

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")

- | VERY TRUE
OF ME
4 | TRUE
OF ME
3 | SOMEWHAT
TRUE OF ME
2 | NOT TRUE
OF ME
1 | UNSURE
ABOUT ME
U | |
|-------------------------|--------------------|-----------------------------|------------------------|-------------------------|--|
| 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