Self-Care in Cross-Cultural Social Work with Immigrant and Refugees

by

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Abstract

Social work has consistently recognized the need to deliver client-sensitive services, and building cross-cultural connections between workers and clients has remained a vital part of profession. Additionally, evidence in recent years shows that self-care is a helpful practice that guards against burnout in helping professions. This literature review will examine both cross-cultural practice and self-care in social work; discuss the history, methods, and importance of these topics; and explore the intersection of these two aspects of the profession. This review bridges the gap between cross-cultural practice and self-care, and reveals ways in which the two areas can be connected through increasing interprofessional discourse, emphasizing continued education for social work practitioners and students, exploring empathy, and further developing perspectives such as cultural humility.

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Cross-Cultural Practice in Social Work

History and Importance of Cross-Cultural Practice in Social Work

The social work profession has long been a place in which cross-cultural practice has occurred, and the importance of incorporating a cross-cultural focus into practice remains relevant today. The profession of social work emerged during the second half of the nineteenth century, coinciding with the rapid influx of immigrants coming to the United States. According to Kettner, McMurty, Netting, and Thomas (2012), the first great wave of immigrants came to the United States during the 1840s, and this wave included many Irish and German people fleeing famine and political issues and many Chinese people coming to the West Coast during the Gold Rush. The 1800s was the fastest growing period for the United States population, during which the total population grew by at least 25% or more each decade (Kettner et al., 2012). Immigrants, defined as individuals who are from other countries and legally admitted into the United States, played a large role in this extended population increase, with waves of immigration peaking just after 1900; at this point, immigrants accounted for almost 40% of the country's total population (U.S. Department of Homeland Security, 2015).

During this phase of high-volume immigration into the United States, the dawning of social work also approached in the form of Charity Organization Societies and the settlement house movement (Kettner et al., 2012). Both of these institutions, which formed in the 1870s, worked to assist people living in cities who were in poverty and need, many of whom were immigrants. Charity Organization Societies, in particular, worked individually with immigrants and others who were flooding into newly industrialized cities in the northeast United States. By contrast, settlement houses sought a more systemic approach, emphasizing

societal reform as well as individual reform. Settlement houses were more inclined to meet their mostly immigrant clients where they were and believed that gaps of culture, religion, and class could be bridged (Kettner et al., 2012). Thus, social work from its very beginnings has built cross-cultural bridges, been rooted in social justice, and been focused on its clients. The start of the profession set the stage for working with clients from diverse cultures and backgrounds for the years to come.

As the social work profession continued to develop well into the twentieth century, it gained size and organization, marked by the formation of the National Association of Social Workers and the establishment of a formal *Code of Ethics* in the 1950s (NASW, 2015a). According to the NASW (2001), as the country was continuing to grow and diversify, the association recognized the need to develop a particular set of formal standards for practitioners who work with a broad base of diverse clients. As a result, at the turn of the twenty-first century, NASW published its first *Standards for Cultural Competence* (NASW, 2001). In recognizing the increase in globalization and growth in diverse populations in the United States, the NASW put forth this set of standards with the aim of helping prepare its workers to practice in an increasingly diverse nation, with its many cultural facets. Since 2001, these standards have continued to be revised and changed, in reflection of the nature of this ever-changing nation (NASW, 2015b).

In today's world, there is a widespread and continuously growing need for helping professionals to be able to deliver effective, culturally sensitive services to clients. There are multiple reasons for this, most of which include the increasing diversity of the types of people who are coming to and living in the United States. First, with the increase in technology across the globe, there are many more potential points of contact between diverse

cultures and parts of the world than there were in the last century. Second, and perhaps more

significantly, there are still large numbers of new people coming to live in the United States.

Though it may not be at the same volume as during the 1800s, many immigrants still arrive

in this country every year. According to the Migration Policy Institute (2015a), the 2013

American Community Survey data revealed that the United States immigrant population

stood at more than 41.3 million, or 13 percent, of the country's total population. According to

the U.S. Department of Commerce (2015), the Hispanic and Asian immigrant populations in

particular are expected to increase significantly in the United States in the next several

decades.

      Cross-cultural social work services for international immigrant populations are

particularly needed in certain large, metropolitan areas of the United States. According to the

Migration Policy Institute (2015b), densely populated, urban areas such as New York City,

Miami, Los Angeles, Chicago, Houston, Dallas, San Francisco, and Washington, D.C. all

have areas in which multiple millions of people reside. In these areas, as well as other urban

areas, foreign-born individuals represent high percentages of their populations (Migration

Policy Institute, 2015b). For social service agencies in areas like these, it is highly likely for

practitioners to come into contact with immigrants or other diverse clients on a regular basis.

A similar situation also applies for any social worker practicing abroad, in a new country

outside of the United States.

      In addition to immigrants, the United States has consistently welcomed in 70,000-

80,000 refugees annually in recent years (U.S. Department of State, 2015). Refugees,

according to the United Nations High Commissioner for Refugees (2016), are individuals

who leave the country of their nationalities because of fear of persecution over a variety of

reasons, some of which include race, religion, and political affiliation. The United States has long been a country that welcomes in various populations and individuals from many countries, and with so many present points of connection between individuals of different cultures and nationalities, it is impossible to ignore the need for culturally sensitive social work in these contexts. It is absolutely crucial in the field of social work to pay close attention to how professionals interact with diverse clients, and to develop effective methods and practices that will deliver quality services to a wide array of recipients.

Social work practice with refugees, particularly in refugee resettlement programs, is a relevant area in which workers must deliver culturally sensitive services. According to The Brookings Institution (2006), in the 25 years after the Refugee Act of 1980 was established, more than two million refugees had arrived in the United States and have overwhelmingly been resettled in large, metropolitan areas. This number continues to grow with the fairly consistent number of refugees that arrive in the United States each year. According to the Office of Refugee Resettlement (2016), there are refugee resettlement programs available in every state in the U.S., whether they are state-administered or public private partnerships. These programs involve supporting refugees as they come to the United States with the goal of helping them transition successfully to life in the United States and assisting them in becoming self-sufficient members of society. Refugee resettlement programs often involve providing medical and financial assistance, case management support, English classes, and job training and employment services. According to The Brookings Institution (2006), refugees in need of these services when they arrive in the United States are likely new to its systems, may have little to no understanding of the language, and may have recently experienced trauma in their home country and during their relocation. Practitioners who are

working with individuals and families in such sensitive and vulnerable circumstances need to take particular care in being thoughtful about cultural differences in the working relationship.

Relevant Frameworks for Practice

In the current social work literature, there are a number of existing frameworks that can be helpful in informing cross-cultural practice and addressing the needs in a diver and globalized world. These frameworks include cultural competence; cross-cultural competencies; strengths perspective; person-in-environment perspective; intersectionality theory; cultural humility; migration frameworks; therapy approaches, such as narrative-exposure therapy (NET) and cognitive-behavioral therapy (CBT); and macro approaches to practice.

