As the population in the United States becomes increasingly culturally diverse, there is a growing need for social, health and mental health organizations to become more culturally competent. The following cultural competence assessment tools can assist organizations and providers evaluate their current level of cultural competence.

Electronic bibliographic database (e.g., MEDLINE, PubMed, PsychINFO, Ovid) searches were performed to locate scales. This search strategy was supplemented with manual searches of the reference sections of articles, books chapters, and government reports to identify overlooked instruments. Assessment tools were included if their reliability and validity had been evaluated and reported.

### List of Cultural Competence Assessments Tools

#### Agency Level
- Checklist for the Examination of Cultural Competence in Social Service Agencies
- Cultural Competence Self-Assessment Questionnaire
- Cultural Self-Efficacy Scale (CSES)
- Measuring Cultural Awareness in Nursing Students
- Cultural Competence Assessment Scale
- Cultural Competence Self-Assessment
- Multicultural Counseling Self-Efficacy Scale - Racial Diversity Form (MCSE-R)
- Cross-Cultural Counseling Inventory (CCCI-R)

#### Provider Level
- Multicultural Counseling Inventory
- Multicultural Competence in Student Affairs
- Diversity Mission Evaluation Questionnaire
- California Brief Multicultural Competence Scale

#### Consumer/Client Level
- Client Cultural Competence Inventory
- Consumer-based Cultural Competency Inventory

#### Medical School Curricula
- Tool for Assessing Cultural Competence Training for Curriculum Evaluation
Checklist for the Examination of Cultural Competence in Social Service Agencies

Author(s)  Richard H. Dana, Joan Dayger Behn and Terry Gonwa.

Reference(s)

Purpose  To measure cultural competence at the agency/organizational level.

Description  The checklist of cultural competence provides self-assessment of agency cultural competence in preparation for training staff and administrators as well as for recruiting of staff. The checklist has 34 items subdivided in five clusters: 1. cultural competent practices as evidenced in staff selection, agency policy, and attitudes (8 items), 2. available services (15 items), 3. relationship to the ethnic community (7 items), 4. training (2 items) and 5. evaluation (2 items).

Level of Assessment  Agency level.

Administration  Policy makers, Administrators, Staff.

Scoring  The checklist items are not weighted factors, meaning items do not have an equal weighting value and therefore do not provide an additive score for each cluster or a total score of index to represent agency cultural competence. The assumption is that the items in each cluster provide a range of possible agency activities.

Language of Instrument  English.

Reliability  Inter-rater reliability reported.

Validity  Concurrent validity reported.

Availability/ Contact developer  For information or to request a copy of the checklist contact:
Richard H. Dana
Portland State University
Regional Research Institute for Human Services
Graduate School of Social Work
PO Box 751
Portland, OR 97207
Email: rdana@pdx.edu
Cultural Competence Self-Assessment Questionnaire (CCSAQ)

Author(s)  James L. Mason.

Purpose  To measure cultural competence within child and adolescent service providing organizations.

Description  The Cultural Competence Self-Assessment Questionnaire is designed to assist service agencies working with children with disabilities and their families in self-evaluation of their cross-cultural competence. This measure is based on the Child and Adolescent Service System Program Cultural Competence Model, which describes cultural competency in four dimensions: attitude, practice, policy, and structure. The CCSAQ has been used to identify agency's cultural competence training needs. It utilizes five subscales: knowledge of community, personal involvement, resources and linkages, staffing, organizational policies and procedures, and community outreach.

Level of Assessment  Agency level

Administration  Direct Service Providers and Administrative staff working with children with disabilities and their families.

Scoring  The method to score the CCSAQ is generally descriptive statistics because it includes a variety of Likert scales. Therefore, it is necessary to compute item averages and subscale means to obtain a general score based on the five subscales. The means can then be ranked to determine which item deserves consideration. This method allows for a ranking of subscales to prioritize areas in which interventions will be applied. Since there are two versions with many parallel items, comparisons and inferences can be made based on the similarities and differences of perspectives between direct service providers and administrative staff. In addition, authors recommend to have a group discussion about priorities for change in order to place the findings in a site specific perspective.

Language of Instrument  English.

Reliability  Internal consistency. For the CCSAQ, the majority of subscales have yielded alpha coefficients of .80 or higher.

Validity  Content validity reported.

Availability / Contact Developer  For information or to request a copy of the assessment contact:

James L. Mason
Portland State University
Graduate School of Social Work
5914 N. Commercial Avenue
Portland, OR 97217
Tel.: (503) 287-7260
Cultural Self-Efficacy Scale (CSES)

**Author(s)** Henrietta Bernal and Robin Froman.

**Reference(s)**

**Purpose** To measure the perceived sense of self-efficacy of community health nurses caring for culturally diverse clients.

