CULTURAL COMPETENCE SELF-EVALUATION FORM (CCSE) – Clinical Use

Please select your client’s ethnocultural and/or racial group: ____________________________
(Then rate yourself on the following items of this scale to determine your “competence”)

<table>
<thead>
<tr>
<th>VERY TRUE OF ME</th>
<th>TRUE OF ME</th>
<th>SOMEWHAT TRUE OF ME</th>
<th>NOT TRUE OF ME</th>
<th>UNSURE ABOUT ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>U</td>
</tr>
</tbody>
</table>

1. _______ Knowledge of group’s history
2. _______ Knowledge of group’s family structures, gender roles, dynamics
3. _______ Knowledge of group’s response to illness (i.e., awareness, biases)
4. _______ Knowledge of help-seeking behavior patterns of group
5. _______ Ability to evaluate your view and group view of illness
6. _______ Ability to feel empathy and understanding toward group
7. _______ Ability to develop a culturally responsive treatment program
8. _______ Ability to understand group’s compliance with treatment
9. _______ Ability to develop culturally responsive prevention program for group
10. _______ Knowledge of group’s “culture-specific” disorders/illnesses
11. _______ Knowledge of group’s explanatory models of illness
12. _______ Knowledge of group’s indigenous healing methods and traditions
13. _______ Knowledge of group’s indigenous healers and their contact ease
14. _______ Knowledge of communication patterns and styles (e.g., non-verbal)
15. _______ Knowledge of group’s language
16. _______ Knowledge of group’s ethnic identification and acculturation situation
17. _______ Knowledge of how one’s own health practices are rooted in culture
18. _______ Knowledge of impact of group’s religious beliefs on health and illness
19. _______ Desire to learn group’s culture
20. _______ Desire to travel to group’s national location, neighborhood

TOTAL SCORE: _______ 80-65 = Competent; 65-40 = Near Competent; 40 Below = Incompetent

TOTAL # of U’s: _______ (If this number is above 8, more self-reflection is need)

Your Age: _____ Your Gender: _____ Your Religion: _____ Your Ethnicity _____

Use with acknowledgement and citation. Contact: marsella@hawaii.edu