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## **Plenary Session: Cultural Diversity and Research in Children's Mental Health**

**Jennifer Simpson:** Hello, good morning. I am very pleased to introduce Terry Cross, who is the Executive Director of the National Indian Child Welfare Association [NICWA], which is a national organization based here in Portland. Terry is also a member of the Seneca Nation of Indians. He has more than 20 year's experience in social work in both Indian and non-Indian settings. He has published widely on cultural diversity issues and has also worked a lot on curricula regarding Indian child welfare. I've known Terry just for a couple of years, and in that couple of years I have known him to be extremely modest, regardless of the extent and depth of his contributions to children's mental health and to Indian families. I was talking to a friend shortly before the conference and told her that the plenary would be on cultural diversity issues, and she asked me who was moderating the plenary. I said, "Terry Cross, from NICWA. Do you know him?" Without missing a beat she said, "Oh, yeah, everyone knows Terry." So it is certainly a pleasure to introduce Terry Cross to those of you who don't know him and to reintroduce him to those of you who do.

**Terry Cross:** Thanks and good morning and welcome to Portland. As the moderator and conveyor of the panel, one of the opportunities I have is to set the context for what it is we are going to talk about this

morning. So before I get to introduce the individuals whom you are going to hear from, I am going to take a few minutes just to set the context and share some thoughts with you about what you are going to hear from this panel and what we hope will be a dialogue that the panel has with you, the audience, this morning.

I want to start by conducting a little research survey here, if you would, because our topic this morning is cultural diversity issues in research, and we are going to talk about some of those dilemmas. So let's start out by doing a little research. You can respond to these survey questions just by shouting out your answer. How much money did you make last year? [Silence] Gosh, why didn't I hear people shout "not enough, not enough?" I start out with that research question because there are some questions you just don't ask in polite conversation. And that is a cultural issue. And when we have questions that we don't ask in polite conversation, sometimes that goes beyond just polite conversation to a research instrument. It is hard for us to know what those questions might be in a different context. I'll give you a couple of examples. These are questions that I see as unreliable because they are culturally bound questions from experience. I'll never forget the close friend—an African American friend—whose son was in preschool, and he lives in the inner city, and his son was given a standardized test in preschool. The question was, "Where do you see cows?" What is the right answer? Well, he said, "The freeway," because the only time he saw cows was when his folks took him out on a drive, and there were cows along the freeway. The poor teacher called in the parents and said, "You know, little James has a knowledge deficit here because he thinks cows are along the freeway." Well, it wasn't a valid question.

I'll never forget sitting in a clinical context with someone as they were talking about taking the MMPI [Minnesota Multiphasic Personality Inventory], and the question was, "Do you hear voices? Do you see visions?" The person said, "Gee, I would like to. I want to." The cultural assumption is that the right answer is, "No," but if you are from a culture that values being able to communicate spiritually through visions or through hearing, you just look goofy at that kind of question. Another question, one that I have encountered recently on a research project that we are

doing. There is an instrument that we are using that gauges parent/child interaction. "How often does the parent praise the child?" Here is one that is based on a cultural assumption, that is a professional cultural assumption. The right answer, based on this cultural assumption, is that parents who have a good relationship with their children praise them often. Well, in some cultures, praise is given indirectly, and even in our larger culture, often people can't decide how much is too much. Look at the recent literature on the impact of over-praising children and the subsequent depression that can come on kids because they can never feel good enough to measure up to what they thought the expectation was from the over-praise that they received. Even our professional expectations change from time to time.

There is another concern that we face here in research, and that is when our results of research get skewed by the environment or racism and oppression in the environment. There is a scale that measures risk on the part of children in the child welfare system, and one of the questions is, "Have you ever been incarcerated?" Well, American Indian males are incarcerated 32 times more often for the same behavior as Caucasian Americans. So the behavior is the same, but the incarceration rate is 32 times higher. What is going to happen to the research data when the question is, "Have you ever been incarcerated?" It is going to be shaped by the racism in the environment in our community.

Another problem that we face is world view inconsistency. When one culture values wisdom and another values knowledge, and you measure knowledge, you don't have a good measure for the culture that values wisdom. When concepts of health and healing are based in large part on one's spiritual belief systems, how can you measure spirituality and the influences of spirituality? There is also in this world view problem a tremendous problem with the reliance on Western diagnostic categories, where we use labels. All of us have experienced those labels for the people that we work with, for our own children, and our own families. The American Indian parents came in a day early and have met with the Federation of Families and talked about formulating their own organization. And one of the things that we hope is possible out of that is, along with our Indian professionals, that we can

generate some new diagnostic categories that fit culturally. As a matter of fact, we have already come up with some diagnostic categories that we think apply to mainstream professionals and researchers. Now you all take these diagnostic categories home with you. The first one is HDD, Humility Deficit Disorder. The second one is WDHD, Wisdom Deficit with Humility Disorder. The third one I kind of like. It is Delusions of Adequacy. And most important of all to me, Delusions of Adequacy and Cultural Competence.

But on a more serious note, the differences that we have in cultural mismatches in research can be dangerous. We can get a false picture of a specific group based on incomplete data or misleading data from the results of particular questions. I often see in research what I think is a very damaging and dangerous trend, and that is the labeling of the group “other.” Are any of you here marked “other?” I have done “other” too many times. You know what it feels to be told that you are not statistically significant? You are not important enough to measure. I think that that is a danger when we are doing research. And in asking these questions that don’t fit and are intrusive, we get done with our research only to tell the people who we intruded on, “Well, you are not really important enough for us to measure anyway, so why did we ask you the questions?” There is a danger also in over-study, the over-study of different populations and then nothing coming back to those communities. In the Native American community there is now a great resistance to research because we have been studied way too often. And the research, the data, taken out of the community is used for the advancement of the researcher and their knowledge but never makes its way back into the community.

The other great danger in this area involves results that are skewed on the individual level. If the sample size does become large enough, you can skew the larger data set. So, for instance, we have in this children’s mental health grant, the CMHS [Center for Mental Health Services] grant process, a cross-site design. There are now a large portion of those grants that are Native American grants, and many of the questions, many of the instruments in the cross-site design, don’t fit the cultural perimeters well. Not only does that not serve the Indian communities well, there is danger in skewing the larger results from the whole evaluation.

That is an issue that we are really grappling with now among the Native American grantees and amongst the partners that are trying to solve those kinds of issues.

Another challenge we have is that evaluation equals dollars. We can’t just complain about these issues. We have to come up with solutions for them, and we have to begin—researchers from our own communities of color have to begin to shape what research looks like. It isn’t enough for advocates to say that we are doing it wrong; we also have to say what it would look like if we were doing it right. We have to begin to translate this field of research through other world views. We have to be aware of those differences. As researchers, we have to understand ourselves and our thinking and our own biases that we bring as researchers. We have to learn how those differences are going to affect and impact the outcomes, and we have to influence our designs. We have to learn about the various norms of different communities and begin to norm different instruments in different communities. And we have to adjust the designs of our instruments in our cross-site studies to accommodate for differences. If we are talking about getting to culturally competent evaluation and research, those are steps we really have to take.