**Description** The Cultural Self-Efficacy Scale was developed to measure nurses’ level of self-efficacy in caring for three diverse cultural groups (Latino, African-American and Southeast Asian). The 30 statements developed from the trans-cultural nursing literature, represented key concepts, knowledge and skills in trans-cultural nursing care. Scale items were grouped into three sections: knowledge of cultural concepts, knowledge of cultural patterns and skills in performing key trans-cultural nursing functions.

**Level of Assessment** Agency level.

**Administration** Nursing faculty.

**Scoring** Scale contains 16 behavioral statements where respondents are asked to rate their feelings of self efficacy within a 5 point Likert rating scale. This self-report scale ranged from “very little confidence” in self efficacy to “quite a lot of confidence”, scored from 1-5 respectively. Higher scores correspond to respondents’ perceiving higher levels of cultural self-efficacy.

**Language of Instrument** English.

**Reliability** Internal consistency reported. The total scale internal consistency of .97.

**Validity** Construct validity reported.

**Availability/ Contact developer** For information or to request a copy of the scale contact:

Robin Froman  
Consultant and Interim Director  
Center for Nursing Scholarship  
University of Connecticut School of Nursing  
Telephones: (860) 486-3716 or (707) 433-1402  
Email: RFD@vbbn.com
Author(s)  Lynn Rew, Heather Becker, Jeff Cookston, Sihlirin Khosropour, and Stephanie Martinez.


Purpose  To measure cultural competence at the agency/clinical level.

Description  The cultural awareness scale was developed to measure, in a valid and reliable way, outcomes of a program to promote multicultural awareness among nursing faculty and students. A 36 item scale utilizing a 7 point Likert response format ranging from strongly disagree (1) to strongly agree (7). Subscales include: general educational experiences, aware of attitudes, classroom & clinical instruction, research issues, clinical practice.

Level of Assessment  Educational Institution level

Administration  Nursing faculty

Scoring  Scale contains 36 items with a 7 point Likert-type rating scale (1= strongly disagree; 7= strongly agree) in which respondents circle their responses. The seven negatively worded items are reverse coded. Higher scores correspond to respondents' perceiving/exhibiting higher levels of cultural awareness.

Language of Instrument  English

Reliability  Internal consistency. The co-efficient alpha for this scale is .91

Validity  Content validity

Availability/ Contact developer  For information or to request a copy of assessment contact:
Lynn Rew, EdD, RNC, HHHNC, FAAN
School of Nursing
The University of Texas @ Austin
1700 Red River
Austin, Texas 78701-1499
Email: ellarrew@mail.utexas.edu
Cultural Competence Assessment Scale

**Author(s)** Carole Siegel, Gary Haugland, and Ethel Davis Chambers

**Reference(s)**

**Purpose** To measure cultural competence at the agency level to improve access and retention in treatment of persons from diverse cultural groups.

**Description** The scale is applicable to an agency delivering behavioral health care in an outpatient treatment environment. It is intended to suggest ways an agency can become culturally competent and can be used as an organizational self-assessment scale. It assess cultural competence (CC) on 11 criteria: agency's commitment to (CC), assessment of service needs, cultural input into agency activities, integration of committee or other group with responsibility for (CC) within agency, training activities, recruitment, hiring and retention of staff, language capacity: interpreters, bilingual staff, translation of key documents, service descriptions and educational materials, assessment and adaptation of services.

**Level of Assessment** Agency level.

**Administration** Scale can be administered by staff knowledgeable in activities related to quality of care; a senior level person in Quality Assurance Department.

**Scoring** Eleven criteria are assessed according to 5 levels of achievement. Score item by the rank of highest level achieved; a score of 1 indicates no activity on that criterion, a score of 5 indicates the benchmark standard. Then items are added for a final score.

**Language of Instrument** English.

**Reliability** None reported.

**Validity** Face validity reported.

**Availability/Contact developer** For information or to request a copy of the scale contact: Gary Haugland, MA
Nathan Kline Institute
140 Old Orangeburg Road
Orangeburg, New York 10962-1158
Telephone: 845-398-5478
Email: hauglan@nki.rfmh.org
Multicultural Counseling Inventory

Author(s)  G.R. Sodowsky, Richard C. Taffe, Terry B. Gutkin, and Steven L. Wise.

Reference(s)

Purpose  To measure cultural competence at the agency/clinical level.