Cultural competence. First, cultural competence is one of the goals of social work professionals, as put forth by the NASW (2015). The cultural competence approach is currently the governing idea and standard for social workers in culturally diverse environments, and, according to the NASW (2015), it includes the process of learning new patterns of behavior and applying them in their appropriate contexts with clients. According to Williams (2006), developing cultural competence is not about choosing more correct than incorrect responses in practice; it is about using the best information available to make thoughtful practice decisions and learning through evaluation how to improve in the future. In order for practitioners to develop cultural competence, they must be willing to learn information about other cultures, acquire skills that are cross-culturally appropriate, practice self-awareness, and value diversity. The NASW has recognized that culture is a vast and nuanced concept, but it is vitally important for social workers to commit to moving toward

cultural competence in order to provide effective services to many diverse clients (NASW, 2015b).

   Cross-cultural competencies. In addition to the concept of cultural competence, Lee (2011) has proposed the integration of what are called "cross-cultural competencies" into social work practice. One of the factors Lee focuses on is how the development of cross-cultural competencies can promote changes in the mediation of the working alliance between practitioner and client. Lee's ideas about cross-cultural competence have been used in global social work education modules to help further inform the cultural competence framework and to explain the importance of understand and competence in cross-cultural interaction (Corbin, 2013).

   According to Lee (2011), the working alliance between client and practitioner is the key element to understanding the change process across diverse clinical approaches. In this area, cross-cultural competencies refers to the practitioner's capacity to attune to a client's cultural lived experience and to create shared moments of interaction from a different cultural context, which is inherently a relational and formative process. In a cross-cultural situation, this particularly shows itself through how vital it is for the client to feel a sense of bond and trust with the practitioner. Clients can easily feel disconnected from practitioners in describing their own emotional and cultural experiences, so the practitioner must exercise high acceptance, tolerance, and respect when the client is sharing. In addition to a bond of trust, clients and practitioners must also be able to agree that they can work together collaboratively; this refers to the tasks and goals that they create during their working alliance. Cross-cultural competencies mediate the working alliance by opening up the practitioner to attune him- or herself to the client's cultural voices, to open up sensitive

dialogue on cultural differences, and to balance ideas of problem-solving, tasks, and goals for treatment (Lee, 2011).

Another helpful idea that Lee introduces to inform cross-cultural interaction in practice is that the nature of cross-cultural competencies must occur *between* client and practitioner, rather than only *within* the practitioner. Most studies related to cultural competency construct it from what is called a "one-person psychology perspective" (Lee, 2011, p. 188). In these cases, cultural competency is described as being centered upon a practitioner's characteristics, knowledge, and skills that apply across work with various clients. One potential flaw in this thinking is that it implies cultural competencies are nested only *within* the practitioner, and it does not necessarily account for what may arise *between* the practitioners and individual clients. The concept of cross-cultural competencies transfers some of the focus in practice more toward the relationship and the issues that may come up between client and practitioner, rather than resting so much of the emphasis on all the knowledge and skills the practitioner must possess (Lee, 2011). This idea is helpful in that it relieves some of the pressure on practitioners to possess all the correct knowledge and skills, and it also conceptualizes the practitioner and client more as equals, as they learn together and grow in their working relationship continually and effectively.

Strengths perspective. The strengths perspective has a strong place in social work practice. Weick, Rapp, Sullivan, and Kisthardt (1989) first introduced the concept of a strengths perspective to the social work literature, and the concept has flourished over the last three decades in the profession. According to Kulis and Marsiglia (2015), the strengths perspective allows practitioners to conceptualize clients' challenges in a different way. Rather than focusing on a client's problems and deficits, the strengths perspective

concentrates on identifying that client's assets, abilities, and resources. According to Fenton, Walsh, Wong, and Cumming (2015), the strengths approach emphasizes people's and communities' ability to be their own agents of change and exhibits a core principle of working with values that share "power-with [rather than] power-over" (p. 31) others. Identifying these strengths in the client is an avenue through which the practitioner and client can approach problem-solving and set goals. Examples of practice approaches in which social workers utilize a strengths focus include solutions-focused therapy and narrative-based therapies (Fenton et al., 2015). The strengths perspective focuses on understanding the personal and social processes that help individuals maintain health and wellbeing, despite the challenges they face. Paying attention to resiliency in clients is a large part of this perspective in practice, and this approach recognizes culture as a source of resiliency for clients (Kulis & Marsiglia, 2015).

Person-in-environment perspective. The person-in-environment perspective is also an influential social work approach that can aid in cross-cultural understanding. This perspective views individuals within their unique social, environmental, and psychological contexts in order to better understand the way they act, feel, and think (Kulis & Marsiglia, 2015). According to Green and McDermott (2010), the person-in-environment perspective begins from a position of recognizing the complexity and interdependence of occurrences in human life. Further, Green and McDermott explain that in cultural contexts, the sharing of meaning and need to communicate over cross-cultural bridges increases the complexity of this perspective because it involves the linking of many individual minds. In regard to cultural interactions, without looking at individuals within their own environment, it can be more challenging to understand their behavior. For example, if an immigrant family has a

child who is acting out in school, they may be quick to discipline the child or look for other

solutions to the behavior. However, if they were to look at the child in the school

environment, they may find that the child is being picked on for his or her accent. Then,

rather than immediately looking for a solution to the child's behavior, a social worker may be

able to help the family and the child learn how to approach the topic of bullying. This would

represent one component of working toward cross-cultural understanding between the

practitioner and client.

      Intersectionality theory. Additionally, intersectionality theory not only supports the

person-in-environment perspective by seeking to understand an individual in his or her roles

and contexts, but it also puts forth the idea that clients will be better understood when they

are understood as individuals who possess multiple identities. According to Kulis and

Marsiglia (2015), intersectionality theory recognizes that individuals have unique

experiences that result from the intersection of identities such as gender, race, ethnic

background, age, sexual orientation, position in a family, and other categories. Understanding

this perspective will help practitioners to see that each client has a unique experience based

on the intersection of their various identities, and that culture plays a large role in each of

those identities (Kulis & Marsiglia, 2015).

      Cultural humility. A cultural concept that is newer to the social work profession is

the idea of cultural humility. The term was first coined in the medical field by Murray-García

and Tervalon in 1998, but in more recent years has started to gain traction as an approach in

the social work field. According to Murray-García and Tervalon (1998), cultural humility is a

more suitable goal than cultural competence in multicultural practice, because rather than

approaching competence as a mastery of certain knowledge and skills, cultural humility

incorporates a lifelong commitment for practitioners to self-evaluate, self-critique, address power imbalances in the client-practitioner relationship, and develop nonpaternalistic, mutually beneficial clinical partnerships with and on behalf of various diverse clients (Murray-García & Tervalon, 1998).

