



CONVERGE Cultural Competence Annotated Bibliography

This annotated bibliography includes resources focused on cultural competence in hazards and disaster research. This bibliography is meant to support those interested in learning more about how to build cultural competence and to complement the CONVERGE Cultural Competence in Hazards and Disaster Research Training Module. These references were compiled through searching Web of Science, Ebscohost, Proquest, and Google Scholar databases. If you identify missing references, please send them to converge@colorado.edu, and we will add them to the list.

Citation

Anderson, M. B., & Woodrow, P. J. (1998). Rising from the ashes: Development strategies in times of disaster. Lynne Rienner Publishers.

Abstract

N/A

Citation

Ball, A., Anderson-Butcher, D., Mellin, E. A., & Green, J. H. (2010). A cross-walk of professional competencies involved in expanded school mental health: An exploratory study. *School Mental Health*, *2*, 114–124. https://doi.org/10.1007/s12310-010-9039-0

Abstract

Expanded school mental health (ESMH) programs often involve individuals from a variety of professions working together to address student needs evident across school, family, and community systems. Profession-driven differences in philosophies, expectations regarding confidentiality, and graduate training that reinforces isolated rather than interprofessional approaches to working with students, however, represent real challenges to maximizing the potential of ESMH. To address these issues, this exploratory study identified a common set of competencies to support interprofessional practice in ESMH. A total of 51 competencies were identified across seven theme areas, including: (1) Key Policies and Laws; (2) Interprofessional Collaboration; (3) Cross-Systems Collaboration; (4) Provision of Academic, Social-Emotional, and Behavioral Learning Supports; (5) Data-Driven Decision-Making; (6) Personal and Professional Growth and Well-Being; and, (7) Cultural Competence. Mapping of the competencies to existing accreditation and practice standards for selected professions revealed shared and unique competencies. Implications for workforce development and future research are offered.

Citation

Bankoff, G., Cannon, T., Krüger, F., & Shipper, E. L. F. (2015). Exploring the links between cultures and disasters. In F. Krüger, G. Bankoff, T. Cannon, B. Orlowski, & E.L.F. Shipper (Eds.), *Cultures and disasters: Understanding cultural framings in disaster risk reduction* (pp. 1-16). Routledge.

Abstract

N/A





Bownas, R., & Bishokarma, R. (2019). Access after the earthquake: The micro politics of recovery and reconstruction in Sindhupalchok District, Nepal, with particular reference to caste. *Contemporary South Asia*, 27(2), 179-195. https://doi.org/10.1080/09584935.2018.1559278

Abstract

This article examines the aftermath of the Nepal earthquakes of 2015 with special reference to their impact on marginalized communities, in particular Dalit or 'Untouchable' communities in Sindhupalchok District, one of the worst affected districts of Nepal. The earthquakes not only took thousands of lives and destroyed property and livelihoods, but their aftermath has revealed the webs of power that shape and limit the opportunities of different communities. Referencing the theoretical approach to access pioneered by (Ribot, J., and N. Peluso. 2003. "A Theory of Access." Rural Sociology 68 (2): 153–181)the article proceeds to analyze the relative 'winners and losers' from the reconstruction process, finding a mixed picture of opportunities and barriers facing the most marginalized communities in the district.

Citation

Browne, K. E. (2015). *Standing in the need: Culture, comfort, and coming home after Katrina*. University of Texas Press. https://utpress.utexas.edu/books/browne-standing-in-the-need

Abstract

N/A

Citation

Browne, K. E., Olson, L., Hegland, J., Maldonado, J., Marino, E., Maxwell, K., Stern, E., & Walsh, W. (2019). *Building cultures of preparedness: A report for the emergency management higher education community*. U.S. Federal Emergency Management Agency (FEMA). https://training.fema.gov/hiedu/docs/latest/2019 cultures of preparedness report 10.22.18%20final.pdf

Abstract

This research-based report, authored by members of the Culture and Disaster Action Network (CADAN) and practitioner and academic colleagues, emerged from FEMA's new Strategic Plan for 2018-2022, "Building a Culture of Preparedness." Highlighting the vast diversity of American communities and households, the report demonstrates that a one-size-fits-all strategy is not well-suited to the demands of variable and distinctive environments – a national Culture of Preparedness will have to be built one community at a time. Preparedness is a local matter, requiring solutions tailored to different cultural contexts and embraced by communities. For this reason, achieving the reality of a resilient nation as envisioned in the Strategic Plan requires us to think in the plural, building "Culture(s) of Preparedness." The report lays out four Guiding Principles for building Cultures of Preparedness followed by practical strategies and examples as well as successful outcomes in real-world settings.

