity. For example, between the first and second rounds of the cognitive interviews, in the parent measure the item “I feel my provider judges my family because of our... Cultures, values, and beliefs” was revised into two separate items “My childcare provider or teacher judges my family because of our faith and religion” and “My childcare provider or teacher judges me because of our culture and values” (See *Round 1 in Table 1*) based on the feedback provided in initial testing.

Despite multiple attempts to address the problems with items identified in the cognitive interviews, problems persisted with the cultural sensitivity items. Comprehension problems were found with the majority of items and these problems persisted across all rounds of interviews despite multiple attempts by the survey developers to address them. Specifically, the key concepts and terms used in the items were interpreted widely by participants. As noted above, items including the term “culture” were interpreted as referring to anything ranging from “birthdays” to “religion.” Additionally, participants selected the same response categories for different reasons—a problem that was not observed for non-cultural sensitivity items. For example, “not at all like my provider” was interpreted widely ranging from “I don't know,” “it is not applicable,” “haven't had an opportunity to observe my provider being culturally (in)sensitive,” to “my provider is culturally (in)sensitive.” At the conclusion of the final round of cognitive interviews, we decided not to continue with the conceptualization of cultural sensitivity as a stand-alone element and reverted to our original conceptualization of cultural sensitivity as an embedded aspect of the other elements in the conceptual model. Based on these results, we do not think that additional rounds of cognitive interviews would have led to the development of items that measured cultural sensitivity directly.

Technical Working Group (TWG) Interviews: In an attempt to address the issues identified during the cognitive interviews, we interviewed a number of substantive experts (**Table 4**). The experts provided feedback regarding the measurement/development cultural sensitivity survey items and issues encountered as

well as offered recommendations on how to address challenges in defining and measuring cultural sensitivity. The experts confirmed the difficulty that we encountered in the cognitive interviews in measuring cultural sensitivity and advised that we see how the items performed in the field study.

Pilot Testing: For the most part, the results of the pilot study confirmed the FPTRQ conceptual model. At the time of the pilot study, cultural sensitivity was not conceptualized as a stand-alone element. The items were included within elements and these items then assisted in confirming each of the elements.

Field Testing: The final cultural sensitivity items, which were encompassed in other elements, were tested in the field study of the FPTRQ measures. The field study was conducted in six cities across 253 ECE programs with convenience samples of parents, providers/teachers, and directors. The characteristics of participating providers/teachers and parents were diverse in terms of race/ethnicity and educational background. In addition, there was diversity among parents' income and their primary language spoken at home. (For more information on the participants see the [Family and Provider/Teacher Relationship Quality Measures: Updated User's Manual](http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq) at <http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq>.)

The data collected from the field study was used to conduct psychometric analyses of the measures. Some cultural sensitivity items were dropped based on this analysis. For example, the provider item, 'Beliefs and concepts about childcare and education vary by culture,' which had been added after the final round of cognitive interviews, was removed because it lowered the reliability of elements under the Attitudes construct.

Conclusions: As detailed above, throughout most stages of development, problems arose in clearly defining and measuring cultural sensitivity. Our plan in 2013 to create a stand-alone cultural sensitivity element did not work well, and as a result cultural sensitivity was measured through the four FPTRQ constructs and the elements that comprise them. For example, in the provider/teacher measure, the item, "When planning activities for children in your program, how often are you able to take into account families' values and cultures" was originally developed as an item for a stand-alone cultural sensitivity element (see *Round 3* in **Table 2**); it then became part of the Openness to Change element under the Attitudes construct. In the parent measure, the item, "My childcare provider or teacher judges my family because of our culture and values" was originally developed as an item for the stand-alone cultural sensitivity element (see *Round 3* in **Table 1**); it then became part of the Understanding Context element under the Attitudes construct.

Recommendations: The work of the FPTRQ project to conceptualize cultural sensitivity indicates that researchers should consider measuring cultural sensitivity as an embedded aspect rather than as a stand-alone element of relationship quality. Additionally, our efforts to develop items of cultural sensitivity suggest that surveys may not be the optimal method to study cultural sensitivity. Close-ended items intended to assess provider/teacher cultural sensitivity may be too abstract and difficult to answer. Parents' ease or difficulty responding to closed-ended questions may relate to their prior encounters or discussions with their provider/teacher concerning cultural sensitivity or discrimination. As such, it may be preferable to measure cultural sensitivity using open-ended methods. One approach that may be better suited to measuring cultural sensitivity is semi-structured interviews, as they permit dynamic discussions about a complex concept. Other qualitative approaches including participant observation may also be more optimal options for assessing cultural sensitivity directly.