According to Faller and Ortega (2011), the cultural humility perspective draws on three dimensions: self-awareness, openness, and transcendence. Self-awareness refers to the extent to which people appreciate who they are from a cultural perspective and how their cultural identity shapes the way they see the world. Individuals have an underlying sense of who they are relative to experiences, and going through the process of self-appraisal allows workers to assess how their own cultural attitudes and behaviors may prevent effective practice with clients. Openness implies having an appreciation that people do not and cannot expect to know all there is to know about the cultures of the world and the cultures of the individuals with whom they work. Third, transcendence can be thought of as the acceptance of something greater than the self. Transcendence, according to Faller and Ortega (2011), motivates people to consider that as they seek to know themselves and others professionally and personally, they must embrace that the world is far more complex and ever-changing than many people can fully comprehend. This requires individuals to be open to different experiences and perspectives, but it also provides a sense of lifelong learning (Faller & Ortega, 2011).

Migration frameworks. For practice specifically with refugees and immigrants, employing migration frameworks can broaden practitioners' understanding and effective service delivery. Pine and Drachman (2005) present a framework specifically for child welfare practice that incorporates the multiple stages of migration immigrant and refugee

families experience. Knowledge of the migration experience is necessary for practitioners to provide effective services for individual and families in these situations. According to Kley (2011), one framework of migration discusses its three stages as the desire to move, the concrete intention to move, and the actual move. This framework, however, does not include the individuals' experiences after they migrate. In Pine and Drachman's (2005) migration framework, the three stages of migration are the premigration or departure stage, the transit stage, and the resettlement stage. In each of these stages, immigrants and refugees may experience varying degrees of stress or trauma. When immigrants and refugee families seek services, they are already in or past the third stage of migration. Because of this, if practitioners use a multistage framework of the migration experience, they will be able to better relate to and understand the various circumstances that immigrant and refugee families have encountered.

Therapy approaches. In addition to relevant theoretical frameworks in cross-cultural social work practice, therapy approaches such as NET and CBT can also effectively inform this area of practice. According to Schauer, Neuner, and Elbert (2011), NET is a treatment for individuals who have experience multiple and complex trauma. This type of therapy contextualizes elements of the sensory, affective and cognitive memories of trauma to understand and process the memory of a traumatic event in the course of a client's life. In this process, the client and practitioner work with each other to construct a coherent narrative of the client's life, allowing the client to bring context and meaning into his or her experience. CBT is a form of therapy that operates under three major assumptions: cognition affects behavior, cognition can be monitored altered, and behavior change is mediated by cognitive change (Taylor, 2006). Cognitive-behavioral therapies can involve methods for

coping skills, problem-solving skills, and cognitive restructuring so that clients can work toward healthy thoughts and behaviors. According to Slobodin and de Jong (2014), NET and CBT have both emerged as effective strategies to implement with refugee and immigrant populations.

Macro approaches. The NASW's *Code of Ethics* (2008) mandates that social workers challenge various forms of injustice in society. This can particularly pertain to systemic injustice that is present on large scales. Social workers have an obligation not only to individuals and families, but also to larger entities in society. According to Kettner et al. (2012), macro social work practice refers to practitioners working with organizations, communities, and entire societies. This area of social work practice can include social planning, community development, organizational assessment, research, and policy advocacy and development. For social workers involved in cross-cultural practice, macro approaches could include, for example, advocating for fair immigration policies and addressing institutional racism.

Challenges in Cross-Cultural Social Work Practice

Despite the many frameworks available to assist social works with cross-cultural practice, there are also obstacles and challenges that emerge when serving immigrants and refugees. These challenges include the difficulty of learning about other cultures, tension between social workers and clients, environmental challenges for social workers, and interprofessional tension in some settings. First, workers must understand the concept of culture, which will lead to a better understanding of cross-cultural engagement in practice. However, the concept of culture is quite a large and potentially overwhelming one, and it is a concept that is difficult to grasp because it is more than just the sum of its definitions. The

NASW's most recent *Standards and Indicators for Cultural Competence in Social Work Practice* (2015) refers to culture as something that encompasses thoughts, communications, actions, beliefs, traditions, customs, attitudes, and values of a particular social, religious, or ethnic group. Culture means much more than simply the country from which a person comes. Because of this, it can take great difficulty to learn even a moderate amount about another individual's culture, and there are many nuances and intricacies that the worker may not at first understand. Further, working with two individuals from the same culture may be two very different experiences for the practitioner as well. There are within-group differences in groups of people from similar cultures that can reveal variations in a number of their views, judgments, and behaviors. It is important to note that although multiple individuals may come from the same country or may have grown up in the same region, it does not promise similar family cultures or personalities between individuals (Carlo, Roesch, Knight & Koller, 2001). As a result, social workers must avoid making generalized statements about particular groups of people, even if they see some similar cultural patterns within those groups.

Next, according to a study by Yan (2008), social workers who engage in practice with immigrant and refugee populations may experience a number of cultural tensions or conflicts with clients. In the realm of cultural tensions, the study explains that tension as a result of differences between the worker's culture and the client's culture may be the most complicated and important tension that social workers will encounter in practice. This is because this tension may cause personal disruptions in the client-practitioner relationship, and it can deeply influence resistance or participation on the part of the client and hesitation or feelings of insufficiency on the part of the worker. The differences, and even similarities, between workers and clients are multifaceted because of each person's multiple identities,

values, and attitudes, and this, along with the other types of cultural tension, can create a very complex environment for interaction and progress between the practitioner and client. According to Sue (2005), some of the relevant differences that can cause tension between worker and client are related to people's relationship to the environment, to time, to other human beings, to work, and to education. These are all areas of potential diversity in perspectives. The type of tension that can result between worker and client cultures is particularly important for social workers to address because, according to the NASW *Code of Ethics* (2008), social workers must strive to be aware of and seek to reduce any conflicts they have between their personal and professional values. Social workers must recognize that it is likely that they will experience some differences between their own views and the views of their profession, and they must distinguish between the two in order to represent social work and practice ethically.

In addition to personal challenges that both social workers and clients may experience in practice settings, other challenges for social workers may come in the form of environmental difficulties. According to Arcuri and Kuo (2014), this may include situations in which agency resources may be limited, caseloads may be high, and there may be a lack of specially equipped staff, such as interpreters, to guide the practitioner and client through their time together. Further, according to Yan (2008), social workers may encounter tension that occurs between themselves and the organizational culture in which they are working. For worker culture versus organizational culture, one example of this could be a social worker who comes from a culture that values collectivist thinking and decision-making. For example, according to the NASW *Code of Ethics* (2008), the United States social work profession places value on client self-determination, which promotes an individual client's

ability to make his or her own decisions. A social worker with the cultural value of collective decision-making may experience value tension in this scenario during the client helping process.