Citation

Carpenter-Song, E. A., Schwallie, M. N., & Longhofer, J. (2007). Cultural competence reexamined: Critique and directions for the future. *Psychiatric Services*, *58*(10), 1362-1365. https://doi.org/10.1176/appi.ps.58.10.1362





This Open Forum aims to stimulate productive dialogue about cultural competence in providing mental health care. The authors examine recent calls for culturally competent care in mental health practice and give a brief overview of the context in which demands for such care have arisen. Using select examples from anthropology, the authors provide evidence of the importance of culture in the production, presentation, and experience of psychic distress. Acknowledging the value of culturally appropriate care, the authors synthesize anthropological critiques of cultural competence models. The essay concludes with suggestions for future directions in cultural competence research and implementation.

Citation

Cross, T. L. (1988). Services to minority populations: What does it mean to be a culturally competent professional? Focal Point. https://www.pathwaysrtc.pdx.edu/pdf/fpSU88.pdf

Abstract

This issue of "Focal Point" addresses the delivery of services to children who are ethnic minorities of color and who have severe emotional disabilities. The cover article offers five keys to the provision of professionally competent services with such children: awareness and acceptance of cultural differences, awareness of the professional's own cultural values, understanding of the "dynamics of difference" in the helping process, knowledge of the client's culture, and ability to adapt practice skills to fit the client's cultural context. "Developing Cultural Competence for Agencies" helps social service agencies develop and assess their level of cultural competence through examination of their goals; agency structure; staff, board, and agency attributes; etc. A literature review explores the types of cultural competence models in use by agencies, including the outreach model, the mainstream agency support of services by minorities model, bilingual/bicultural services, and minority agencies providing services to members of minority communities. The Child and Adolescent Service System Program Minority Initiative, a program of the National Institute of Mental Health, is also described. Other newsletter features include lists of available materials and meeting notes.

Citation

Cross, T. L., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed. National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center. https://eric.ed.gov/?id=ED330171

Abstract

The CASSP seeks to assure that system service development occurs in a culturally appropriate way to meet the needs of racially diverse groups. The first part of the monograph provides a philosophical framework and practical ideas for improving service delivery to children who are severely emotionally disturbed. Consistent with the focus of the CASSP Minority Initiative, the monograph targets African, Asian, Hispanic, and Native Americans. In reviewing background information for the monograph, certain issues emerged with consistent frequency. For example, there is a need to clarify policy, training, resource, practice, and research issues as they affect the provision of mental health services to minority children and their families. The cultural competence model explored in the monograph is defined as a set of congruent behaviors, attitudes, and policies that come together in agencies or among professionals and enable them to work effectively in cross-cultural situations. Cultural competence is viewed as a goal toward which agencies and professionals can strive. A continuum for responding to cultural differences is identified that incorporates cultural destructiveness, incapacity, blindness, precompetence, competence, and proficiency. Service delivery models that emphasize cultural values and helping systems are examined in relation to the needs of minority clients.





DeAngelis, T. (2015). In search of cultural competence. *Monitor on Psychology*, 46(3), 64. https://www.apa.org/monitor/2015/03/cultural-competence

Abstract

N/A

Citation

Eisenman, D. P., Glik, D., Maranon, R., Gonzales, L., & Asch, S. M. (2009). Developing a disaster preparedness campaign targeting low-income Latino immigrants: Focus group results for project PREP. Journal of Health Care for the Poor and Underserved, 20(2), 330-345. https://doi.org/10.1353/hpu.0.0129

Abstract

Low-income immigrant Latinos are particularly vulnerable to disasters because they are both ill-prepared and disproportionately affected. Disaster preparedness programs that are culturally appropriate must be developed and tested. To develop such a program, we conducted 12 focus groups with low-income immigrant Latinos to understand their perceptions and understanding of disaster preparedness, and facilitators and obstacles to it. Participants were concerned about remaining calm during an earthquake. Obstacles to storage of disaster supplies in a kit and developing a family communication plan were mentioned frequently. Misunderstandings were voiced about the proper quantity of water to store and about communication plans. Several focus groups spontaneously suggested small group discussions (platicas) as a way to learn about disaster preparedness. They wanted specific help with building their family communication plans. They rated promotoras de salud highly as potential teachers. Results will guide the development of a disaster preparedness program tailored to the needs of low-income Latino immigrants.