I have the pleasure to introduce some people who know a whole lot more about this stuff than I do and who have done extensive research in this field and who will share their ideas with you. I will introduce them in the order in which they are going to speak and then turn the microphone over to them. The first speaker will be Dr. Cleo Caldwell. She is the co-associate director of the Program for Research on Black American Families at the Institute of Social Research, and she is a faculty member at the Department of Health Behavior and Health Education at the University of Michigan. She has done research for a number of years on issues related to African American mental health. Her current research focuses on the mental health consequences of early child-bearing. And she is working on the development of a community-based approach to prevention, as I understand it, that builds on strengthening the relationships between African American non-resident fathers and their 8- to 12-year-old sons, looking at how can we do prevention by bringing the role of father to bear with these youngsters.

Speaking second will be Lark Huang, and Lark is a Senior Policy Associate at the National Technical Assistance Center for Children's Mental Health at Georgetown University in Washington DC. She is the director of the Center's research and evaluation team and a facilitator for the Cultural Competence Initiative. Dr. Huang has worked in the field of mental health for 20 years, with a primary focus on mental health services for underserved and culturally diverse populations, on research and evaluation of children's mental health services.

Mario Hernandez is with the Florida Mental Health Institute at the University of Southern Florida. He is the director of the Division of Training, Research Evaluation, and Demonstrations in the Department of Child and Family Services. He provides a leadership role in the management of various projects, including a special studies portion of the comprehensive mental health services initiative for children. We want to welcome these three people to our panel.

**Cleopatra Caldwell:** Good morning. Thank you Terry. It is always a pleasure for me to be here. I come back and forth as a member of the National Advisory Committee, and I am always impressed with the kind of work that is being done here. And also this conference is an extremely important conference, because the idea of building on family strengths is something that allows us to begin to think about this notion of culture and how it fits within the idea of both research and service.

What I am going to do today is talk a little bit about the idea of cultural competence in research. This is extremely important, because a number of us who have been doing research for a number of years have been trying to push this idea of cultural competence as being necessary in order to help us effectively understand our outcomes. This has not always been at the forefront of researchers' minds in terms of doing research. But now increasing access to effective mental health services has necessitated—has presented—a need for us to try to understand ethnic difference within the context of research a lot better. We are interested in trying to provide culturally sensitive services to diverse populations, yet we don't necessarily know what that means in some circumstances. You are going to hear this morning about programs that

have done a great job in terms of accomplishing this and also in terms of the evaluation of such programs. But in general, from a researcher's perspective, we don't think a lot of times about what it really means when we are talking about issues of culture and diversity. What I would like to do today is let us focus on some of the issues that might help us think through these issues a little bit more.

One of the things that I do need to say is that at the core—at the fundamental core of our interest in issues of diversity—is the notion of cultural uniqueness. And cultural uniqueness stems from the whole idea that there are lots of variations across groups with regard to certain kinds of outcomes that we are interested in. But there are also lots of variations within groups. That is going to be an important theme as I go through our focus for today.

At the core of some of the things that we have to deal with is the concept of race, the concept of race as it relates to culture. One of the things that you will find is that oftentimes race is used as a substitute for culture within the context of research. What we want to do now is look at how race is really used within the context of research. When we think about race, one of the first things that people will do is use race as a sampling criterion. It is used to allow people to say that we have so many people in the population that represent so many different groups. The notion of over-sampling is what is at the root of this idea. Here the concern was if you do a national sample, and you have 1200 people in your sample, and it is representative of the national populations, oftentimes other groups will come into the sample and the numbers they represent in the community. Say, for example, if African Americans are 10 percent of the population, then 120 African Americans will be a part of that sample. What often happens is that is not a large enough number to do anything effectively in terms of trying to understand something about that particular group. So this whole idea of sampling criteria allows us to over-sample, so that we can have more numbers, large enough numbers to be able to do analysis by subgroup differences.

That leads us to the next use of race within research, which is as a stratification variable. Here race is used to describe the sample by racial categorizations alone

so you can tell what percentage of your sample falls into what ethnic or racial group. That again has its limitations, but at least it takes us away from the kinds of research that conclude there is nothing we can say about another ethnic group because the numbers are not large enough.

Then there is what is called a dummy variable analysis. We can include race in our models that allows us to control for the influences of race. This can tell us either it does or does not have an effect. So you can see, we are getting there. We are beginning to get there, because now we have moved from not having enough people in the sample, to just giving a percentage of the number of people who represent different ethnic groups in the sample, to now actually trying to control for the influences of race. What we have when we move to that, however, is the idea of whether or not race makes a difference. Whether or not race makes a difference—answer, yes or no. That can stop right there.

One of the reasons why we are focusing a lot more attention on this idea of race and its meaning in the context of research is because it is quite controversial. Some argue that it is racist, and it is ambiguous, and it is vague because it lacks definitional qualities. Oftentimes when people incorporate race in studies, that is exactly what they do. They just use the terminology race and nothing more. It is a requirement now for many federal grants to include multiple ethnic groups in samples, and if you don't, you have to have an explanation as to why not. That again, with this idea of trying to benefit from the notion of cultural uniqueness, is important because when we include other groups in our samples, that allows us to talk about issues of diversity more completely. Except that if all we are doing is using the concept of race alone, it doesn't tell us very much about the why's that may exist or the reasons for differences and why they might occur. So the idea of providing a definition of why you are using race in the first place develops. From a theoretical perspective, you should have some understanding as to why it might be important to understand race differences within a group.

When we talk about the definitions of race, three main areas come up—the biological definition, the social definition, and the political definition. Depending on

the position that you are trying to speak to within the context of research, they all have very different meanings. Race is most widely used as a biological explanation of differences that you may see in health. This assumes that there is a genetic basis for the differences that might occur. There is a lot of challenge to some of this work, suggesting that it is not necessarily race that may be at the root of the differences, and it is certainly not genetics that is at the root of these differences. From a social construction [perspective], this is extremely important because it allows us to look at group membership. It allows us to look at group membership and the understanding of ethnicity, for example, in shaping the lives of the people that we are examining. So the racial subgroups then can be defined in much more detail, put within the context of a social history of people in this country. And finally, from the political perspective, people have looked at race as being used either for inclusion or exclusion. We will keep it simple for the sake of time and just mention, for example, from a political perspective, that we are interested in influencing laws in some way. And some laws, for example, civil rights laws, had as their basis the idea of inclusion. So when we think about race, we really do have to have a good rationale, a good theoretical framework, and a good reason for including the whole notion of race in the study in the first place.

