

# Culturally Competent Behaviors Checklist

Military Culture:  
Core Competencies for Healthcare Professionals



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## Table of Contents

Self-Assessment Checklist for Healthcare Professionals .....	0
Core Competency 1: Convey Care, Understanding, and Respect .....	1
Values & Attitudes .....	1
Physical Environment, Materials & Resources .....	1
Communication Style .....	1
Core Competency 2: Make an Informed Assessment.....	2
Core Competency 3: Provide Informed Treatment and/or Support .....	3

### Culturally Competent Behaviors Checklist

This checklist is intended to heighten the awareness and sensitivity of healthcare professionals to the importance of military cultural competence in health and human service settings. It provides concrete examples of the kinds of beliefs, attitudes, values, and practices that foster military cultural competence at the individual or practitioner level. There is no answer key with correct responses. However, if you frequently responded “C,” you may not necessarily demonstrate beliefs, attitudes, values and practices that promote military cultural competence within health care delivery programs.

This checklist is adapted from the “Self-Assessment Checklist for Personnel Providing Primary Health Care Services” scale, developed by Tawara D. Goode, Georgetown University Child Development Center-UAP<sup>1</sup>.

<sup>1</sup> Goode Tawara, D. (2000). *Promoting Cultural Diversity and Cultural Competency: Self-Assessment Checklist for Personnel Providing Primary Health Care Services*, Georgetown University Child Development Center National Center for Cultural Competence. <http://gucdc.georgetown.edu/ncc7.html>



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## Core Competency 1: Convey Care, Understanding, and Respect

**Directions:** Please enter A, B, or C for each item listed below.

Thing I do: A = Frequently | B = Occasionally | C = Rarely or never

### Values & Attitudes

I regularly examine my own values for ones that may conflict or be inconsistent with military culture values, if they are different than my own.

I avoid imposing any of my own values that may conflict or be inconsistent with military culture values, if they are different than my own.

Before providing services, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to the Service members and Veterans served by my program or agency.

I screen books, movies and other media resources for negative military cultural stereotypes before sharing them with individuals and families served by my program or agency.

I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors that show military cultural insensitivity, biases and prejudice.

I advocate for the review of my program or agency's mission statement, goals, policies and procedures to ensure that they incorporate principles and practices that promote military cultural competence.

	A	B	C
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Before providing services, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to the Service members and Veterans served by my program or agency.			
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I intervene in an appropriate manner when I observe other staff or clients within my program or agency engaging in behaviors that show military cultural insensitivity, biases and prejudice.			
I advocate for the review of my program or agency's mission statement, goals, policies and procedures to ensure that they incorporate principles and practices that promote military cultural competence.			

### Physical Environment, Materials & Resources

I display pictures, posters, artwork and other decor that reflect military culture.

I ensure that magazines, brochures, films and other printed or media resources and materials used in my practice reflect the military cultures of those served by my program or agency.

	A	B	C
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### Communication Style

When interacting with individuals and families who have a military background, I attempt to learn and use correct descriptions, greetings, titles, and acronyms that are appropriate to the military culture, so that I am better able to communicate with patients during assessment, treatment or other interventions.

I attempt to determine any interpretations or colloquialisms that might be influenced by military culture, and that may impact on assessment, treatment or other interventions.

I attempt to convey care and respect non-verbally as well as verbally (i.e., steady eye contact, deflecting outside distractions, building rapport prior to launching into questions that might be perceived as intrusive, respecting the time boundaries of the appointment).

I make every attempt to convey that I value the patient's experiences, and highlight commonalities that will promote rapport (i.e., the shared value of service, the shared respect for the patient's strengths, and the shared goal of getting the patient "back on track").

I make efforts to ask questions without preconceived assumptions, and avoid using words or phrasing questions in ways that convey assumptions (i.e., "hero," "sacrifice," "were you happy to be back from deployment?").

	A	B	C
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## Core Competency 2: Make an Informed Assessment

**Directions:** Please enter A, B, or C for each item listed below.

Thing I do: A = Frequently | B = Occasionally | C = Rarely or never

I recognize and accept that individuals from military backgrounds may have varying degrees of acculturation into the military and/or veteran culture.

I accept and respect that an individual's unique experiences, including background, length of time in service, and quality of experience while serving, may have significant influence on their level of identification with military culture and ethos.

I make efforts to determine the patient's level of identity with military culture and ethos.

I make every effort to ask about my patient's unique military experiences before making comments or assumptions about their experiences, values, or goals.

I accept and respect that age, race, ethnicity, socioeconomic status, gender, religion, and other values and beliefs may have significant influence on the patient's identity.

I try to differentiate the influence of military culture on behaviors, before concluding that they are psychiatric symptoms (i.e., difficulty trusting, high standards contributing to frequent frustration and anger with civilians, military ethos contributing to heightened guilt or sense of betrayal when values are breached by self or others).

I make efforts to discover other factors that factor into the patient's self-identification (i.e., ethnicity, gender, age, upbringing, family tree, religion, values and beliefs).

	A	B	C

If possible, I attempt to gather information from other sources about my patient's particular experiences in the military (i.e., the unique ramifications of their particular job, their branch of service, and their years in the service and locations of service).

I make an effort to discover the personal strengths and resources that might contribute to recovery in each patient I serve.

I ask questions related to the patient's view of their condition, concerns about confidentiality and impact of treatment on their career, and preference for treatment options.

I seek information from individuals, families or other key community informants that will assist in treatment planning and execution.

I keep abreast of the major health concerns and issues for Service member and Veteran populations served by my program or agency.

I am aware of the most common risk factors that contribute to the major health problems of Service member and Veteran populations served by my program or agency.




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### Core Competency 3: Provide Informed Treatment and/or Support

**Directions:** Please enter A, B, or C for each item listed below.

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Even if my professional and/or moral viewpoints may differ, I accept that patients (and if appropriate, their commands), are the ultimate decision-makers for treatment services that impact their lives.

I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.

I accept that military culture may influence how Service members and Veterans respond to illnesses, disease, and death. I understand that the perception of health, wellness and preventive health services have different meanings to Service members and Veterans.

I understand that reactions to trauma, loss, moral injury, and wear and tear are influenced by military culture factors.

I understand that disclosure regarding distressing events and experiences takes time, a sense of safety, the proper context, and / or discussion regarding personal beliefs related to stigma and disclosure.

I am well versed in the most current and proven practices, treatments and interventions for major health problems among military and Veteran populations served by my agency or program.

I seek out and engage in professional development and training to enhance my knowledge and skills in the provision of services and supports to military and Veteran groups.

	A	B	C

I am willing to take into account military schedules.

I am accessible via email and phone, as is possible and appropriate.

I base cost of care on military culture factors.

I serve Service members and Veterans in the most accessible location possible.

I incorporate the patient’s strengths into the treatment plan.

As much as is possible, I incorporate into the treatment plan information I have gathered about the patient’s view of their condition, their concerns about confidentiality and impact of treatment on their career, and preference for treatment options.

My treatment planning includes clear, practical solutions, education, and directions regarding therapeutic actions the patient can take on their own.

I tailor the degree of choice regarding treatment planning to the patient’s unique preferences (i.e., preference for a highly directive therapist approach with few choices, versus preference for making more choices about treatment options).

I hold the Service member or Veteran accountable for their part in treatment.

I provide support that is informed by knowledge I have obtained about the patterns of recovery for common physical and mental health conditions and comorbidities related to service in the military.

My treatment plan is realistic, tailored to the circumstances of the patient’s life and degree of impact the treatment may have on their career.




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