Citation

Gaillard, JC, & Peek, L. (2019). Disaster-zone research needs a code of conduct. *Nature*, *575*, 440-442, https://www.nature.com/articles/d41586-019-03534-z

Abstract

This article calls for a code of conduct in large scale disasters that affect large numbers of researchers. It highlights several ethical dilemmas and power imbalances that have emerged in the context of recent major events.

Citation

Garneau, A., & Pepin, J. (2014). Cultural competence: A constructivist definition. *Journal of Transcultural Nursing*, 26(1), 9–15. https://doi.org/10.1177/1043659614541294

Abstract

In nursing education, most of the current teaching practices perpetuate an essentialist perspective of culture and make it imperative to refresh the concept of cultural competence in nursing. The purpose of this article is to propose a constructivist definition of cultural competence that stems from the conclusions of an extensive critical review of the literature on the concepts of culture, cultural competence, and cultural safety among nurses and other health professionals. The proposed constructivist definition is situated in the unitary-transformative paradigm in nursing as





defined by Newman and colleagues. It makes the connection between the field of competency-based education and the nursing discipline. Cultural competence in a constructivist paradigm that is oriented toward critical, reflective practice can help us develop knowledge about the role of nurses in reducing health inequalities and lead to a comprehensive ethical reflection about the social mandate of health care professionals.

Citation

Georgetown University. (n.d.). Definitions of cultural competence. Curriculum Enhancement Module Series: A Project of the National Center for Cultural Competence, https://nccc.georgetown.edu/curricula/culturalcompetence.html.

Abstract

N/A

Citation

Graham, K., & Spennemann, D. H. R. (2006). Heritage managers and their attitudes towards disaster management for cultural heritage resources in New South Wales, Australia. International Journal of Emergency Management, 3(3), 215-237. https://doi.org/10.1504/IJEM.2006.011169

Abstract

The study of disaster management has broadened its scope to include matters beyond the physical processes. Cultural heritage resources, which are particularly vulnerable to the effects of natural disasters, are inherently linked with our identity and can assist the community in achieving some sense of normalcy after a disaster. While protection of life and property will always be priority, items of heritage value are not even considered in most disaster management plans. This study was designed to investigate this current gap in our understanding of attitudinal barriers for disaster planning for cultural heritage. A self-administered postal survey was designed and distributed to heritage managers from each local government in New South Wales (NSW), providing a cross-sectional view of the current range of attitudes towards disaster planning for cultural heritage resources. Results generated by the study are significant as they provide empirical evidence of the extent of this problem. Although heritage managers acknowledged the threat of natural disasters in their shire, they were not considered a priority.

Citation

Kirsch, T., Sauer, L., & Sapir, D. G. (2012). Analysis of the international and US response to the Haiti earthquake: Recommendations for change. Disaster Medicine and Public Health Preparedness, 6(3), 200-208. https://doi.org/10.1001/dmp.2012.48

Abstract

The 2010 earthquake in Haiti was unprecedented in its impact. The dual loss of the Haitian government and United Nations (UN) leadership led to an atypical disaster response driven by the US government and military. Although the response was massive, the leadership and logistical support were initially insufficient, and the UN cluster system struggled with the overwhelming influx of nontraditional agencies and individuals, which complicated the health care response. Moreover, the provision of care was beyond the country's health care standards. The management of the US government resembled a whole-of-government domestic response, combined with a massive military presence that went beyond logistical support. Among the most important lessons learned were the management of the response and how it could be strengthened by adapting a structure such as the domestic National Response Framework. Also, mechanisms were needed to increase the limited personnel to surge in a major response. One obvious pool has been the military, but the military needs to increase integration with the humanitarian community and improve its own





humanitarian response expertise. In addition, information management needs standardized tools and analysis to improve its use of independent agencies.

Citation

Kohli, H. K., Huber, R., & Faul, A. C. (2010). Historical and theoretical development of culturally competent social work practice. *Journal of Teaching in Social Work, 30(3),* 252-271. https://doi.org/10.1080/08841233.2010.499091

Abstract

This article provides a detailed review of the historical and theoretical context in which culturally competent practice has evolved in the social work profession and enables educators and practitioners to see holistic connections between the past and present. Historical review of the inclusion of diversity content is followed by definitions of culture, cultural competence, and culturally competent practice. We then provide a synthesis of different frameworks currently being used for understanding the development of cultural competence in psychology and social work, and conclude with discussion and implications for social work education and practice.