Finally, according to Yan (2008), a tension related to environmental factors that social workers may experience in cross-cultural practice involves interprofessional strain with the organizational culture. This may occur in working environments that involve other professionals with whom social work practitioners interact during their work. For example, many social workers practice in "secondary" settings (p. 318, Yan, 2008), such as hospitals and schools, where social work is not the primary focus of the institution, but only a segment of it. These social workers may struggle with an organizational culture that favors the primary professionals of the setting, such as medical practitioners in a hospital setting. This could lead to tensions related to feeling a lack of professional care or support from the organization for which the social work practitioner is working (Yan, 2008).

How Existing Frameworks in Social Work Inform Cross-Cultural Challenges

Of the cultural challenges described by Yan (2008), the main tension that can be informed by current social work frameworks is the tension that occurs between clients' and workers' cultural values. The social work perspectives that help inform this cultural tension are the strengths perspective, person-in-environment perspective, intersectionality theory, cultural competence and cultural humility. These perspectives can also help mediate the tension social workers experience when they approach the vast amount of information needed to understand another person's culture. Further, practice frameworks such as CBT and NET have also been shown to be effective interventions in addressing challenges and needs specifically for refugee and immigrant populations.

In social work practice, the strengths perspective refocuses the practitioner's energy away from the client's deficits and toward the client's strengths and resources. In cross-cultural interactions, practitioners can find that by focusing on a client's cultural influence and experience as a strength rather than a weakness, a practitioner may be able to reduce the sense of client tension with the organization, dominant culture, and worker. Further, through strengths perspective thinking, a practitioner may be able to understand more deeply how to incorporate the client's cultural assets in order to discuss and ameliorate the cultural tension the client may be experiencing (Kulis & Marsiglia, 2015).

According to Weick et al. (1989), if social workers have a problem focus in practice, the concern with the problem can put the practitioner in a position of authority as the person who must help clients fix their problems, making it hard for clients to trust their own sense of how to move forward in their lives. By contrast, employing the strengths perspective helps place emphasis on the client's already-present positive capacities, making it more likely for individuals to continue development along the strength-based trajectory (Weick et al., 1989). This perspective in cross-cultural practice can help address the potential worker-client tensions that may surface in those settings by allowing the social worker to view the client's differences in values and behaviors as a positive resource, rather than a source of frustration and resistance.

According to the NASW (2015), the person-in-environment perspective addresses individuals' functioning, and in particular their experience of interpersonal relationships that are influenced by interrelated environmental and emotional factors. Social workers who use this perspective understand that they must attend to the cultural factors that are important to their clients (NASW, 2015b). Further, this perspective can aid social workers in monitoring

potential tension between the client's culture and the worker's culture; if the worker does not seek to understand clients' backgrounds and environments well, then the worker could be quicker to make erroneous assumptions about how clients behave, speak, or think in certain situations (Kulis & Marsiglia, 2015). This view may help alleviate social workers' potential personal difficulties with their clients' cultural differences, since they will view their clients as parts of larger stories and contexts, rather than isolated individuals. Practitioners can make sense of clients' personalities and behaviors when they understand the clients' circumstances.

Intersectionality theory, as previously discussed by Kulis and Marsiglia (2015), informs cultural understanding in practice and can also help social workers navigate nuanced cultural factors present in the worker-client relationship. Differences in clients whom social workers encounter presents a long-term learning curve and nuanced challenge to dedicate time and effort to the individual clients who need it. Social work's value of "dignity and worth of a person," as stated by the NASW *Code of Ethics* (2008), requires this, explaining that social workers must value and respect each client as an individual, no matter what his or her culture is. If social workers understand the concept of intersectionality theory, it may help them better manage the nuanced cultural differences they encounter in their clients because they understand that each client has a unique mix of identities, many of which are influenced by cultural factors.

Cultural competence and cultural humility are two additional frameworks which can help social workers in addressing the multiple challenges, including the worker-client tension as a result of cultural differences and the vast amount of information and knowledge required in understanding another individual's culture. In order for practitioners to develop cultural competence, they must be willing to learn information about other cultures, acquire skills that

are cross-culturally appropriate, practice self-awareness, and value diversity (NASW, 2015b). Further, according to Heydt and Sherman (2005), the cultural competence perspective employs a practitioner's "conscious use of self" (p. 26) in acknowledging oneself as the instrument through which one conveys attitudes, values, and beliefs to clients. As practitioners develop their awareness of their own cultural attitudes, values, and beliefs, they can better understand how they are influencing the helping relationships in which they are involved (Heydt & Sherman, 2005).

The cultural humility perspective enforces this view of self-monitoring and self-critique as well, and it further complements the cultural competence framework by adding in the idea that the client is the cultural expert, and the practitioner has a great deal to learn culturally from his or her client (Faller & Ortega, 2011). This helps equalize the power balance between the client and practitioner and allows them both to learn from each other in the therapeutic alliance. Both frameworks can help mediate the challenge that practitioners encounter when they become overwhelmed by how much cultural information they need to learn to become fully competent. These frameworks can assist social workers because they encourage a continual, lifelong learning approach to cross-cultural practice, which frees the practitioner from putting immense pressure on him- or herself to know all the right information about clients' culture. (Faller & Ortega, 2011; NASW, 2015b). These can also mediate cultural tension between the clients and practitioners themselves in that the learning approach gives the practitioner the opportunity to view the client's cultural differences as something to understand in a process. This view can help prevent practitioner frustration with differences and refocus patient, nonjudgmental attention on the learning process.

Specifically for social work practice with refugees and immigrants, evidence shows that therapy frameworks such as CBT and NET are successful and effective methods of practice. According to a mental health intervention literature review conducted by Slobodin and de Jong (2015), these two forms of therapy were particularly effective in work with traumatized asylum seekers and refugees. Overall, culturally sensitive and trauma-focused CBT and NET interventions both had positive outcomes in reducing trauma-related symptoms in refugees (Slobodin & de Jong, 2015). Further, according to Kangaslampi, Garoff, and Peltonen (2015), these types of interventions have also been successful in interventions with immigrants who have experienced trauma. In these interventions for refugees and immigrants, both CBT and NET principles involve increased contextualization of traumatic memories to move toward alleviated client symptoms and stress. Habituation to parts of clients' narratives and processing through thoughts and feelings as part of the interventions help move clients toward healing and making sense of their own experiences (Kangaslampi et al., 2015). Utilizing practice approaches such as CBT and NET may also help mediate tensions and challenges that can arise between social worker and clients in that these approaches provide an evidence-based, effective methods for a social worker to understand the thoughts, behaviors, and experiences of their clients. This would allow the clients to trust their social workers more and allow social workers to understand their clients more, thus building up the therapeutic relationship and leaving less room for misunderstanding and resistance.