Appendix

Table 1: Changes to Cultural Sensitivity Items in the Parent Measure through Iterative Rounds of Cognitive Interviews

PARENT					
Items	Actions	Items	Actions	Items	Actions
Round 1 of Cognitive Interviews		Round 2 of Cognitive Interviews		Round 3 of Cognitive Interviews	
I feel my provider judges my family because of our... Cultures, values, and beliefs.	Removed "beliefs" because respondents thought that it was referring to religion	My childcare provider or teacher judges my family because of our faith and religion.	The question stem was moved into the question grid to ensure parents read the statement. "I feel" was removed.	My childcare provider or teacher judges my family because of our culture and values.	No Action
I feel my provider judges my family because of our... Faith and religion.	Added "faith and religion" to be consistent with other items.	My childcare provider or teacher judges my family because of our culture and values.	The question stem was moved into the question grid to ensure parents read the statement. "I feel" was removed.	My child care provider or teacher judges my family because of our culture and values.	No action.
I feel my provider judges my family because of our... Race/ ethnicity.	No action.	My childcare provider or teacher judges my family because of our race/ ethnicity.	The question stem was moved into the question grid to ensure parents read the statement. "I feel" was removed.	My child care provider or teacher judges my family because of our race/ethnicity.	No action.
How comfortable do you feel sharing the following information with your provider? The role that faith and religion play in your household.	No action.	How comfortable do you feel sharing the following information with your childcare provider or teacher? The role that faith and religion play in your household.	Reordered items to keep like concepts together. Some respondents thought that this question was similar to asking about "culture and values" while others thought that the concepts were different.	How comfortable do you feel sharing the following information with your child care provider or teacher? The role that faith and religion play in your household	No action.
How comfortable do you feel sharing the following information with your provider? Your family's culture and values.	Removed "beliefs" because respondents thought that it was referring to religion.	How comfortable do you feel sharing the following information with your childcare provider or teacher? Your family's culture and values.	We reordered items to keep like concepts together. Some respondents thought that this question was similar to asking about "faith and religion" while others thought that the concepts were different	How comfortable do you feel sharing the following information with your child care provider or teacher? Your family's culture and values	No action.

How often do you have difficulty communicating with your provider because he or she has a strong accent or speaks a different language than you?	Added “accents” based on respondents' comments.	How often do you have difficulty communicating with your childcare provider or teacher because he or she has a strong accent or speaks a different language than you?	No action.	How often do you have difficulty communicating with your child care provider or teacher because he or she has a strong accent or speaks a different language than you?	No action.
				How often does your childcare provider or teacher... Ask you about the cultural values and beliefs you want him/her to convey to your child?	Added item. Some respondents said that they would be comfortable talking about cultural values with their providers, but never had done so. Others were unsure if the question referred to religion or race. Replaced “convey” with “communicate.”
				My childcare provider or teacher...Asks me about my cultural values and practices	Removed this item because some respondents thought that the question had to do with race, others said they thought it referred to religion. Revised to “Asks me questions to show he/she cares about my family”
				My childcare provider or teacher...Respects my family’s cultural values and practices	Revised to be two items: 1) My childcare provider or teacher shows respect for different ethnic heritages; and 2) My childcare provider or teach is respectful of religious beliefs.
				My childcare provider or teacher...Reflects the cultural diversity of students in activities	No action.
				My childcare provider or teacher...Conveys the cultural values and beliefs I want my child to have	Replaced the word "conveys" with “communicates.”

Table 2: Changes to Cultural Sensitivity Items in the Provider/Teacher Measure through Iterative Rounds of Cognitive Interviews

PROVIDER/TEACHER					
Items	Actions	Items	Actions	Items	Actions
Round 1 of Cognitive Interviews		Round 2 of Cognitive Interviews		Round 3 of Cognitive Interviews	
I know... The role that faith and religion play in children's households.	No action.	I know... The role that faith and religion play in children's households.	No action.	I know...The role that faith and religion play in children's households	No action.
I know... Their cultures and values.	Removed "beliefs" because respondents thought that it was referring to religion.	I know... Their cultures and values.	No action.	I know...Their culture and values	No action.
How often do you have difficulty communicating with parents because they have a strong accent or speak a different language than you?	No action.	How often do you have difficulty communicating with parents because they have a strong accent or speak a different language than you?	No action.	How often do you have difficulty communicating with parents because they have a strong accent or speak a different language than you?	No action.
When planning activities for children in your program, how often are you able to take into account the following? Families' faith and religion.	Added "faith and religion" to be consistent with other items.	When planning activities for children in your program, how often are you able to take into account the following? Families' faith and religion.	Removed this item because respondents thought "taking into account" meant endorsing one religion instead of another.	When planning activities for children in your program, how often are you able to take into account the following? Families' values and cultures	No action.
				Sometimes it is hard for me to work with people who do not share my beliefs.	Changed "people" to "parents" because respondents thought that "people" referred to other providers.