Citation

Lizundia, B., Kaushik, H.B., Kupec, J., Shrestha, S., & Welton-Mitchell, C. (2017, January 9-13). *Investigating community resilience in Chautara, Nepal.* [Paper Presentation] 6th World Conference on Earthquake, Santiago, Chile. https://www.eeri.org/wp-content/uploads/2522-16WCEE-Nepal-Chautara.pdf

Abstract

Following the M7.8 earthquake on April 25, 2015 in Nepal, as part of the Earthquake Engineering Reconnaissance Institute (EERI) reconnaissance trip, a research team of several academics and practitioners in earthquake engineering and risk reduction spent a few days in the town of Chautara, Nepal to document the impact of the earthquake. This paper uses our multidisciplinary reconnaissance observations about a variety of community sectors to describe the state of Chautara in early June 2015 and to identify several factors and conditions that can help understand how resilient this community was to the Nepal Gorkha Earthquake and its aftershocks. The findings and observations from our team's visit and subsequent information gathering can help inform follow-up reconnaissance investigations to the community to monitor recovery progress and to make further observations about the resilience.

The research team observed impacts to buildings, including housing, hospitals, and schools; lifelines; and social systems and psychological wellbeing. For each of these community sectors, the following questions will be addressed: What were the overall impacts, performance, and recovery of the sector to date? Which elements or components proved to be critical to the function of the sector and why? Did the sector have any cascading impacts—positive or negative— on other community systems or functions? Were transformative improvements made to the subsystem (or any policies/codes/plans influencing its operation) before the disaster that somehow changed the sector and its function in the disaster? Are transformative improvements being undertaken in the aftermath of the disaster (or have they already been undertaken) to allow the community to surpass its pre-disaster state/condition?

While making observations about community resilience and conducting traditional reconnaissance for these sectors, the team also systematically gathered detailed data for over 150 buildings along the main road in Chautara. We recorded parameters including building structural type, damage and postearthquake safety evaluation status, and characteristics of the ground slope for each building. The paper describes the survey and how the baseline data can used as a metric for future field teams investigating Chautara's recovery and resilience.





This paper also considers preliminary information for broad resilience questions for community of Chautara: How is the community organizing for recovery, i.e. what are the recovery goals (shelter, livelihoods, public services) and who are the recovery actors (government, NGO, residents, businesses)? What decisions are being made and how are resources being prioritized to maintain or alter community functions? What parts of the urban system survived, and why?

Chautara is a municipality located east of Kathmandu at the top of a large mountain ridge at approximately 1,600 m above sea level. It is the only large municipality in the Sindhupalchok district and serves as the district's headquarters. Because the ability to swiftly respond in the weeks after the event and recover over many months varies by community size, degree of direct seismic impact, and preparedness and mitigation efforts prior to the earthquake, this case study of Chautara is one of several Nepal communities studied by the EERI team.

Citation

Lum, D. (2000). Social work practice and people of color: A process stage approach. Wadsworth.

Abstract

N/A

Citation

Mercer, J., Kelman, I., Lloyd, K., & Suchet-Pearson, S. (2008). Reflections on use of participatory research for disaster risk reduction. Area, 40(2), 172-183. https://doi.org/10.1111/j.1475-4762.2008.00797.x

Abstract

Participatory research approaches are increasingly popular with academic researchers and development organisations working to facilitate change in collaboration with local communities. This paper contributes to recent debates over the use of participatory approaches by examining the use of participatory research within disaster risk reduction. Drawing on research in Papua New Guinea in which participatory techniques were used with indigenous communities to determine strategies for dealing with environmental hazards, the value of such techniques is critiqued. Finally the significance of participatory research as a research methodology is discussed as is its possible contribution to disaster risk reduction policy.

Citation

Mfutso-Bengo, J., Masiye, F., & Muula, A. (2008). Ethical challenges in conducting research in humanitarian crisis situations. Malawi Medical Journal: The Journal of Medical Association of Malawi, 20(2), 46–49. https://doi.org/10.4314/mmj.v20i2.10956

Abstract

Research is vital to accurately describe phenomena in humanitarian emergency situations and to evaluate the effectiveness and appropriateness of interventions. Although the ethical principles of justice, beneficence and respect for autonomy/ respect for persons should be upheld in research, their application in emergency situations may differ from non-emergency situations. Just like in non-emergency situations, research in emergency situations should be conducted in the best interest of the victims or future victims. The research should not unnecessarily expose human subjects and the researcher to careless harm, and should be of adequate scientific rigor. Victims of emergency situations are vulnerable populations that need special protection from exploitation. Technical competency to conduct





research in emergency situations should include the ability to conduct a fair risk-benefit assessment in order to come up with a risk management plan, and being culturally sensitive to the needs of the victims of the humanitarian crisis. In emergency situations, the roles of Institutional Review Boards (IRBs) may have to be modified without compromising the ethical standards that health researchers have globally attempted to achieve.