Frameworks used in social work to increase cultural understanding are helpful for social workers in multiple ways, particularly in the cross-cultural context of working with refugees and immigrants. However, one of the ways in which these frameworks fall short is

that they highlight increasing cross-cultural competence mostly for the client's wellbeing and heath, but they do not address social worker's wellbeing and health. For social workers working in cross-cultural settings—and all social workers—it is also important to address the ways in which they must focus on their own wellbeing in order to deliver services effectively to clients and maintain health in their professional environments.

<div align="center">**Self-Care in Social Work Practice**</div>

What is Self-Care?

Self-care, according to the World Health Organization (1998), is a term that refers to anything that people do for themselves to establish and maintain health and prevent illness. Personal health applies not merely to physical health, but also to mental, emotional, social, and spiritual health (Bledsoe, Moore, Perry, & Robinson, 2011). It is a broad concept that includes personal hygiene, nutrition, lifestyle, social habits, economic factors, and emotional wellbeing (World Health Organization, 1998). In the context of social work, there are various types of activities in which social workers and social work students engage in for self-care. For instance, in a study by Lusk and Terrazas (2015), responses showed that clinicians used activities such as meditation, exercise, therapy, journaling, prayer, and yoga to prevent compassion fatigue in their work with refugees. The participants also noted that family and friends were important resources for self-care through sharing or simply spending time relaxing together.

The Development of Self-Care as a Concept

Just as striving for cross-cultural knowledge and effective cross-cultural practice has been present for years in the social work literature, so has the concept of self-care for social workers. However, although working with diverse populations in social work has occurred

since the 1870s, self-care is a concept that did not emerge until the second half of the twentieth century. According to Cox and Steiner (2013), academics in the late 1970s observed that social workers take care of themselves, and they began to label this as self-care. Of course, self-care had likely been occurring prior to the 1970s, but this was the first time it was labeled. Once the idea of self-care was recognized, the concept flourished and further developed in the social work field, particularly as researchers saw growing needs of addressing some of the stresses of social work practice and social work education.

Self-care has become an area of practice that is of great importance within the helping professions, and it is particularly vital for social workers because of the inherent demands of the profession. According to the NASW *Code of Ethics* (2008), one of social work's six core values is service, which requires that social workers' primary goal is to help people in need and elevate service to their clients above their own interests. This inherent aspect of practice in social work puts the main focus on the client and takes focus away from the practitioner. While this client-focused work is a good and necessary part of making social work what it is, it also has the potential to lead a practitioner toward self-neglect if the practitioner is only taking time to focus solely on the clients' needs. This not only makes it possible for the practitioner to be negatively affected; it also, in turn, may affect service delivery to clients.

Challenges in Self-Care

According to Cox and Steiner (2013), researchers in the 1990s coined several terms—compassion fatigue, burnout, and vicarious trauma—related to workplace stress; these concepts add significantly to a professional interest in self-care. First, compassion fatigue is a term conceived by Figley (1995), and it refers to a set of symptoms that appear in social workers who are exposed to clients suffering from traumatizing events. Symptoms include

depression, anxiety, fear, shame, emotional numbing, cynicism, anger, hypertension, and sleep disruption (Figley, 1995).

Social workers who experience compassion fatigue, according to Choi, Kohli, and Thomas (2014), have the potential also to experience job burnout, which is characterized by lower work productivity and job satisfaction, reduced commitment to the social work profession, emotional exhaustion, and possible attrition and turnover. These symptoms of burnout, according to Geiger, Segal, Shockley, and Wagaman (2015), result from demanding work with clients that causes workers to feel that they cannot fulfill their personal and professional responsibilities. According to the National Child Welfare Workforce Institute (2011), social work practice in child welfare is one example of an area that can experience high rates of burnout and turnover. On average, public child welfare agencies experience a 20% turnover rate in workers, and private agencies experience up to a 40% turnover rate (National Child Welfare Workforce Institute 2011).

Finally, vicarious trauma is a concept that Figley (1995) wrote about as a form of compassion fatigue. Vicarious trauma is the distress that can result from practitioners working over time with clients who have directly experienced various types of trauma. Vicarious trauma differs slightly from compassion fatigue in that while compassion fatigue can occur in only one case, vicarious trauma develops over a period of time with the accumulation of many cases. According to Dombo and Gray (2013), this can become a serious issue for social workers if they are not personally equipped to cope with feelings of vicarious trauma or if their supervisors are not trained to assist their employees. Since these terms were coined, researchers have studied how to prevent compassion fatigue, burnout, and

vicarious trauma as well as how to promote health and wellbeing through self-care (Cox & Steiner, 2013).

In addition to the three major concepts of compassion fatigue, burnout, and vicarious trauma, the social work literature has discussed other potential challenges related to self-care, such as role balancing and caseloads. According to Bledsoe et al., (2011), a typical challenge for both social work practitioners and social work students is that they often assume numerous roles between their personal and professional lives. Many social workers are not only helping professionals, but also are parents, spouses or partners, caregivers to aging parents, friends, and volunteers. This reality can cause tension between roles and high levels of stress as a result. Further, according to Choi et al., (2014), caseload size can also present a great problem for social workers delivering services. Demanding caseload sizes for social work practitioners can lead to feelings of emotional and physical exhaustion, inability to complete tasks in a timely and effective manner, and feelings of lack of support from supervisory staff. In their study, the researchers found that caseload size was actually one of the most significant predictors of job burnout for social workers (Choi et al., 2014).

The potential issues of compassion fatigue, burnout, vicarious trauma, role balancing, and caseloads present a variety of barriers to self-care for social workers. Many of these issues are not a result of personal shortcomings on the part of the social worker, but rather a result of workplace stress and the demands of the professional environment. This experience is a relevant issue for many helping professionals, not only for social workers. In fact, Santoro (2011) describes a recently developed concept in the field of education called demoralization that is relevant for both teachers and social workers.

Demoralization refers to circumstances in which professionals lose the ability to deliver services successfully or accomplish the same responsibilities as effectively as before (Santoro, 2011). This phenomenon was previously described in the literature as burnout, but the concept of burnout may not accurately represent what helping professionals are actually experiencing. Though burnout may be the explaining factor when professionals' personal resources cannot match the difficulties presented by their work, burnout fails to account for situations in which the conditions of the work change such that the workers are no longer able to meet the challenges. Thus, demoralization helps explain circumstances in which emotional and physical fatigue from work is not a personal problem, but rather a problem that may be outside of the worker's control (Santoro, 2011). Factors such as caseload size and lack of support from a worker's agency or supervisors are examples of environmental, workplace elements that can lead a practitioner toward demoralization. Identifying a difference between the two experiences of burnout and demoralization may be a helpful contribution to the literature about how the issues can be approached and alleviated.