Description  Multicultural training was developed to prepare counselors to help clients from a multicultural, multiethnic, and diverse socioeconomic society. This training seeks to present a robust instrument to measure multicultural counseling competencies with the goal to end under-representation, racism, and inequity in US institutions. 40 self-report statements comprised of 4 factors: multicultural counseling skills, awareness, relationship, and knowledge.

Level of Assessment  Counselors competency level.

Administration  Counselors working with multicultural/ethnic clients.

Scoring  40 self-report statements on multicultural and general counseling competencies rated on a 4 point Likert scale (4= very accurate, 3= somewhat accurate, 2= somewhat inaccurate, and 1= very inaccurate) where a score of 4 indicated high multicultural competence and a score of 1 indicated low multicultural competence. The inventory is comprised by four factors: multicultural counseling skills (11 items), awareness (10 items), relationship (8 items) and knowledge (11 items).

Language of Instrument  English.

Reliability  None reported at this time.

Validity  Content validity reported.

Availability/Contact developer  For information or to request a copy of the assessment tool contact:

Gargi Roysircar Sodowsky, EdD
Director, Multicultural Center
Antioch University New England
40 Avon Street
Keene, New Hampshire 03431
Telephone: 603.283.2186
Email: groysircar@antioch.edu
Multicultural Competence in Student Affairs Scale (MCSA-P2)

Author(s)  Rachele L. Pope and John A. Mueller.

Reference(s)


Purpose  To measure cultural competence at the agency/clinical level.

Description  The scale was developed as an assessment tool to measure multicultural competence in a higher education context. It seeks to assess the competencies necessary for effective and multi-culturally sensitive work in student affairs.

Level of Assessment  Educational Organization Level.

Administration  Student affairs professionals in institutions of higher learning.

Scoring  This is a 34-item instrument designed to measure multicultural competence in student affairs practice. Participants use a 7-point Likert-type scale, ranging from 1 (*not at all accurate*) to 7 (*very accurate*) to describe themselves. The mean is calculated to get an overall score of the scale.

Language of Instrument  English.

Reliability  The internal consistency with an alpha co-efficient range of .91 to .94

Validity  Content validity.

Availability/ Contact developer  For information or to request a copy of the scale contact:

Raechele L. Pope, Associate Professor
University of Buffalo, SUNY
482 Baldy Hall/North Campus
Buffalo, New York
Telephone: (716) 645-2471 x1095
Email: rlpope@buffalo.edu
### Cultural Competence Self-Assessment

**Author(s)** Denis Andrulis, Thomas Delbanco, Laura Avakian, and Yoku Shaw-Taylor.

**Reference(s)**

**Purpose** To measure cultural competence at the health care organizational/agency level.

**Description** The purpose of scale is help healthcare organizations validate their understanding of the ethnic/cultural composition of its patient and employee population. It helps identify the unique attributes of a given cultural group to ensure access, appropriate treatment and effective communication between provider and patient. This cultural competence self-assessment includes a structure interview and a questionnaire. Both tools are designed to be administered to multiple individuals within an agency (e.g. management, clinicians, advocates, patients). The interview contains 17 open-ended questions and the questionnaire 115 mix-type questions, including several different liker type scales, and closed-ended (yes/no) and open-ended questions.

**Level of Assessment** Agency level.

**Administration** For organizations to conduct and audit its cultural competence by a team of stakeholders: administrators from human resource, information systems, finance or patient registration.

**Scoring** This assessment requires mix methods data analysis. Although, author mentioned a scoring guide for data analysis and interpretation, none is included in the manual. For more scoring information contact the author.

**Language of Instrument** English.

**Reliability** None reported.

**Validity** None reported.

**Availability/ Contact developer** For information or to request a copy of the assessment tool contact:

Dennis P. Andrulis, PhD, MPH; Director, Center for Health Equality
Drexel University School of Public Health
1505 Race Street/Bellet Building/11th floor
Philadelphia, PA  19102
Telephone: (212) 762-6957
Email: dpa28@drexel.edu
Author(s)  Dailia G. Ducker and Christopher D. Tori.


Purpose  To measure cultural attitudes pertaining to multicultural matters at graduate school level.

Description  The scale was developed to help academic institutions assess their multiculturalism by measuring attitudes, beliefs and experiences pertaining to diversity. Although designed for academic institutions, the tool can be adopted, with appropriate modifications, for use in health care centers, mental health agencies or other community organizations.

Level of Assessment  Educational Organization Level.

Administration  Education professionals at academic institutions.