Citation

Mileti, D.S. (1987). Sociological methods and disaster research. In Dynes, R., de Marchi, B., & C. Pelanda (Eds.), *Sociology of disasters: Contributions of sociology to disaster research* (pp. 57-69). Franco Angeli.

Abstract

N/A

Citation

Moore, H. E., (1964). And the winds blew. Hogg Foundation for Mental Health, The University of Texas Press.

Abstract

N/A

Citation

Morris, M. W., Leung, K., Ames, D., & Lickel, B. (1999). Views from inside and outside: Integrating emic and etic insights about culture and justice judgment. *The Academy of Management Review*, 24(4), 781-796. https://doi.org/10.5465/AMR.1999.2553253

Abstract

We analyze forms of synergy between emic and etic approaches to research on culture and cognition. Drawing on the justice judgment literature, we describe dynamics through which the two approaches stimulate each other's progress. Moreover, we delineate ways in which integrative emic/etic frameworks overcome limitations of narrower frameworks in modeling culture and cognition. Finally, we identify advantages of integrative frameworks in guiding responses to the diverse justice sensitivities in international organizations.

Citation

Nepal, V., Banerjee, D., Slentz, M., Perry, M., & Scott, D. (2010). Community-based participatory research in disaster preparedness among linguistically isolated populations: A public health perspective. *Journal of Empirical Research on Human Research Ethics*, 5(4), 53-63. https://doi.org/10.1525/jer.2010.5.4.53

Abstract

Working with linguistically isolated immigrants on public health issues poses a set of methodological challenges unique to this population. We used community-based participatory research (CBPR) techniques to investigate the disaster preparedness needs of four linguistically isolated population groups in Houston, Texas (Vietnamese, Chinese, Somali, and Spanish-speaking) in partnership with community-based organizations and community researchers. As a local health department conducting CBPR, we witnessed various challenges, including: engaging and using interpreters versus using community researchers; translating focus group questions from English to other languages; recruiting participants from linguistically isolated populations; and handling issues of community power, data collection, and data reliability. In this article, we discuss these challenges, strategies used, and the outcomes of our approaches in the broader context of CBPR.





Papadopoulos, I., & Lees, S. (2002). Developing culturally competent researchers. *Journal of Advanced Nursing*, 37(3), 258-264. https://doi.org/10.1046/j.1365-2648.2002.02092.x

Abstract

Background: Whilst we live in multicultural societies most health researchers tend to take the cultural perspective of the majority ethnic group at the expense of the perspective of minority ethnic groups.

Aim: This paper discusses the need for the development of culturally competent health researchers in all areas of research and proposes a model for the achievement of this.

Design: A snapshot review of research textbooks used in nursing curricula was conducted to identify whether culturally competent research was being promoted.

Results: The review found that whilst a few textbooks touched on ethnicity, race and culture, none of them addressed the issue of cultural competence. Subsequently the authors adapted their existing model of culturally competent health care practice, and in this paper they propose it as a model for the development of culturally competent researchers. Discussion: The model put forward by the authors consists of four concepts: cultural awareness, cultural knowledge, cultural sensitivity and cultural competence. A culturally competent researcher is one who is able to apply the related skills and knowledge in project design, data collection, analysis, report writing and dissemination. Furthermore, the authors identify two layers of cultural competence, those of culture-generic (knowledge and skills that are applicable across ethnic groups) and culture-specific competence (knowledge and skills that relate to a particular ethnic group). The relationship between these two layers is a dynamic and spiralling process as illustrated by the model. Conclusion: Current health policy in many developed countries focuses on inequalities of health and managing diversity, including ethnicity. Thus the authors conclude that the development of culturally competent researchers will lead to both valid research and culturally competent practice by health care professionals.

Citation

Papadopoulos, I. (Ed.). (2006). Transcultural health and social care: Development of culturally competent practitioners. Churchill Livingstone.

Abstract

N/A

Citation

Papadopoulos, I. (2018). *Culturally competent compassion: A guide for healthcare students and practitioners*. Routledge.