The issues discussed here present numerous obstacles to self-care for social workers. These challenges can be deeply detrimental to both practitioners and clients if they are not diligently monitored by the social workers who may experience them and by their supervisors and colleagues. Still, it is absolutely crucial for social workers to practice self-care for the sake of their clients, and for the sake of the practitioners themselves. Although it is important to strive for effective service delivery to clients and good care for clients, it is also important for social work practitioners to understand that they themselves are also individuals worthy of care. In a client-focused profession, it may be easy for social workers to forget this; however, each social worker must also remember that, as the NASW *Code of*

Ethics states (2008), every person has inherent and equal dignity and worth. This means that social workers possess just as much dignity and worth as their clients possess, and thus are equally deserving of care.

<center>**Bridging the Gap: How Self-Care and Cross-Cultural Practice Connect**</center>

As discussed, there are a myriad of challenges presented to social work in the areas of cross-cultural practice and of self-care. In the social work literature, these topics are widely covered individually, but there remains a need for research and investigation into the unique challenges that occur in the intersection of these two areas, because there is currently little research published specifically on the self-care practices of social workers serving immigrants and refugees (Lusk & Terrazas, 2015). In addition to the previously discussed cross-cultural challenges and barriers to self-care, social workers can experience overlapping challenges that affect both cross-cultural practice and self-care, such as exposure to their clients' unique stories of trauma and struggle. According to Fondacaro and Harder (2014), many refugees have stories that involve war and violent ethnic or political conflict, being forced to flee one's home country, and difficulty with acculturation issues that result from coming to a completely unfamiliar place. Working with these clients can lead to experiences of vicarious trauma and emotional exhaustion for social work practitioners.

A number of the challenges presented in the areas of cross-cultural practice and self-care reveal some overlap with each other, particularly with the themes of personal challenges and environmental challenges that social workers experience. For example, in practice with refugees and immigrants, social workers interact with clients from many diverse cultures, and they must learn about their clients' cultural views in order to work with them effectively. The cross-cultural challenge of needing to learn what can feel like an overwhelming amount of

information about another's culture presents a challenge in self-care; if a practitioner feels overwhelmed by the vastness of cultural knowledge he or she must learn, the stress of that may impact their ability to care effectively for both themselves and their clients. Next, the personal challenge of tensions that can arise between workers and clients as a result of cultural differences (Sue, 2005; Yan, 2008) also presents a challenge for self-care; the work that it takes for social workers to be aware of and seek to reduce any conflicts they have between their personal and professional values (NASW, 2008) can be a slow process. This can leave social workers feeling inadequate or frustrated when they think they are not making enough progress in their relationship with clients who are immigrants and refugees.

Environmental challenges are present in both cross-cultural practice and self-care. These challenges include the stress and demands of the professional environment and demoralization in the workplace. According to Arcuri & Kuo (2014), demands on a social worker in his of her professional environment may include limited agency resources, high caseloads, and a lack of equipped staff and supervisors for all of the agency's needs. This is a barrier to self-care for social workers, but it also is relevant in cross-cultural practice environments, particularly because refugees and immigrants need specialized services that require trained personnel, which may include interpreters or legal liaisons. If social workers do not have access to the proper resources and specialized staff, that will make effective cross-cultural interaction with clients more difficult and less productive. Further, workers who feel demoralized due to high caseloads or lack of agency support may struggle with self-care (Santoro, 2011), especially if they are also facing additional barriers to cross-cultural practice in their work with refugees and immigrants. The affects of demoralization are similar to those of burnout, and the result of this environmental challenge for social workers

will impede their ability to maintain energy and efficiency as they seek to build cross-cultural bridges with their diverse clients.

In addition to personal and environmental challenges that social workers face in cross-cultural practice and self-care, connections can also be made between current cross-cultural practice frameworks and self-care. Through utilizing cross-cultural frameworks, social workers can better maintain mental and emotional health by developing deeper cultural understanding in a realistic and effective way. For example, perspectives such as cultural humility, intersectionality theory, cross-cultural competencies, person-in-environment, and migration frameworks build social workers' understanding of how to effectively navigate cultural differences between themselves and their clients. Further, these frameworks assist social workers in gaining understanding about their clients' unique experiences without the burden of needing to know all the cultural nuances beforehand. These frameworks do not simply inform cross-cultural understanding in practice; they also provide social workers a way to learn about diverse clients without the unrealistic pressure of knowing all the right cultural information from the beginning (Faller & Ortega, 2011, Lee, 2011).

Suggestions for Bridging the Gap in Social Work Practice and Education

Social Work Practice

Social workers who serve immigrants and refugees face numerous challenges in both their cross-cultural practice and their self-care. There are several recommendations for social work practice and education that will enable social workers to better understand, prepare for, and respond to these challenges. In order to promote self-care, social workers can increase their interprofessional discourse, engage in effective therapies such as narrative exposure therapy, pursue sustainable engagement, explore empathy, and continue their education.

Additionally, organizations can take on a responsibility of assisting employed social workers in the self-care process.

Interprofessional discourse. First, interprofessional discourse with professionals from education, medicine, and religious ministry can help bridge the gap between self-care and cross-cultural practice, particularly when utilizing practice approaches such as narrative therapy. Additionally, increasing interprofessional discourse is relevant in professional contexts in which social workers practice in secondary settings, such as hospitals or schools. Social workers can experience challenges related to working in these settings that may favor the primary professionals of the setting (Yan, 2008). Working with the leaders in the setting to facilitate or organize time to communicate intentionally with other professionals may improve understanding within the organization and increase feelings of support from the worker's environment and peers.

Another example of how increased interprofessional discourse can further equip social work practitioners to engage in effective cross-cultural practice and self-care is that of Hofstede's cultural dimensions. Geert Hofstede (2011), who is a social psychologist and cultural researcher, has developed over the last five decades a model for cross-cultural understanding that explains the six major dimensions of culture. The researched dimensions are power distance, uncertainty avoidance, individualism versus collectivism, masculinity versus femininity, long-term orientation versus short-term orientation, and indulgence versus restraint. The model of these six dimensions has become a paradigm for helping individuals and professionals to compare and move toward understanding cultures all over the world (Hofstede, 2011).

Each of Hofstede's (2001) cultural dimensions addresses values, practices, societal norms, ways of thinking, and behaviors related to many parts of life, which can apply to areas such as family, education, the workplace, gender roles, religion, authority, and political ideologies. In cross-cultural social work practice, understanding Hofstede's model of cultural dimensions may help provide a useful and insightful lens through which to view cultural constructs and clients' values and behavior. While it is much more difficult to understand each individual's cultural views without personal experience, it is possible for social workers to build a beneficial framework from models such as this that can aid greatly in understanding a client's background and worldview.