Scoring  The DMEQ includes 26 questions on multicultural attitudes, beliefs and experiences. Questions use a 4 point Likert scale format with higher scores reflecting greater agreement (4=strongly agree, 3=mostly agree, 2=mostly disagree, 1= strongly disagree). Six of the questions were worded in a negative direction and were reversed on scoring.

Language of Instrument  English.

Reliability  Internal consistency reported.

Validity  Construct validity reported.

Availability/ Contact developer  For information or to request a copy of the assessment tool contact:

Dalia G. Ducker, PhD
Associate Dean for Academic Affairs
California School of Professional Psychology
Alliant International University
1 Beach Street/Suite 100
San Francisco, CA  94133
Telephone: 415-955-2149
California Brief Multicultural Competence Scale

Author(s)  Glenn Gamst, Richard H. Dana, Aghop Der-Karabetian, Myriam Aragon, Leticia Arellano, Gloria Morrow, and Luann Martenson.

Reference(s)

Purpose  To measure cultural competence at the agency/clinical level.

Description  Designed as a single instrument from several multicultural competency measurements and was developed for training programs. It is a 21 item scale that measures self-reported multi-cultural competencies of mental health practitioners. Items measure efficiency in treatment settings as well as knowledge, self-awareness, experience, & assessment ability. There are subscales which measure awareness of cultural barriers, multi-cultural knowledge, and sensitivity to consumers.

Level of Assessment  Organizational level.

Administration  Clinicians within mental health care facility.

Scoring  This scale contains 21 self-report items subdivided in 4 subscales: cultural knowledge (5 items), cultural sensitivity (3 items), cultural awareness (6 items), and Non-ethnic skill (7 items). Items used a four point Liker scale ranging from 1= strongly disagree, 2= disagree, 3= agree and 4= strongly agree. Items are added to obtain a total scale score and subscale scores.

Language of Instrument  English.

Reliability  Internal consistency reported. The alpha for the four subscales were non-ethnic ability = .90, Awareness of Cultural Barriers = .78, Multicultural Knowledge = .80, and Sensitivity to Consumers = .75.

Validity  Construct validity reported.

Availability/ Contact developer  For information or to request a copy of the scale contact:

Glenn Gamst
Department of Psychology
University of La Verne
1950 Third street
La Verne, CA 91750
Email: gamsig@ulv.edu
**Consumer-based Cultural Competency Inventory**

**Author(s)**  Llewellyn J. Cornelius, Naomi C. Booker, Thomas E. Arthur, Iris Reeves, and Oscar Morgan


**Purpose**  To measure cultural competence of mental health care providers at agency level.

**Description**  The measurement tool was developed to assess the cultural competency of mental health care providers as determined by adult consumers of mental health services. This is a 52-item scale comprised of 8 subscales: awareness of patients’ culture (13 items), respectful behavior (8 items), language interpreter issues (4 items), understanding of indigenous practices (4 items), consumer involvement (5 items), acceptance of cultural differences (6 items), community outreach (4 items), and patient-provider-organization interactions (8 items). This measure was developed for use among subcultures (e.g. Latinos/as, Asian Americans) within the United States culture.

**Level of Assessment**  Mental health agency level.

**Administration**  Mental health care clinicians.

**Scoring**  None reported.

**Language of Instrument**  English, but has been translated into Flemish, French, Korean and Spanish.

**Reliability**  Internal consistency reported.

**Validity**  Content validity reported.

**Availability/ Contact developer**  For information or to request a copy of the inventory contact:

Dr. Llewellyn J. Cornelius  
University of Maryland/School of Social Work  
525 W. Redwood Street  
Baltimore, Maryland 21201  
Telephone: 410-706-7610  
Email: lcorneli@ssw.umd.edu
Client Cultural Competence Inventory

Author(s) Galen E. Switzer, Sarah H. Scholle, Barbara A. Johnson, and Kelly J. Kelleher.


Purpose To measure cultural competence of mental health clinicians from the client's perspective.

Description The measurement tool was developed to assess a client-based measure of culture competence which focuses on the client's perceptions of the care provided by therapists, agencies and health plans. Cultural competence exist when clients of diverse ethnic and cultural backgrounds perceive that the mental health care they receive is delivered in ways that respect their cultural beliefs and attitudes.

Level of Assessment Mental health care setting.

Administration Clients of mental health settings.

Scoring Twelve cultural competence items averaged to form a scale ranging from 1 to 5 (1 = “never true” to 5 = “always true”.) These twelve items fall under three domains: Community and Family Involvement; Respect for Cultural Differences; and Easy Access to Care. Higher scores correspond to respondents’ perceiving higher levels of cultural competence.

Language of Instrument English.

Reliability Internal consistency reported. The Cronbach’s alpha was for the entire scale was .76.