Abstract

N/A

Citation

Peek, L. (2017). *EAGER: Interdisciplinary and Social Science Extreme Events Reconnaissance (ISSEER)*. https://www.nsf.gov/awardsearch/showAward?AWD_ID=1745611&HistoricalAwards=false.





Extreme events are increasing in frequency, magnitude, and scope as the population grows and infrastructure development further expands into hazard-prone areas. This project is concerned with how hazards and disaster research communities will respond to disaster events when they occur. At present, social science and interdisciplinary disaster research communities have no formal structure for organizing before or in the event of a disaster, no established process for communicating pressing research needs or ongoing projects, and hence no established culture regarding scientific agenda setting in terms of rapid reconnaissance research. In response, this EArly-concept Grant for Exploratory Research (EAGER) project will establish a scientific platform and coordinating network for Social Science Extreme Events Reconnaissance (SSEER) and a second platform and network for Interdisciplinary Science and Engineering Extreme Events Reconnaissance (ISEEER). SSEER and ISEEER will draw upon insights from the science of team science (SciTS) and leverage databases and information resources available through the Natural Hazards Center at the University of Colorado Boulder to build the capacity of the social science, engineering, and interdisciplinary hazards and disaster research communities. The ultimate vision for the work is to prepare individual researchers and teams to carry out extreme events rapid reconnaissance research that is coordinated, comprehensive, coherent, ethical, and scientifically rigorous.

This project will result in the development of two new platforms and corresponding networks, SSEER and ISEEER that will help researchers respond to and overcome long-standing challenges that have stymied the advancement of the hazards and disaster field, including lack of identification and coordination of researchers and research teams; inadequate guiding research frameworks for rapid reconnaissance investigations; a lack of inventories of existing research protocols, instruments, and secondary data; over-emphasis on large-scale sudden-onset events; time-limited data collection and lack of replication across events; and lack of interdisciplinary integration in rapid reconnaissance teams. The work plan will contribute to existing knowledge and applications by: (1) identifying, cataloguing, and mapping researchers from a range of disciplines engaged in hazards and disaster research; (2) coordinating those researchers in the event of a major disaster; (3) developing research frameworks and ethical guidance for social science and interdisciplinary disaster research; (4) cataloging existing research protocols, instruments, validated scales and measures, and secondary data sets to allow researchers to more quickly characterize affected communities; and (5) convening social scientists, engineers, and scholars working in the science of team science to inform the project and advance the science and practice of rapid reconnaissance research.

Citation

Harvard University. (n.d.). Welcome to Project Implicit. Project Implicit. https://www.projectimplicit.net/.

Abstract

N/A

Citation

Raymond, P. (2015, May 6). Building a new Nepal: Why the world must heed the lessons of Haiti. *The Guardian*. https://www.theguardian.com/global-development/2015/may/06/earthquake-building-a-new-nepal-why-the-world-must-heed-the-lessons-of-haiti.

Abstract

N/A





Rezk, D. (2017). Re-evaluating the Yom Kippur 'intelligence failure': The cultural lens in crisis. *The International History Review*, 39(3), 470-495. https://doi.org/10.1080/07075332.2016.1230766

Abstract

Henry Kissinger famously explained the 'intelligence failure' of Yom Kippur in cultural terms, asserting that Western analysts were unable to understand Arab rationality in 'starting an unwinnable war to restore self-respect.' This article fundamentally challenges this conventional understanding of the 1973 surprise attack. Drawing on recently declassified material and interviews with veteran diplomats and intelligence professionals it will show that both the British and American intelligence communities had an excellent sense of Egyptian President Sadat's intentions in waging war against Israel. Rather the evidence suggests that misconceptions about Egyptian military capability were more important. These misconceptions derived from particular ideas about Arab culture and Soviet–Egyptian relations following the expulsion of Soviet advisors in 1972. The article thereby illuminates wider questions about how we define 'failure' in intelligence and the role of cultural ideas in international history.

Citation

Stallings, R. A. (Ed.) (2003). Methods of disaster research. Xlibris.

Abstract

N/A

Citation

Tardif, J. (2006). *L'évaluation des compétences: Documenter le parcours de développement* [Skills assessment: Documenting the development path]. Les Éditions de la Chenelière Inc.