Tables 3: Cultural Sensitivity Scales

SCALE	POPULATION	DESCRIPTION
Family and Provider/Teacher Relationship Quality (FPTRQ) ¹⁶	Early care and education (ECE) providers and teachers, and parents	<ul style="list-style-type: none"> Assesses relationship quality in general with some items that focus on cultural sensitivity
<i>Cultural competence assessment tool</i> ²²	Mental health clients	<ul style="list-style-type: none"> 52 items total Attitudes; Communications; Treatment; Personnel Environment; Outreach
Doctor-Patient Relationship ²³	Medical patients	<ul style="list-style-type: none"> 9 items total 7-point Likert-type scale Trust in physician; Satisfaction with physician; Discrimination
The Client Cultural Competence Inventory ²⁴	Child caregivers receiving child welfare services	<ul style="list-style-type: none"> 12 items total 5-point Likert-type scale client's perception of the cultural competency of mental health services
Teacher Multicultural Attitude Survey (TMAS) ^{19,20}	Pre-service teachers	<ul style="list-style-type: none"> 20 items total multicultural awareness and sensitivity
Quick Racial and Ethical Sensitivity Test (Quick-REST) ²⁰	Pre-service teachers	<ul style="list-style-type: none"> 18 items total 5-point Likert-type scale video-based measure assess ability to recognize violations of ethical principles in school settings
Teachers' Sense of Responsibility for Multiculturalism and Diversity (TSR-MD) ²¹	Pre-service teachers	<ul style="list-style-type: none"> 100 items total beliefs about multiculturalism and diversity
Multicultural Practices and Beliefs Questionnaire ²⁵	Psychologists	<ul style="list-style-type: none"> 52 items total Likert-type scale practices and beliefs when working with a client who is racially/ethnically different from the therapist
Multicultural Social Desirability Scale ²⁵	Psychologists	<ul style="list-style-type: none"> 26 items total true–false high score suggests that the respondent is unrealistically claiming favorable attitudes toward multicultural issues and persons
Cross-Cultural Counseling Inventory—Revised ^{6,26}	Counselors; college students	<ul style="list-style-type: none"> 20 items total 6-point Likert-type scale a counselor's multicultural competence in regard to cross-cultural counseling skill, sociopolitical awareness, and cultural sensitivity Originally for supervisors or other trained observers; however, it has also been used to assess client reports of a therapist's multicultural competency.
Cultural Humility Scale (CHS) ⁶	College students	<ul style="list-style-type: none"> 12 items total 5-point Likert-type scale cultural attitude of counselors based on clients perceptions

Tables 3 cont.: Cultural Sensitivity Scales

SCALE	POPULATION	DESCRIPTION
Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals (IAPCC) ²⁷	Healthcare professionals	<ul style="list-style-type: none"> • 20 items total • Measures cultural awareness, cultural knowledge, cultural skill, and cultural awareness.
Physician Bias and Interpersonal Cultural Competence Measures ²⁸	Adult population	<ul style="list-style-type: none"> • 3 items total • 4-point Likert-type scale • Assesses adult perception of physician cultural competence
Health System Bias and Cultural Competence Measures ²⁸	Adult population	<ul style="list-style-type: none"> • 3 items total • Yes /No • Assesses adult perception of healthcare cultural competence
Multicultural Counseling Awareness Scale–Form B (MCAS-B) ²⁹	Social Workers	<ul style="list-style-type: none"> • 45-item self-report instrument • 7-point Likert format and a two-factor model • multicultural knowledge/skills, and awareness • coefficient alphas ranging from .73 to .93 for the two factors
Multicultural Counseling Inventory (MCI) ²⁹	For Social Workers; tested with graduate students	<ul style="list-style-type: none"> • 60-item instrument • 4-point Likert-type scale • effect of instructional strategies on students’ multicultural counseling development • coefficient alphas of .75 for the awareness subscale, .90 for the knowledge subscale, and .96 for the skills subscale.
Multicultural Awareness-Knowledge and Skills Survey (MAKSS) ²⁹	Social Workers; tested with students in psychology	<ul style="list-style-type: none"> • 40-item self-report measure • 4-point Likert-type scale • Measures four subscales: multicultural counseling skills; multicultural awareness; multicultural counseling knowledge; and multicultural counseling relationship. • Reported high internal consistency

Table 4: List of Technical Working Group members for FPTRQ

Name	Affiliation
Catherine Ayoub	Brazelton Touchpoints Center, Harvard Medical School
Carl Dunst	Orelena Hawks Puckett Institute Asheville, North Carolina
Julia Henly	The University of Chicago School of Service Administration
Judith Jerald	Office of Head Start, Save the Children
Elena Lopez	Harvard Graduate School of Education
Julia Mendez	University of North Carolina, Greensboro
Douglas Powell	Purdue University
Suzanne Randolph	University of Maryland, College Park
Lori Roggman	Utah State University

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