Let's move on to definitions, because is it really race that we want to talk about when we discuss the biological, social, and political issues, or is it something else? If we move on to a definition of race, there are many different definitions. If you put 10 people in a room together, you would probably not get an agreement across all 10 people as to what it is. So this is just one characterization of some of these terms. Race is a social construction with little direct biological significance. That goes back to the point, again, of race being biologically oriented only. It is not a static, genetically-based characteristic. There is more genetic variation within than between groups. This is a very important point because it recognizes that you can look at someone that is classified as a particular race and still not understand something about all of the other subgroups that are part of that particular race. It gets obscured because people tend to lump people together when they are part of a same race. The argument that there is more variation within race than

across race is an extremely important one from a research perspective.

I am part of the research on Black Americans. That is a program of research that started about 20 years ago with Dr. James Jackson at the University of Michigan. Initially, when he started that work, one of the big questions that was asked was, “Why is it necessary to do a study, a national study, of just African Americans? Aren’t African Americans included in national studies anyway?” So, of course, getting back to what I was talking about before, the small numbers were important. But the other thing that is important is that if you do a national distribution based on the white population, you have a random sample of the white population, and you have a sample of blacks who live in proximity to whites. It is the same thing for any other ethnic group. So the distribution is not the same. When you are doing a study completely of African Americans, you have the actual distribution for African Americans. Basic scientific method. That is not gaining a whole lot of attention because it is a political issue to be able to fund major studies for every ethnic group in this country. This program, as I mentioned, has been going on for 20 years, and using the argument that there is more variation within groups than across groups has been an important strategy for allowing us to be able to look across African American groups, whether it’s socioeconomic status or whether it is region of the country. There are many different characteristics that we can look at that address this notion of diversity.

Culture is another major concept. This refers to beliefs or practices that we share and learn within a group. It is not necessarily defined by race. That is an important idea as well, because oftentimes when we talk about culture, race, ethnicity, immediately we think of stratification by race again. But culture is much broader than that. There are all kinds of groups that can form a culture. Here we can talk about adolescence as a culture, we can talk about the underclass, we can talk about families of children with special needs. We can talk about many, many different groups that form a culture. But what they share are beliefs and practices, and that is what distinguishes them from other groups. Race can be used, but it is just a beginning.

Next we have ethnicity. Now ethnicity has been defined as representation of a common origin, shared culture, and shared activities. The defining element includes language, religion, race, and ancestral homeland with its related culture. So it starts to get more of a depth of understanding in terms of ethnic differences. Just saying you belong to one social group—Black, White, Hispanic, Asian—doesn’t give you as much information from a cultural perspective as from an ethnic perspective. Ethnicity allows us to incorporate those ideas of race and culture and link us back to belief systems and practices that allow us to better understand some of the behaviors that we are seeing within the context of both service and research. Stanley Sue has offered this explanation: “A socio-psychological sense of peoplehood in which members of a group share a unique social and cultural heritage is at the heart of the idea of ethnicity.”

One point that needs to be raised, though, is the question, “Is there a need to understand culture or ethnicity? Can’t we just be satisfied with these racial characterizations that we typically have?” Now not everyone accepts the position that culture is an important factor and must be directly addressed in either research or service. And I am sure if we had time and I asked you, we could probably come up with a huge list of people who would not necessarily be in favor of this distinction. Here’s one example: Managers who may not want to use current resources to start a new and often expensive culturally-based service would not necessarily buy into the fact that you gain something in terms of understanding cultural differences. Others who believe that social class and ethnicity are only proxies for other variables affecting interpersonal relationships would be another group. When we talk about race, we are not talking about race. When we talk about culture, we are not really talking about culture, we are talking about something else. And most often people are interested in ideas of socioeconomic status, poverty, how does that work? What are the other kinds of contextual issues that may explain these differences that we see much more effectively than race, ethnicity, or culture? And finally, from a methodological perspective, there are a number of limitations that we have to consider when we are trying to do this type of work.

So treatment outcomes based on culturally competent treatment modalities are not always evaluated, and that is one of the things that we have to demonstrate. We have to demonstrate that it makes a difference to consider issues of culture and ethnicity within the context of evaluation, and you are going to hear more about that from other panelists this morning. Treatments thought to be culturally competent may work with some people in some ethnic groups, but it may not work with others. That is a big one, because again, oftentimes with cultural or ethnic groups, people lump people—Hispanics, Asian, African Americans—and we don't understand the variations that occur. It may work with some African Americans. Perhaps something will work with middle-class African Americans that may not work with African Americans in poverty. Again, the notion of diversity becomes extremely important. And the big issue of confounding race, ethnicity, culture, and socioeconomic status remains a huge problem in research. And we have to use much more careful measurement of these concepts in order to be able to make the distinctions. A better approach, and this is one offered by Stanley Sue, is that when we approach the idea of research, we should think about what type of treatment is effective with what types of client and what kinds of problems and under what kinds of circumstance. This is a much more complex question than a question that just says, "Is there a race difference?" So that presents a much better approach.

Culturally competent research and service issues. I am just going to highlight some issues that we need to be concerned about. Race matching is a big issue both within research and service. Some people's solution to the idea of cultural competence is just have someone of the same race, and therefore you will have cultural competence. We know that this is certainly problematic within the context of race research because race matching is important under some circumstances but not under other circumstances. So we need to be very mindful of that.

Language differences. I know we all understand speaking a different language from a different ethnic heritage—that is one thing—but we have many other language differences when we do research. There is that professional language with the jargon that we are accustomed to using across disciplines. There is a difference between language that we use as professionals

and the language people use in communities, people who also have a great stake in the outcome of research being beneficial. So therefore language differences become important.

Satisfaction measure. That is one we use all the time. And as part of the program for research on Black Americans, we found satisfaction was not necessarily the same thing in a given context. Simple things like job satisfaction. In African American populations during the early '80s, people were asked, "How satisfied are you with your job?" And over 90 percent of the respondents said they were satisfied. How could that be, given that some of the jobs that African Americans had were some of the worst in the country? In doing a back translation session, it turns out that people were satisfied with the fact that they had a job, because there was a lot of people who were unemployed at the time. So we had to change the question to make it more meaningful. Competence is necessary but not sufficient. That is one of the ideas that I want to leave you with, that cultural competence is necessary, but not sufficient. It lends credibility to your service efforts, to your research efforts, but it does not substitute for good research or good treatment techniques.

The other thing that we need to be concerned with in working with ethnic minority populations are the other influences that impinge upon their lives. It is not a case of an individual being completely responsible for his outcome. The contextual matters, the contextual issues in which they live, also make a big difference.