Abstract

N/A

Citation

Taylor, A. J., 2003. Cross-cultural interaction in the appraisal of disaster trauma in three Pacific Island countries. *Asia Pacific Viewpoint*, 44(2), 177-193. https://doi.org/10.1111/1467-8373.00192

Abstract

The methods adopted in the appraisal of the trauma of three communities after different disasters in the South Pacific are described and discussed. The outcome affirms the need for non-indigenous clinicians to be ready to adjust their concepts and methods to suit the cultural frameworks they encounter when they are invited abroad, and for local health professionals to be ready to share their knowledge and skills with their colleagues from abroad. The outcome, it is argued, should improve the quality of service provided at all stages of disaster recovery, and still enable questions to be raised about matters of fundamental concern – such as the power of religious belief and of social justice in the process of healing. These questions were found to be of particular importance in the context of the South Pacific cultures.





Tylor, E. B. (1871) Primitive culture: Researches into the development of mythology, philosophy, religion, art, and custom (Vol. 2). Bradbury, Evans and, Co., Printers, Whitefriars.

Abstract

N/A

Citation

United Nations Office for Disaster Risk Reduction. (2015). Sendai Framework for Disaster Risk Reduction (2015-2030). United Nations. https://www.unisdr.org/files/43291 sendaiframeworkfordrren.pdf

Abstract

N/A

Citation

University of Kansas Office of Diversity and Inclusion.(2018, September 28). Cultural Competency Overview. https://www.kumc.edu/school-of-medicine/office-of-diversity-and-inclusion/cultural-competency.html.

Abstract

N/A

Citation

Welton-Mitchell, C., James, L., & Awale, R. (2016). Nepal 2015 earthquake: A rapid assessment of cultural, psychological and social factors with implications for recovery and disaster preparedness. *International Journal of Mass Emergencies and Disasters*, 34(3), 55-74.

Abstract

Approximately one month after a 7.8 magnitude earthquake struck Nepal, an interdisciplinary team visited several affected districts to conduct a rapid assessment of community impact. Over the course of 8 days, two social scientists with the team collected information from 80 community members about cultural, psychological and social factors with implications for rebuilding and future disaster preparedness. Results from the rapid assessment highlight perspectives from community members on the following topics: disaster attributions, psychological distress, preferred means of coping, social support, community conflicts, livelihood impacts with implications for well-being, and concerns with governance and corruption that may undermine hopes for recovery- providing a snapshot of the situation in the early aftermath of the earthquake. Qualitative data derived from conversations with community members and other in-country stakeholders is interpreted in light of the current social-political context in Nepal. Results are situated within a larger body of disaster research literature, including work on earthquake impacts and recovery. Suggestions are made for future research to further examine factors highlighted in this initial assessment.

Citation

Welton-Mitchell, C., James, L. E., Khanal, S. N., & James, A. S. (2018). An integrated approach to mental health and disaster preparedness: A cluster comparison with earthquake affected communities in Nepal. *BMC Psychiatry*, *18*(1), 296. https://doi.org/10.1186/s12888-018-1863-z





Background: On 25th April 2015, Nepal experienced a 7.8 magnitude earthquake, followed by countless aftershocks. Nearly 9000 people were killed and over 600,000 homes destroyed. Given the high frequency of earthquake and other natural hazards in Nepal, disaster preparedness is crucial. However, evidence suggests that some people exposed to prior disasters do not engage in risk reduction, even when they receive training and have adequate resources. Mental health symptoms, including those associated with prior disaster exposure, may influence engagement in preparedness. Perceived preparedness for future disasters may in turn influence mental health. Social cohesion may influence both mental health and preparedness.

Methods: We developed and tested a hybrid mental health and disaster preparedness intervention in two earthquake-affected communities in Nepal (N = 240), about 2.5 months after the April 25th, 2015 earthquake. The 3-day intervention was culturally adapted, facilitated by trained Nepalese clinicians and focused on enhancing disaster preparedness, mental health, and community cohesion. Communities were selected based on earthquake impacts and matched on demographic variables. The intervention was administered initially to one community, followed by the other receiving the intervention shortly thereafter. Survey data was collected across three time points. Focus groups were also conducted to examine intervention impact.

Results: At pre-intervention baseline, greater depression symptoms and lower social cohesion were associated with less disaster preparedness. Depression and PTSD were associated with lower social cohesion. Participation in the intervention increased disaster preparedness, decreased depression- and PTSD-related symptoms, and increased social cohesion. Mediation models indicated that the effect of intervention on depression was partially explained by preparedness. The effect of the intervention on disaster preparedness was partially explained by social cohesion, and the effect of intervention on depression and on PTSD was also partially explained by social cohesion. Data from focus groups illuminate participant perspectives on components of the intervention associated with preparedness, mental health and social cohesion.