According to Hofstede and McRae (2004), Hofstede's research over the last several decades mostly reflects and represents national culture, and it is not meant to be confused with value differences at the individual level. Culture is certainly related to and intersects with personality, but a culture is by no means a "king-sized individual" (Hofstede & McRae, 2004, p. 65). In other words, the overall culture from which a person comes does not determine the entirety of how an individual thinks, believes, and behaves (Hofstede & McRae, 2004). Still, Hofstede's model is one example of a useful framework for practitioners to learn about other societies' cultures and to be able to compare them to their own cultures. This opens up an informative window into the cultural views and values of each of their clients, providing a way of increased understanding in allowing social workers to see what possible cultural and value differences they may have with their clients. While other current cultural frameworks utilized in social work provide helpful theoretical information about how practitioners should view cultural understanding and diverse clients—for example, through a lens of strengths, the client's context in his or her environment, or the client's

multiple identities—a framework like Hofstede's cultural dimensions provides specific, research-based information about a myriad of cultures worldwide.

This framework may also help social workers along in their self-care efforts, because the cultural information is presented in a well-organized manner that is more manageable than an unstructured method of attempting to learn the dynamics of another's culture. For example, if a social worker knows he or she is going to be working with a refugee family from Ukraine, the social worker could use Hofstede's model of cultural dimensions to research some of the significant differences between the cultures of Ukraine and the United States (Hofstede, 2001). In a concrete way, this could help the social worker prepare to approach this family with an introductory understanding of a number of their potential cultural values and behaviors. This will not only propel the social worker further in cross-cultural competence (Lee, 2011); it can also contribute to the worker's self-care by helping maintain the social worker's mental health through feeling more informed and prepared, rather than stressed, to being working with the family.

Narrative exposure therapy (NET). Narrative therapy is a relevant practice framework in social work, and professionals have used it successfully in other fields as well, such as history, law, nursing, anthropology, sociology, government, and religious studies. For example, according to Charon (2001), workers in the medical field have used this method, and it refers to the ability of professionals to listen to the narratives of their clients, honor their meanings, and be moved to act on the client's behalf. In medicine, models such as "biopsychosocial medicine [and] patient-centered medicine" (Charon, 2001, p. 1897) inform this framework of narrative therapy. This method and the models that support it can also be closely reflected in social work practice, for social work employs methods such as

biopsychosocial assessments, understanding the person-in-environment perspective, and exercising a client-centered approach to practice. Many social workers understand, given their background and training, that a client must be understood in his or her context, and in the same way, a client's narrative must be understood in light of its situation: who is telling it, who is hearing it, why it is being told and how it is being told.

Applying the use of narrative in social work practice with immigrants and refugees connects to self-care for social workers in that it helps social workers better understand that, as the listeners in a story, they do not have to bear the immense pressure of being an expert on the client's circumstances or culture. By understanding the concept of narrative therapy in practice, social workers are released from this added pressure that could lead to stress and compassion fatigue and are valuing the NET principle of listening to the client's experience as a story (Kangaslampi et al. 2015). In the context of this type of therapy, social workers can understand that they are participating with their clients in making sense of clients' experiences, rather than being solely responsible for making sense of their clients' experiences. Valuing the client's story may help practitioners feel more freedom to learn from their clients, thus increasing their cross-cultural competence through each progressive interaction.

In a study conducted by Austin, Campion-Smith, Criswick, Dowling, and Francis (2011), researchers found that a narrative-based learning model and the sharing of stories was successful in educating interprofessional health workers. In the study, professionals including doctors, nurses, emergency care workers, and social workers attended palliative care meetings during which they shared stories from their professional experience in small groups. Many of the participants in the study later reported positive results: they felt the

technique of listening to others' stories and sharing their own was effective in crossing interprofessional boundaries, the awareness of other workers' roles decreased the sense of professional isolation and made other professionals seem more approachable, and they felt they gained confidence in communication with both patients and other professionals (Austin et al., 2011). These are all important factors that may help contribute to social workers' effective cross-cultural practice and self-care.

Sustainable engagement. In addition to exploring interprofessional knowledge and beneficial cultural frameworks to help inform social workers and maintain healthy practice, social worker can promote and practice sustainable engagement. According to Seljegard (2013), sustainable engagement is a concept that involves satisfaction with, commitment to, and feelings of connection in the workplace. Together, these factors allow the professional worker to view his or her work as a lasting commitment that can be maintained over time. In order for these factors to be in place, workers need to believe in the mission of their organization and the work they are personally doing, to have the resources necessary to perform well, to be given a manageable workload, and to feel that they have social and professional support in the work environment. Several other factors that also drive sustainable engagement are supervision, pay, effective communication, and stress management (Seljegard, 2013).

For most professionals, maintaining a sustainable practice and avoiding burnout is the ideal goal, and if social workers in particular want to work toward sustainable engagement, they must understand important factors that are part of it, particularly effective communication and stress management. Another important part of sustainable engagement for social workers is that they feel they are communicating effectively with their clients; this

factor contributes to social workers' feelings of efficacy and ability to work together successfully with their clients. Without working communication, both with their clients and their supervisors, social workers may not feel as rewarded or effective in their workplace connections with others. This could add stress to workloads that are already heavy and begin to diminish workers' feelings of accomplishment or adequacy as professionals. Understanding and pursuing sustainable engagement is relevant in cross-cultural practice for a couple of reasons. First, social work practice with immigrants and refugees requires social workers to communicate with clients from multiple diverse cultures. As a result, social workers must commit to learning how they can connect with their clients in effective and productive ways, because communicating with an individual from another culture may likely feel unnatural for some practitioners. Second, in practice with refugees in particular, clients have experienced war or violent conflict, forced relocation and loss of their homes, and perhaps loss of loved ones (Fondacaro & Harder, 2014). Social workers must pursue sustainable engagement with refugee and immigrant clients by learning to navigate approaches to clients' experiences of trauma. One of the ways social workers can learn to navigate these unique circumstances and practice sustainable engagement is through pursuing a deeper understanding of empathy in practice.

Empathy. The concept of empathy is widely discussed in social work literature and utilized in social work practice, and it is a concept that directly influences how the practitioner relates to the client in therapeutic practice. According to a study by Geiger et al. (2015), empathy is the ability to understand or identify with what other people are thinking or feeling. This, however, is not the full extent of empathy. It is a process that involves cognitive and affective components and is an essential skill in facilitating social agreement

and personal relationships. Empathy is comprised of four main subjectively experienced components: affective response, self-other awareness, perspective taking, and emotion regulation (Geiger et al., 2015). Affective responses are the automatic process of affect sharing, or mirroring action between the practitioner and client. Self-other awareness is the ability to recognize one's own thoughts and emotions as distinct from others' thoughts and emotions. Perspective taking refers to the ability to see another's experience while maintaining awareness of oneself as separate from the other person. Finally, emotion regulation is the ability to control one's emotions. By engaging in all four of these components, the practitioner will not only be able to identify with the client, but will also be able to recognize the difference between the client's and practitioner's own feelings and to regulate his or her own emotions.