The last point that I want to make is that the context to consider in terms of being culturally competent also includes the strengths and resiliency inherent in the traditions of the cultural groups of interest. For example, issues like availability of social support, spirituality and institutional religion, and indigenous folk healers are particularly important in various areas of the country. Group consciousness as opposed to an individual strategy, avoiding stereotypes. We could talk the next 30 minutes about that. And then expressiveness, being able to understand how people express themselves within a cultural context is important.

Finally, the implications of all of this, when you are thinking about research, a clear specification of what is being studied with regard to race, culture, and ethnicity is needed. We just have to say what we are doing. It is as simple as that. Race matching may not be the solution in doing culturally competent research or service. This is an empirical question, and under what circumstances might that be the answer? But just hiring people of the same ethnic group, doing research using interviewers of the same ethnic group, is not a solution for trying to do culturally competent research. And finally, we need revisions and approaches to evaluations that will consider more qualitative kinds of techniques that allow us to understand from people's own perspective the importance of culture and ethnicity in their lives. I thank you.

**Lark Huang:** Before I begin my presentation, I want to ask Terry if I have 20 minutes in Western time, in Chinese time, or in Indian time. Time, when you think about it, it is an arbitrary concept, but it is also very much a culturally bound concept. So I think I am going to take Chinese time on this one.

I found Cleo's talk very interesting, and hope that some of the things I say will repeat, actually, and that you believe in the process of repetitive learning. But also I am going to focus slightly differently on more of the actual process of doing research with culturally diverse populations. I am also going to be addressing the issue of cultural diversity, cultural competence, and research in children's mental health. I want to give two contextual pieces first before going into some of the issues around research design and research methodology.

The first is population context. In 1997, 30 percent of the US population came from ethnically, racially diverse populations. And currently, in the year 2000, 35 to 40 percent of students in public schools are non-White and Hispanic youth. By the end of the year 2000, it is projected that 40 percent of the consumers of public human services will be children and adolescents from groups of color. So these population trends really create what we consider a demographic imperative for child and family serving systems to examine the cultural competence of their programs, of their evaluations, and of their research on services and service delivery.

Yet we find that the research on these topics has in fact not kept up with the growing population or the increasing involvement of these groups in human services and service delivery. Just as a quick aside, there was a study looking at research in psychological journals over the last 20 years by Sandra Graham in California, and only three percent of all the published research studies addressed African Americans in some way. Then in 1996, a study was done by Euamausen Smith to look at four populations of color, and only 1.3 percent of the published research studies addressed these populations. So we see that in fact with this group of populations, their involvement in human services has not been commensurate with what's happening in terms of research and evaluation.

So this is really the issue of the research enterprise and the context of the research endeavor. Why is it that we are not seeing a similar growth in terms of our research issues? Part of that is due to the values of mainstream research and science; to the politics about what populations get funding, what topics get funding, what issues get disseminated in the research; and thirdly, the values within mainstream research and how science is practiced, where there is really selective enforcement of certain principles of science and research. And some of these principles really discourage the growth and development of research within people and populations of color.

I want to pick out just one in particular of these practices in research. [That is the practice of placing] internal validity over external validity. Internal validity really asks, "Are you measuring what you set out to measure?" It concerns the extent to which you can draw conclusions about causal effects of one variable or one intervention on your outcomes. The perfect internal validity situation, as you can look in the research and see, is in laboratories—college student samples in controlled situations. Our research endeavor has erred on the side of promoting that as the valued research. External validity is one in which you can generalize the results of the research to the populations and settings of interest. One tries to generate a sample that is representative of your population. To approach more perfect external validity, research is conducted in actual environments with the accompanying noise and extraneous variables. It is much more difficult research, and it might be

considered more applied research. In our traditional approach to science, the internal validity, the controlled studies in the laboratory settings, have been given priority over external validity studies. So they are really not equal partners in the research endeavor. That is what I am putting out as perhaps another one of the reasons we don't see and we are not funding, in the politics of research, in terms of people of color.

Here are some research design questions to consider as you are starting out. Why are you doing research with this particular population? Traditional answers to this have been for the good of the population, for science, to learn more about a particular population. I think now that we really need to have targeted questions. We really need to have a better sense when we go into communities of color—what do we want to know? What is the best way culturally to obtain that information? What impact, positive or negative, is your study going to have on that population? Our communities have a history of negative experiences in terms of research. We need to know, are there direct benefits, and what are the risks for the population?

Is the research question a culturally relevant, sensitive, and appropriate question? Again, we have had much culturally destructive research, historically. So we really need to look and be able to answer, have we framed our question? Is it culturally generated? Is it coming from the community, or is it coming from, as Terry says, researchers with HDD? Conceptual equivalents refer to functional aspects of concepts that serve the same purposes in different cultures, although the specific behaviors, thoughts, and the way of measuring it may be different. For example, if you look at decision making around services, in Western cultures it may be typified by an ability to make a personal decision without being influenced by others. Whereas in Asian cultures, good decision making may be understood more in terms of what is best for the group. So these two different behaviors pertaining to making decisions around services may be quite different conceptually. Or if you define respite care, how do you define that? Is it defined based on your cultural understanding of how you get relief, which may be from an extended family situation, or using agency- or school-based respite care services? So it is really critical to understand the conceptual equivalents of what you are asking.

Have you addressed methodological equivalents? Methods of assessment and data collection may yield quite variable and non-equivalent results across cultures. For example, some cultural groups are much more open and more self-disclosing in paper/pencil administered questionnaires and inventories, while other cultures may prefer interaction with an interviewer. Qualitative approaches, such as open-ended questions or interviews, participant observation or ethnography, and case studies, may be more compatible with their patterns of communication and expressiveness than traditional forms of instruments and questionnaires and surveys. So it is very important to look at your methodological equivalents when you are looking across cultures.

In terms of some of the methodology issues and instrument selection, one must consider the appropriateness of using tasks or standardized measures that lack sufficient standardization on the populations being studied. How does this jeopardize the conclusions you can draw? In terms of test development issues, who developed the test? Were they attentive to cultural considerations? Looking at item development and generation on the test, what approaches were used? Were focus groups of target populations used in generating items? Were interviews with families and members of the community or with cultural leaders used to review the items that were generated? Standardization—on how many subjects of your target research population was this test actually normed? For example, what tribes or Asian American Pacific Islander groups were represented? From what economic strata, what geographical region? What level of acculturation? What was the degree of bilingualism or biculturalization on your standardization sample? The psychometrics of an instrument refer to the validity and reliability of an instrument. Have these been established on the cultural groups and the groups of color on which you are doing your research?

Again, without this you have to raise important questions about the meaningfulness of the data that you are collecting. The content equivalents, when you are using instrument scales or standardized interviews—do the contents of each item mean the same across cultures or do they have equivalent expressions? For example, as Terry mentioned, sometimes hearing

voices may be symptomatic or a clinical symptom in some cultures, but in certain Asian cultures, hearing of ancestral voices may be quite appropriate. So how will this be scored on your standardized measures? Semantic and translation equivalents—certain phrases don't mean the same thing when they are translated. Looking at translation and back-translations would be very important in terms of really doing a careful, careful item analysis of the measures that you are using.