Conclusions: This mental health integrated disaster preparedness intervention is effective in enhancing resilience among earthquake-affected communities in Nepal. This brief, cost-effective group intervention has the potential to be scaled up for use with other communities vulnerable to earthquakes and other natural hazards.

Citation

West-Olatunji, C., Henesy, R., & Varney, M. (2015). Group work during international disaster outreach projects: A model to advance cultural competence. *The Journal for Specialists in Group Work*, 40(1), 38-54. https://doi.org/10.1080/01933922.2014.992504

Abstract

Given the rise in disasters worldwide, counselors will increasingly be called upon to respond. Current accreditation standards require that programs train students to become skillful in disaster/crisis interventions. Group processing to enhance self-awareness and improve conceptualization skills is an essential element of such training. This article disseminates information from a case study analysis on the experiences of 7 counselor-trainees during a 28-day international outreach trip to southern Africa, which involved daily group processing. The authors identified 2 major themes: (a) Struggle and Discomfort and (b) Growth. Working through struggle/discomfort strengthened group cohesion and facilitated the participants' growth. Significant findings for group workers who engage in international outreach, implications for counselor development, and recommendations for future research are discussed.

Citation

Williamson, M., & Harrison, L. (2010). Providing culturally appropriate care: A literature review. *International Journal of Nursing Studies*, 47(6), 761-769. https://doi.org/10.1016/j.ijnurstu.2009.12.012





Objectives: As part of a study that explored how midwives incorporate cultural sensitivity, into their practice, the literature was reviewed to ascertain how the concept of culture has been, defined and what recommendations have been made as to how to provide culturally appropriate care, to individuals from Indigenous and/or ethnic minority backgrounds.

Design: A systematic review of the literature was undertaken.

Data sources: Electronic databases including Medline, Cinahl, Socio-file and Expanded Academic Index, were accessed.

Review methods: Several key search terms were used for example, midwife, midwives, midwifery, nurse, nurses, nursing, culture or cultural, diversity, sensitivity, competency and empowerment. The, results relating to midwifery were few; therefore 'nursing' was included which increased the amount, of material. References that were deemed useful from bibliographies of relevant texts and journal, articles were included. The inclusion criteria were articles that provided information about culture, and/or the culturally appropriate care of individuals from Indigenous and/or ethnically, culturally and, linguistically diverse backgrounds. Materials reviewed for this paper satisfied the inclusion criteria.

Results: There are two main approaches to culture; the first focuses on the cognitive aspects of culture, the 'values, beliefs and traditions' of a particular group, identified by language or location such as, 'Chinese women' or 'Arabic speaking women'. This approach views culture as static and unchanging, and fails to account for diversity within groups. The second approach incorporates culture within a wider, structural framework, focusing on social position to explain health status rather than on individual behaviours and beliefs. It includes perspectives on the impact of the colonial process on the ongoing relationships of Indigenous and non-Indigenous people and how this affects health and health care.

Conclusion: Most of the literature focuses on the cognitive aspects of culture and recommends learning about the culture of specific groups which is presumed to apply to everyone. This generic approach can, lead to stereotyping and a failure to identify the needs of the individual receiving care. The concept of, cultural safety derived from the second approach to culture and practice has potential but evidence to show how it is being incorporated into practice is lacking and health professionals appear to be unclear about its meaning.

Citation

Wright, S. (1998). The politicization of "culture." Anthropology Today, 14(1), 7-15. https://doi.org/10.2307/2783092

Abstract

N/A

Citation

Wu, H., Peek, L., Mathews, M., & Mattson, N. (under review). Building cultural competence for hazards and disaster researchers: A systematic scoping review of the literature. *Natural Hazards Review*.

Abstract

Although the need for cultural competence among healthcare service providers and other practitioners has long been recognized, there has been much less focus on this concept in the field of hazards and disaster research. To help fill this gap, this paper offers a definitional framework for building cultural competence among hazards and disaster researchers and research teams and describes a training module that assists with developing such competency. The four-step process presented here will help researchers move from cultural awareness to cultural knowledge to cultural





sensitivity, and ultimately, to cultural competence. This ongoing practice requires reflexivity, respect, and humility. The time and effort involved in developing cultural competence can improve the research experience for participants, enrich the quality of the data, promote ethical research, and enhance the overall quality of the knowledge creation and mobilization.

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