In social work literature and practice, empathy is understood an important concept to understand for effective work (Gold, 2012; Lee, 2012). Still, deeper understanding on this topic may be further helpful for practitioner self-care in cross-cultural contexts. Findings by Geiger et al. (2015) suggest that these components of empathy work together to prevent vicarious trauma and burnout. The study also discusses how an incomplete understanding of empathy has the potential to lead to dangerous results, such as compassion fatigue or vicarious trauma. This can occur if social work practitioners only understand empathy as identifying with others' feelings and entering into those thoughts and feelings with them. This is a common understanding of empathy, but for the purposes of social work practice, empathic engagement demands a more comprehensive understanding of how to approach empathy (Geiger et al., 2015). Thus, empathy is a concept that may hurt practitioners or contribute to compassion fatigue and burnout if it is misunderstood or incompletely

understood; however, if practitioners understand it well, it can aid and contribute to protection against compassion fatigue and burnout.

Studies show that that empathy is crucial for effective clinical practice and positive therapeutic outcomes and that empathy can help social workers prevent burnout (Geiger et al., 2015). Even though empathic engagement has the potential to lead to compassion fatigue and vicarious trauma, it has also been associated with compassion satisfaction and vicarious resilience as well. According to Fondacaro and Harder (2014), these terms refer, respectively, to positive feelings about one's ability to help others and the empowerment experienced by providers when they hear stories of resilience and strength from clients. This is part of the clinician's reflection on human beings' capacity to heal (Fondacaro & Harder, 2014). All these factors come into play when empathic engagement is involved in practice, and it is an important challenge for social workers to work toward an understanding and practice of empathy that will allow them to engage with their clients in a healthy, sustainable way. A component of particular importance in empathy is the aspect of self-other awareness, which actually helps practitioners to set and maintain boundaries. A deeper understanding of the components of empathy can help social workers build healthy boundaries with clients, not by detaching themselves from their clients, but rather by engaging with the ability to differentiate between client feelings and practitioner feelings and between self and other. Social workers can also deepen their understanding through the perspective that a practitioner seeking to relate to a client does not make the practitioner wholly or personally responsible for the client's feelings and experiences. This process of understanding empathy relates back to the concept of sustainable engagement (Seljegard, 2013) in that social workers must work toward empathic engagement while still maintaining professional boundaries; this will allow

them to care for themselves and not become lost in the clients' traumatic experiences. This kind of empathic yet professional engagement with clients may help contribute to a sustainable, healthy way of practice for both professionals and clients.

In cross-cultural practice in particular, empathy is both a challenge and a necessity. When social work practitioners interact with clients who have vastly different or unfamiliar experiences in comparison with the practitioners, it can be more difficult for the practitioners to be able to put themselves cognitively in the clients' position and understand how the clients are thinking and feeling. Still, with a view of empathy such as Geiger et al.'s perspective (2015), social workers can be encouraged to approach interactions with clients as opportunities to learn their clients' experiences and ways of thinking, and they can exercise cultural humility throughout as they seek to learn how to understand and relate to their clients.

Organizational responsibility. Finally, according to Dombo and Gray (2013), seeking to address self-care is not simply a personal responsibility for the practitioner; it can also be the responsibility of organizations and agencies as well. Organizations can undertake assessments of their policies and programs and the impact they have on workers. Agencies can also ensure that supervisors receive proper training on trauma and how to intervene effectively. This approach to self-care provides a more holistic perspective in that the pressure is not entirely on the individual practitioner to do everything right in order to prevent burnout (Dombo & Gray, 2013).

Social Work Education

For the future of cross-cultural social work and self-care, it is important for there to be continued research and education, not only for the sake of social work practitioners, but

also for future social work practitioners: students. In social work education, students need to be prepared to understand ways they can practice self-care. They also need to be assisted in developing an understanding of cross-cultural competence and interaction that does not solely focus on clients, but an understanding that also encompasses a healthy view of themselves. In the social work literature, much of the research related to cross-cultural practice and self-care is targeted toward social workers who are already practicing in the field; however, students are in as much need as current practitioners for learning and understanding effective methods and perspectives with the goal of effective service delivery and sustainable social work practice.

According to Bledsoe et al. (2011), social work students will not prepared to be good practitioners unless they first have learned to care for themselves. Bledsoe et al. also explain that many people who enter caring professions already have a strong identification with helpless, suffering, or traumatized people. As a result, such people may often enter the caregiving field already compassion fatigued because of their natural inclinations, but they don't know how to identify it and are completely unequipped to handle compassion fatigue. This reality makes it extremely important for social work students preparing to go into the field to have an understanding of what self-care is and ways in which it can be implemented into everyday life and work (Lusk & Terrazas, 2015).

Social work students need guidance in learning to navigate both self-care and various cultural perspectives. It is possible to incorporate more teaching and training on self-care, and it is also possible to incorporate cross-cultural perspectives into this education. Through the teaching of approaches such as cultural humility, self-other awareness through empathy, and theoretical frameworks such as Hofstede's cultural dimensions, social work students can

be assisted on a path toward deeper cultural awareness and a healthy view of their place in the therapeutic process that may help buffer against potential compassion fatigue or burnout. This will move social work education and the individuals it affects toward a goal of sustainable engagement in future practice through effective service delivery and the edification of both practitioner and client.

Recommendation for Research

Finally, further research in this area can benefit social work students who may work in cross-cultural practice in the future. A helpful area of research to develop would be to explore how current social workers serving immigrants and refugees practice self-care. An investigation into how these professionals practice self-care, or if they practice self-care at all, would provide a catalyst for providing helpful information about the most effective ways for social workers in cross-cultural settings to take care of themselves in the personal and professionals areas of their lives.

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Conclusion

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Concerns related to cross-cultural practice and self-care have long been present in the field of social work. The wealth of research on these topics in social work literature reflects the great need for understanding in both areas, and an exploration of the literature also reveals a need for information on the intersection of these two areas. Questions emerge regarding how social work practitioners can best deliver cross-culturally sensitive services while at the same time take care of themselves. Further, these are questions that must be answered not only for current social work practitioners, but also for current social work students who aspire to become practitioners in the future, in order to better prepare students for experience in the field. Upon reflection of the literature, suggestions that may help bridge

the current informational gap between self-care and cross-cultural perspectives in practice include increasing interprofessional discourse, emphasizing continued education for social work practitioner and students, exploring a deeper understanding of empathy, and understanding cultural humility and other conceptual frameworks. These approaches will help lead social workers toward a deeper and healthier understanding of their position as caretakers who are also worthy of care and as lifelong learners in the helping process with diverse clients.

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