Moving on, I am going to go fairly quickly through some practices to support culturally competent research and evaluation. First, define your population precisely. This may include, as Cleo said, really defining what you mean by race, by ethnicity, by country of origin, acculturation, and other salient variables, keeping in mind that within any particular defined population of color there is much variability and difference and heterogeneity within the groups.

Second, develop collaborations with members of the target community population. Research on specific racial and ethnic groups should include participation of members of those groups—not just as participants or subjects in the research, but also as the planners, designers, and the implementers of research. So it is important to include the viewpoints of the cultural insiders in your research projects. Local contacts are critical. Engage members of the target community as research assistants, which serves two purposes. It not only perhaps increases the validity of the data you are collecting, but it also increases resources, the human resources within particular communities that will become increasingly knowledgeable about research and data collection and who will become increasingly informed consumers of research and evaluation information. Not including members is a serious affront to those being studied.

Third, facilitate buy-in. It is important to really know your audience, your target participants, and anticipate areas of resistance. This comes from Timothy Noe, deputy director of Healthy Nations Initiative, who said the solutions are really not in the universities and think tanks, they are really in the local community. [Editors' note: Temporary microphone disconnection.]

I'm sorry, we had a little disconnect here. And this was from Malay Thao, who was a Census Bureau liaison

for the Hmong community in Minnesota, who are really quite wary of participating in the census. Part of it is really understanding their sociocultural history with the United States. They were very loyal warriors with us in Laos and then were abandoned by the U.S. government. So to have them participate in a government research enterprise is very, very threatening and raises much concern for that community. What she did actually was to work with clan elders and to frame it in a way that was also positive and built on their strengths and values, that large families and large communities are important for them. And this would help them get their counts in the communities.

It is important also in terms of getting by. When we work with diverse agencies that are trying to develop evaluation systems, we try to show them the products of a research project or the outcomes of the evaluation first. When they can see data reports from other projects or other communities, and we can show how they become useful to those agencies, that often increases staff buy-in to participating in an evaluation effort.

Fourth, use a cultural lens to assess conceptual equivalents of constructs. This really represents a dialogue between a Guam parent and a wraparound planner in terms of their different understandings of what respite care was. So really understand the conceptual equivalence of what you are measuring.

Fifth, insure that instruments are family friendly and culturally appropriate. Carefully examine items on instruments for intrusiveness, cultural respectfulness, and clarity. Employ flexible time tables. Really, to do culturally competent methodology, it really extends the length of time it takes to do data collection and complete interviews. Relationships often have to be established before engaging in the research endeavor and doing the research collection.

Sixth, provide timely feedback from the study in clear, useful formats conveyed through culturally appropriate methods. This is important in terms of having a plan to return to present the data, to put on a give-back ceremony, to meet your obligations in terms of showing appreciation and respect for what you have been given as a researcher. It is important to also use multiple methods to convey your results, whether they are presented as concisely-written translated reports, at

gatherings, at focus groups at community-based institutions, at schools, churches, or community centers. And also prior to doing dissemination, request reviews of your interpretation of the results from ethnic and non-ethnic colleagues and collaborations prior to dissemination.

Seventh, consider biculturalism and acculturation levels. Acculturation, I feel, is a very critical concept in doing research. It is a variable that is not attended to sufficiently. We can think about it in terms of both values and behaviors. Acculturation in terms of behaviors often occurs more quickly than that in terms of values, so that in terms of service delivery, evaluation, and research, you may be seeing someone who appears more acculturated in terms of their behaviors but still retains more traditional ethnic-bound values. So it is important to look at this in terms of service delivery and evaluation.

Knowing when to aggregate the data when you have heterogeneous samples and within group samples can be quite variable, knowing when it is appropriate to aggregate. And avoid deficit model interpretations. We know that so many of the differences that come up in research projects have been attributed to deficiencies or deficits in the populations of color.

I have tried to delineate some cross-cultural research skills. Cross-cultural research competence is a significant area of expertise. You can't just do it because you match the population of color. You can't just do it because you have an advisor of color. It is important to really study the culture of your target population, to possess considerable methodology and research and science skills. Assure that the research team involved with the participants also has satisfactory language skills. Sample size—how many is enough? Be prepared for small sample sizes because of logistics and statistics issues. Be open to alternative hypotheses and not limited to ethnocentric perspectives. And be aware of how one's own values affect the design implementation and interpretation of the research. We all see the world and we all see our data through our own cultural lens and perspective.

The last thing involves three pressing research questions. We need to know for our populations what works. Yesterday, I was in a group on IDEA [Indi-

viduals with Disabilities Education Act] training with Native American populations and heard very important stories about what works in terms of traditional practices. We need to document those. We need to put a data framework on that. We need to understand that better. Epidemiological data—we need to know the rates of issues of serious emotional disturbance and other issues in terms of our children and populations of color so we can build services. And finally, we need to really look at interaction of group characteristics with service use, process, and outcome. Thank you very much.

**Mario Hernandez:** I am going to try to not do this in my local culture's Latin time, because when we give speeches in Tampa, Florida, we can usually go on for hours. It is part of the tradition of our leaders and our oratory. My presentation is titled "The Need for Developing Culturally Competent Local Theories of Change," but as I was sitting here, I started getting different titles for the presentation. Is anybody here old enough to have grown up with the Rocky and Bullwinkle Show? I love Rocky and Bullwinkle—Fractured Fairy Tales. They don't show those anymore. What I loved about Fractured Fairy Tales is that for the same story there would be three or four different titles. And as a kid I would be fascinated by that. How could there be different titles for the same story? So I have some other titles for my presentation. And one I will take from Terry, which is "Challenging Delusions of Adequacy in Cultural Competence Among Professionals." Or "Beyond the Dog and Pony Show," or "Understanding the Why in Culturally-Competent services."

One of the things that I have found as I go around and travel around the country and talk to folks who describe their services and show them to me and my colleagues is that a lot of times we use a tremendous amount of words—like cultural competence, community-based, locally designed—but that in effect they are meaningless. They are really part of what I would call a dog and pony show. I just heard on National Public Radio this concept of dog and pony show and how we got it. We got it from the circuses and from military presentations. But I really think that much of what we do is really not clearly thought out. I've asked groups of people who were outpatient therapists what outpatient therapy was, and not one hand among 300

people went up, because nobody could really tell me. I've met case managers coordinating care for children and families who are really unable to explain to me why it is that they do what they do, other than what they do functionally as a job.