Validity Content validity reported.

Availability/ Contact developer For information or to request a copy of the inventory contact:

Galen E. Switzer
Iroquois Blvd. #502
3600 Forbes Avenue
University of Pittsburgh medical center
Pittsburgh, PA 15213
Email: gswitzer@vms.cis.pitt.edu
Tool for Assessing Cultural Competence Training for Curriculum Evaluation

**Author(s)** Désirée A. Lie, John Bolker, Sonia Crandall, Christopher N. DeGannes, Donna Elliot, Paula Henderson, Cheryl Kodjo, and Lynn Seng.

**Reference(s)**

**Purpose** To validate a revised and shortened tool for accessing cultural competence training.

**Description** The tool for assessing cultural competence training was developed to measure the degree to which the various elements of cultural competence occur throughout the curricula of medical schools from the perspective of teaching faculty. The measurement has five domains comprising of 67 culturally competent, content-specific items representing knowledge, skills and attitudes.

**Level of Assessment** Educational institutional level.

**Administration** Faculty administrators.

**Scoring** All 67 items were scored with a 1 or a 0 value. Items checked as “yes” scored 1 and items unchecked or “not addressed” scored 0. The frequency of “yes” responses to each item was tabulated separately for students and faculty. Then, the mean percentage item scores were computed (sum of “yes” responses divided by number of respondents). Domains scores were computed from summing items that belonged to each of the five conceptual TACCT domains. Finally, within each domain, knowledge, skill, and attitude scale scores were computed from summing the pertinent items belonging to each respective category.

**Language of Instrument** English.

**Reliability** Internal consistency and inter-rater agreement reported. Inter-rater agreement of the 42 items tool was .91. The Cronbach alpha from the measures subcales are knowledge = .914, skill = .923, attitude = .857.

**Validity** None reported.

**Availability/ Contact developer** For information or to request a copy of the assessment tool contact:
Désirée Lie, MD, MSEd
Department of family Medicine
101 The City Drive South
Bldg 200, Rt. 81, Room 512
Orange, CA 92868
Telephone: (714) 456-5171
Email: dalie@uci.edu
<table>
<thead>
<tr>
<th>Cross-Cultural Counseling Inventory (CCCI-R)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author(s)</td>
</tr>
<tr>
<td>Purpose</td>
</tr>
<tr>
<td>Description</td>
</tr>
<tr>
<td>Level of Assessment</td>
</tr>
<tr>
<td>Administration</td>
</tr>
<tr>
<td>Scoring</td>
</tr>
<tr>
<td>Language of Instrument</td>
</tr>
<tr>
<td>Reliability</td>
</tr>
<tr>
<td>Validity</td>
</tr>
<tr>
<td>Availability/Contact developer</td>
</tr>
</tbody>
</table>
Multicultural Counseling Self-Efficacy Scale - Racial Diversity Form (MCSE-RD)

Author(s)  Hung-Bin Sheu, and Robert W. Lent

Reference(s)

Purpose  To measure cultural competence of counseling programs at agency level

Description  The Multicultural Counseling Self-Efficacy Scale - Racial Diversity Form (MCSR-RD) was developed to assess ability to counsel racially diverse clients. This tool seeks to clarify issues important to multicultural counseling and therapy researchers/trainers, such as the nature of the relations among multicultural counseling self-efficacy and the potential impact of multi-cultural knowledge and awareness on trainees’ perceived and actual multi-cultural skill use.

Level of Assessment  Mental health agency level

Administration  Mental health care clinicians

Scoring  The MCSE-RD contains 60 items assessing content specific self-efficacy (46 items) and coping efficacy (14 items). The content-specific domain was subdivided into (a) a general subdomain (basic skills, 7 items; therapeutic relationship, 6 items; session management skills, 5 items; termination and referral, 6 items) and (b) a culturally specific subdomain (multicultural assessment, 6 items; test interpretation/case conceptualization/goal setting, 6 items; and multicultural interventions, 10 items). Using a 0-9 scale, respondents were instructed to indicate how much confidence they have in their ability to do each of these activities at the present time, rather than how they might perform in the future. A total scale score as well as subscales scores were calculated by averaging participants’ responses.

Language of Instrument  English.

Reliability  Internal consistency reported. The total score correlated substantially from .61 to .73.

Validity  Convergent validity reported.

Availability/ Contact developer  For information or to request a copy of the assessment tool contact:

Hung-Bin Sheu  
Dept. of Counseling and Personnel Services  
3214 Benjamin Building  
University of Maryland  
College Park, MD 20742  
Email: hbsheu@umd.edu