So one of the things that I find missing out there in the world of children's mental health and related services is a lack of understanding why it is we do what we do. And the why does not come from repeating words; it comes from understanding what those words mean. The process that I want to share with you today, which is called, "Creating a Theory of Change Using Logic Models as a Tool," is a way to pull out the why from what is going on. One of the things that this method also does, it allows parents to ask providers questions that really lead them to answer with the why. And when you start talking about why, it creates a very different environment. It creates an environment where everybody's ideas have to be expressed, brought to the table, clarified, explained. Underlying assumptions start to emerge. People start to reveal things that would normally be hidden beneath the surface in terms of what they believe they are doing in terms of services. We have some parents here today who I've worked with in Florida who have used a theory of change approach to negotiate with providers the form of respite care there in Tampa.

We find that people implement services out there as soon as they get grant money—before they have actually thought about what those services are supposed to be doing. The why behind those services is premature implementation. That is another diagnostic category to add to Terry's list. One of the things that I have found as I travel around the country is that at sites that offer culturally competent services you can see families receiving services. You can talk to families, and they express the benefits and the respect that they receive from the professionals. You can see that they have overlapped and not implemented services before they had clearly thought about the why and what is going on beneath those services and made sure that those services are in fact culturally competent and that it is not just a word associated with them.

The theory of change concept is a very basic concept. It is the underlying set of assumptions that guides a culturally competent service delivery strategy that is

believed to be critical to producing change and improvement in children and families. The reason I like to use the word theory is because a lot of the ideas that we have out there are really our best ideas, and there is not often any literature or research to support them. So that is one of the reasons that we need to really be clear about what they are, so that when we do find something that is working and is effective, we are able to explain it and share it with others.

Another reason why it is important is that theories of change are out there, and they are often the beliefs that funding agencies, planners, and implementers have about what children and their families need and what strategies will enable them to meet those needs. Notice it doesn't say families, it doesn't say residents, or people who represent a particular community that is being served. So in creating a theory of change, and making explicit the ideas that underlie services and evaluation, we are able to understand and pull out from providers what is it that they really believe about the people they are serving and what is it they believe those services should be.

A theory of change—I like to use the example of a cup of coffee. We wake up in the morning, and we are kind of sleepy. That's our problem. We want to wake up. That's our outcome. And in trying to wake up, we have an intervention, a service. It is called a cup of coffee. We drink it. The theory there isn't so much of a theory, because we all generally know that it is the caffeine in the coffee. Some people might argue that it is the heat, it is the sugar, it is the milk, but generally, it is the caffeine. And that is sort of the same thing as a theory of change. What is it—if I were to ask you all out there today, how many of you could explain to me what is the caffeine in the services and supports that you offer? What is it that is that magic ingredient that you think that you offer children and families that makes what you do work?

You may say, "What does this have to do with evaluation and research?" Well, what it has to do with evaluation and research is that evaluators can't evaluate something that you are unable to explain. In essence, you have an evaluation of a service, or a program, or a system of services, or an array of services—whatever you call it—that you can't really explain. Then it is very dangerous to have an evaluation of those services. If

they are positive, we really won't know why they were positive. You really can't explain it. If they were negative, we have no way to defend that either. We also have no way to know whether or not the measures that the evaluators are using have anything to do with the services and supports that we are offering. One of the things that is a real challenge in doing research that is culturally competent is matching the measures with the outcomes that are really expected to occur and that are valued by the people who are receiving services, not just by the researchers. So having an articulated theory of change is very, very critical to doing good evaluation and research.

One of the consequences that we noticed with folks who work without any theory of change is that they have a lot of difficulty implementing culturally competent system changes. There are a lot of reasons for this, including what I've already mentioned. When people begin to think about services, they come to the table with a lot of assumptions, but they are often not shared, and they are often not articulated in a way that others can understand. So that is one of the reasons that it is difficult as we go into it, like the Rocky and Bullwinkle show, with a lot of different titles. The only disadvantage we have compared to Rocky and Bullwinkle is that we don't have our story down. At least there was a story in Rocky and Bullwinkle. We sometimes don't have a story, or literally, we just have a story. It is a tale of what we do. It isn't really what we do. We find that it is very difficult to maintain collaboratives. Parents get very frustrated, other agency providers and leaders in the community who come to the table are very frustrated because what's going on is very confusing. A lot of folks don't understand what the heck is happening.

I once worked with a collaborative of five different agencies that had never come together to talk about the services they offered in the same building. The evaluation pulled them together. The person in charge of this was a sheriff, a lieutenant in the sheriff's department. He didn't like any of the stuff we were talking about—logic models and theories of change and outcomes. He thought he had accomplished his outcome by having kids locked up for a year. These were juvenile offenders, young juvenile offenders, and he didn't understand what the fuss was all about. When the mental health folks—and I am a mental

health person, and I was a provider for many years, so I feel that I can pick on mental health people—when they finished talking about what they were doing and what they hoped to accomplish, they listed a whole bunch of family outcomes, outcomes that were related to the family, not just the child. And the sheriff finally stopped them, and he said, “You know, these are great outcomes. I understand this logic model now. Those are great outcomes for families. But there isn't one service you are offering to families. You don't go out to talk to families, you don't invite them here, other than just weekend visits, which they would have anyway whether you were here or not. So why do you have those outcomes, if in fact you don't have any services?” The reason they had them is because they were popular things to say. They were the dog and pony show. You said them because people liked to hear you say them, but it had nothing to do with what you were doing or what you believed you needed to do in terms of the services you offered, in terms of your theory of change.

It is difficult to develop culturally competent evaluations, I've already mentioned that. If people aren't participating in a clear process, where their voices are not just heard, but recorded, then it is very, very difficult for an evaluation to be culturally competent, because then it is really left up to the evaluators' preferences in terms of how they will look at the phenomenon they are studying. It is also difficult to show that the resources that you are using really tie in and support what it is you are trying to accomplish. I think that what happens when you are not clear about what you are trying to do is that the likelihood of achieving cultural competence is really left to chance.

How do we solve this? How do we create these local theories of change? One of the ways is to have an overlap between the role of those folks who are what I call “service delivery partners”—these are the folks who worry about the services, how they are offered, who offers them, where they are going to be offered, what type of service is it going to be—and evaluation staff. And by the way, I worked—some folks are here today—with evaluation staff who are family members. So this includes family members as evaluators. And what we have seen is programs or systems that work. Their service delivery people work in concert with their evaluators. Where we have seen them working

together, we see that those services tend to be more culturally competent, or at least the services, when you talk to the workers who offer the services and you talk to the families and you talk to the kids—everybody can tell you the same story. Everybody can tell you what they are trying to do and what it is they are working on.

Where the two work independently at the top, I always say that is where the evaluators are in the back of the building, in a dark room with no windows, sort of like a mushroom, where the service person or the mental health director or whoever is in charge may go and let them out at four o'clock on Friday when there is a crisis and some legislator or somebody wants information. Those places, when you talk to folks across the system, people don't know what is going on. People are confused. If there is a positive story, it is really a random act of competence as opposed to cultural competence.

There are some benefits to articulating a theory of change. And one of the benefits is that it provides a foundation for collaborators to clearly express expectations and agree on culturally-competent activities. It allows systems to specify where they are going and how they are going to get there. It supports local solutions, and it is the backbone, I think, for quality improvement.

One of the things that I learned from Karl Dennis once, during a consultation that I was doing with him, is that these folks wanted to create culturally competent services in their system of care. And at the end of these three days he said, "I really want to help you, but you don't have a system of care, so you can't be culturally competent." One of the things that I believe is that articulating and forcing people at the local level to define what it is that they are doing is a powerful process, but it supports local solution. It doesn't support the outside expert coming in, telling you what you should do, or the outside model. There are a lot of national efforts right now that are being conducted to support outcomes that every program—everybody, everywhere— would be following. I think that is awful, because it doesn't support local solutions. Because there is such lack of clarity out there at the local level in terms of service delivery, because we implement before we think about what it is that we are doing,

people are trying to put structure around it by creating expectations that likely will have very little to do with what you are trying to do locally, and that will push you very far away from being culturally competent.

There are three questions that you need to ask yourself in order to develop a theory of change. You need to ask yourself who is it you are trying to reach—what do they look like? What do these kids and families look like? What strategies do you think are going to help them and support them? What are you trying to accomplish? Those three questions are the building blocks of a theory of change. What actually happens is going to happen whether you have expressed yourself through the theory of change or not. But when you have an articulated theory of change that is culturally competent, then you are able to, through evaluation, see how far from the mark you are in terms of who you expected to serve versus who was actually served. What kind of services did you expect to be offered, and how did you expect for them to be offered, and were they were offered or not? And the same thing with the outcomes. Without that consensus process, again, you are leaving those three things to chance. And many of the programs that I visit around the country have left the actual delivery of services up to chance.

The logic model is a tool used for linking strategies for serving children and families with desired outcomes, for ensuring that service components support the overall strategy, and for identifying missing pieces. So the logic model is a tool to help you pull out a theory of change and actually asks you those three kinds of questions. Who, what is it you want to offer, and what are you trying to accomplish?

These theories of change occur in a vacuum. And if you are really out there trying to change a system or provide an array of services, then at the macro level, the biggest level of your idea, is the system level. It is the context. It is, "What is your overall strategy?" and "Is that reflected in the programs that you offer?" and "Can you look at that at the practice level and see if it is there?" What this means is that no matter who you talk to where, people are able to understand what it is that system is trying to accomplish and the why of what it is trying to accomplish.

If you have a culturally competent theory of change—and I believe if you use the logic model as a tool, it is a snapshot of your theory of change; it isn't a concrete static process—it will change over time, and it actually provides a lot of feedback and circularity. That is a long word, but in the process it should support strategic planning, evaluation, and identification of your technical assistance needs. Again, I am convinced that having an articulated theory of change not only gives power to folks at the local level, but without it, how can you do strategic planning? How can you inform local evaluation and what technical assistance needs do you think you have?

One of the most common things that I see across the country today is people asking, whoever is the most famous person that year—I can pick on Karl Dennis as my friend, and John Van Den Berg, sometimes Terry Cross—they call them because they are well known. When you go visit the site, sometimes the site doesn't even know why they called you. Other people don't even know why you are there because they really haven't themselves articulated what they are trying to do. And through pieces they are trying to create a whole without any concept of the whole. Which means that people at the local level are very disempowered because their voice is really not being heard. You are really looking for outside experts.

Be sure that when you start to use evaluations to evaluate your theory of change, be sure that you are clear on what kind of evaluation it is. Whether you set off a judgment-oriented evaluation that is going to tell you whether or not what you are doing works or not, whether or not you really want an improvement-oriented evaluation, one that is going to help you do a better job along the way, or one that is simply just for research purpose. Be sure that you have talked with the people you have engaged in doing your evaluations at the local level about what kind of evaluation they are going to do.

One of the things that I want to end with is don't participate in dog and pony shows. Don't allow yourselves, when you have site visitors or people coming to town, to organize and pull yourself together for a presentation. Don't allow that to happen. I am convinced that that is one of the biggest kind of things that we can not participate in. I cannot tell you how

many family members I've talked to, one just this week in Baltimore, who said, "You know, we had our director come up and talk about our program. And it is a family-driven program. And the program that that director talked about had nothing to do with what we were doing. And we all had to fake it." She said, "I felt terrible about that." Don't participate in dog and pony shows. In fact, if you are forced into a situation as a parent, as an evaluator, as a provider of services, into a dog and pony show, use that as your opportunity to force folks to think about creating their local theories of change. It is an opportunity to do that.

In conclusion, I want to say there are some challenges. One of the big challenges is building agreement among people involved in this process. It is not an easy thing. As you will hear from our parents in Tampa, it is quite a challenging thing. One of the interesting things that folks discover, parents in particular who get involved in this process, is that part of the reason they've been confused is because the professionals aren't necessarily clear about what they are doing themselves and can't explain what it is that they are doing. Because typically we are used to getting grants and expending money and having some generalistic idea about why we are doing what we are doing, but we are not articulate in a way that allows other people to understand. I learned that lesson from my parents when I went through the seventh grade, and they would ask me what it is that I did. They asked questions like, "Why did you do this, and why did you do that?" You know what? I couldn't answer most of their questions, and I realized that I probably didn't know what I was doing. I probably had one of these diagnoses that Terry spoke of when I got out of graduate school. But it was one of those early times when you realize, what is it that we do? Why do we do these things to children and families?

Consensus, by the way, bringing together a local theory of change, doesn't necessarily mean that you are going to have effective culturally competent strategies. I've been in situations where a group of people have come together and created what they thought was a very culturally-competent strategy for serving people who are Latino, only to find out that people who were Cuban Latin felt very comfortable with the services but the people from Nicaragua and Guatemala and El Salvador did not even come, did not feel like the service was appropriate for them.

So don't necessarily assume that because you have reached consensus and you have a theory of change that it is correct.

In fact, that is where evaluation plays an important role. If you make sure that your evaluators collect information to tell you what it is you are doing along the way, then you will know whether your strategy is working or not. It allows you time for careful thinking, ensures that you can defend your use of resources, focuses evaluation, and I think it does help to bring consensus. But again, really the conclusion is that if you are working in a system and you ask the folks around you, ask them the simple question. This is the test that I offer you. Ask them who it is they think your system or your program serves. That is the most common question that we ask, because everybody believes that there is consensus on that. Ask, because 95 percent of the time that we ask that question, when we are asked to do technical assistance in this area, we usually get about four to five different opinions about who it is the kids are that should be served. So if that is unclear, imagine how can a system that has that lack of consensus on something so basic, how can they be culturally competent? Thank you very much.

**Terry Cross:** Thank you. I want to thank the members of the panel. I was sitting here thinking about the words that I was hearing and the level of the discussion of this panel as opposed to some of the discussion a decade ago when we were first beginning to roll out this term, cultural competence. It was just a decade ago when researchers of color, in order to be accepted amongst their colleagues as being professional and being competent, had to speak only in terms of the research world in that mainstream language. I think we've heard from these researchers who have been on this panel today that it is a brand new dialogue, and we have empowered our researchers of color from our different communities to articulate a new way of thinking about research. These people are pioneers taking us forward into new ways of working. And I want to thank them for doing that work and being here to share it with us. We will take a couple of questions here.

**Conference Participant:** I am one of those researchers that suffers from Humility Deficit Disorder, but I am in recovery. I am also a person of mixed race and of mixed ethnic background. It has been only in this

last few years that I've come to realize that the White half of my family, who were aliens to me in Decker, Tennessee, are as much of that culture as everything else on my mother's side of the family and that history I was raised with. With that background, a good education and a diverse background, I still find this whole area so dangerous to walk in. And it doesn't feel safe from my perspective. I think we all have to have the courage to not let it paralyze us, either by doing what we always do because we are afraid to do anything else—from the research perspective we often do that—but also not doing anything, which I think we are struggling with in the world I live in. We don't feel like we can do anything right, so let's not do anything or let's just do it the way we always have done it. We have to find a way to release the paralysis and find a way to get the information we need, because all of you said we need information. Mario borrowed from a very standard evaluation perspective on how do you figure out what you need. You quoted that there is a 32 percent more likelihood that a Native American youth will end up in jail. Somebody collected that data. And that's the data we have to take to the people who are listening. We need that information. So we can't not collect it. We just have to find a way to collect that information and use it in a responsible way. And it is just not a cultural issue in terms of race and ethnicity in the kind of limited ways we think of it, it is about how we deal with families, too, and the cultures of families.

**Elaine Slaton:** I am Elaine Slaton, and I am a parent and a staff member at the Federation of Families for Children's Mental Health in the national office. I embrace all of what you've said, and I thank you for it. What the Federation is anxious to do now is to make sure that we as families have the research skills, that we know the language, we understand the process enough to participate in it effectively. I think you said earlier, Terry, that it is not enough for the advocates to say that the research is wrong. We have to be able to tell you what is wrong with it. And so I would invite anyone here to come and join us in our initiative around training ourselves as family members to understand the process and know the language, so that we can participate at the table as a valid partner in the research.

**Terry Cross:** I think one of the major issues that I see in communities of color, and particularly in my experience with Native American culture, is that we do know what our own local theories of change are, but the opportunities to articulate that to people, to be able to demonstrate that to people and having it accepted as legitimate have been very limited. And I think the same is true, I think that many families have a good theory of change but are not able to have it either articulated or have it accepted when they do.

**Conference Participant:** One of the things that we have found as we have participated in training and then understanding what sorts of evaluation questions to ask providers is that it doesn't necessarily bring a pretty end. In fact, providers are very threatened by that. I've seen many examples where the family members are labeled as trouble makers for asking hard evaluation questions and trying to keep providers clear about what they are doing. So learning this and doing it is the first step. The second one is really implementing, and it is a challenge out there. It is not an easy road.

**Manazo Zita:** I am from the Standing Rock Reservation up in North Dakota and South Dakota. I am the parent of a disabled child. This research area is kind of new to me, but in all of your presentations, there was one blurb in there about spirituality. Spirituality for us is one of the primary directions of our life. To overstep that by far is a disservice to us. An old man once told me, "Those people come in, and they study us. If they want to learn about us, have them read a book. If you want to know us, come and live with us." You could research us to death, but what happens to that research? It doesn't come back to us. Articulate. You are talking about writing it down. How do you write spirituality down? Mainstream society has got it written down in religion. You write something down that is out there, it is like trying to write the air down. Like trying to write the wind down. Like trying to write the way the water flows down. You talk about writing all this stuff and evaluating it. How do you evaluate something you don't know about? If you want to evaluate something, evaluate the author who wrote what you read. If you want evaluate how we live, come and live with us. I say these things in a good way. I don't want to offend anybody by it, but the research and coming and taking and not giving

nothing back, that is a violation for us. You never take something without giving something back. That is why Mother Earth is in the condition she's in. We don't give anything back to her. Mainstream society has taught us when you take something you pay for it. Our people don't see the good that comes from your research. Again, I say these things in a good way.

**Terry Cross:** Exactly the reason I think that we need to have participatory research, the communities themselves participating, the families participating, defining what that research agenda is, how the data is going to be used, who owns it. Those are the kind of things, the changes that I think that people here are trying to bring about. And it is a struggle, because it isn't accepted by everyone. And in relationship to those who provide the funding, it isn't always something that is readily accepted in that arena. I think we need all of you to help contribute to that by the statements and the words like you just used. And I thank you for your words.

**Cleopatra Caldwell:** You have raised some critical points, and unfortunately the people who really need to hear it are not the people who are here. But I do need to say that from a methodological perspective, there is a technique called participant observation, from the field of anthropology, that really does exactly what you say. Go live in the communities that they are trying to understand. The depth of knowledge is so much better than those of us who do survey research, who really just ask one or two questions. But as Terry was saying, within the research enterprise, within the context of academia, those things are not well rewarded. So that is why we are in this process of trying to make change and talk about the importance of participatory research, because you are absolutely right. So much research has been done that has not been very useful for a lot of people. On the other hand, there are other types of research that have been very helpful for understanding certain issues. But in terms of cultural competence, we still have a long way to go.

**Conference Participant:** I think the challenge of cultural competency in evaluation is the balance between allowing for individualization across cultures, as well as standardization. One of the things that I found—I am not a researcher and I am not an evaluator—but I find myself in my position often at

odds with evaluation because some of the standardization is based on dominant cultural practice. The thought is that if it is not done the same across the board, then there is an error in the evaluation. The second is that we have a decentralized system where I come from. And part of what Mario was talking about, clearly articulating the concept and operationalizing something is difficult when communities are expected to develop their own. So I think that becomes a challenge, that you have an overall concept but you don't want to define it so much that it takes away from the individuality of each community.

**Terry Cross:** I think that as we develop these issues, the struggle, the way that we deal with that struggle, and engage in the discussion, it is a new day. And families participating in that conversation, different communities of color participating in that discussion, bringing more people in, changing the language of research to be more accessible, and empowering communities to use that methodology and language begin to address "How do we do it here? What does it look like here?" I'd like to thank the panel and thank all of you for your questions and comments.