

Oregon Board of Psychologist Examiners  
Cultural Competence Continuing Education Guide

May 2017

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## **Background on Diversity CE and Criteria Development**

Demographic trends have shown that Oregon populations represent a wide range of ethnic, cultural, and social class groups. Many minority groups are increasing significantly in numbers and increasing at greater rates than White groups (See Appendix A). Yet, the numbers of ethnic group make-up for psychologists shows a predominance of White practitioners (See Appendix B). Given that the population demographics in Oregon are rapidly changing, it is critical for mental health professionals to increase their competency in how to deliver culturally sensitive research, education, support, supervision, consultation, assessment, and treatment.

In order to address health equity, including mental health equity, in 2011 and 2013 the Oregon State Legislature passed two bills (Senate Bill 97 and House Bill 2611, respectively) focusing on the problem of disparities in health services to the people of Oregon. The bills direct Oregon Regulatory Boards to provide training in cultural competency to all licensees. Senate Bill 97 defines cultural competence as “the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, economic statuses, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations and other characteristics in a manner that recognizes, affirms, values the worth of and preserves the dignity of individuals, families and communities (Senate Bill 97, Section 1. (b), p. 2).

This definition is consistent with the views of both the American Psychological Association (APA) and the National Council of Schools of Professional Psychology (NCSPP). The APA has addressed the need for culturally competent practice in the APA Ethics Code and the APA Practice Guidelines. Our mission as psychologists is to help individuals alleviate mental and emotional suffering that deters people from living meaningful and satisfying lives. Furthermore, psychologists are charged by the APA ethical guidelines to seek appropriate education and/or training to provide competent treatment to multicultural diverse populations (APA, 2002) (See References).

In order to insure health equity, the legislature, acting in conjunction with Oregon Health Authority (OHA), has called for training programs in cultural competency for all licensed practitioners regulated by licensing boards. OHA is directing Boards to set criteria for the content and quality of training to be provided, including standards for the content, the qualification of presenters and the appropriate levels of workshop formats. The Oregon Board of Psychologist Examiners (OBPE) has been directed to develop guidelines and criteria for cultural competency training for psychologists and to collect data on the training being offered and the number of psychologists attending workshops and trainings. A request was put forth to develop the criteria, and a committee of OBPE and OPA members volunteered their time to construct the committee. Committee members were as follows: Sandra Jenkins (Chair), Ryan Dix (Co-chair), Lee Drucker, Michelle J. Kirton, Peter Grover, Forrest Merrill, Michelle Shepard-Combs, Martha Villegas-Gutierrez, Cliff Johannsen (ex officio).

# Foundational Concepts and Domains

## Concepts

### Workshop assumptions:

- We are all cultural beings.
- All psychologists are dedicated to the principles that all clients deserve competent, ethically responsible or ethical, responsible, responsible, and respectful services.
- All psychologists possess competencies in some areas and lack competencies in other areas. We can all feel good about our areas of competence and we all have areas where growth is indicated.
- All psychologists desire to practice at their highest level of skills and awareness.
- All psychologists seek to avoid liabilities associated with incompetent practice.
- Skills are the basis for delivery of competent services for all psychologists, working with all clients.
- Cultural competency training should be designed to promote positive environments for learning, and encourage participants to feel highly regarded for their openness, curiosity, enthusiasm and willingness to be vulnerable to learn new approaches.
- The culturally competent psychologist is equipped to practice across a wide range of social/cultural groups.
- Cultural responsivity defines the ability of learning from and relating respectfully with people from one's own and others cultures.

### Workshop Content Areas: Workshops and trainings can cover any of the following content areas:

Understanding culture: Workshops can define culture, especially as culture determines our beliefs, values, behavioral and interpersonal norms, expectations, and our appreciation or valuing of attributions and characteristics of ourselves and others.

Learned biases: Workshops can explore how unconscious and explicit biases impact our services. For instance, they can provide education about how biases can influence the identification of relevant research, guide our clinical practices, or even how we define healthy goals with our clients. Workshops can also help identify ways to overcome or gain awareness of our biases.

Clinical practice: Given that psychologists perform psychotherapy, assessment, supervision, research, and consultation (among other roles), workshop topics can focus on how to deliver culturally competent services to diverse ethnic and various cultural groups. Workshops can review current barriers related to equitable services, such as cultural, social, class, and language barriers.

Delivery systems and settings: Given the wide variety of work settings that employ psychologists, workshops can provide training on how to assess our settings for barriers, how to measure the cultural competence of staff, intake procedures, written documents, and outcome evaluations.

## Domains

### **Cultural Competencies Training Areas:** (Training should focus on four areas of learning)

These areas arise from the Multicultural Competence Framework originated by Arredondo et al in 1996. Here are examples of learning objectives or goals for workshops.

**Awareness:** Workshops can focus on learning about our own levels of awareness and understanding our limitations. They can enhance our abilities to relate with people who are different from us. They can also target improving how well we respond to, communicate with and empathize with people from different cultural backgrounds. In addition to helping us assess the limits of our knowledge and our skills, they can even help us understand our roles in viewing successful or unsuccessful treatment outcomes. Additionally, workshops can help increase our awareness of barriers to various populations' access to services.

**Knowledge:** Workshops can focus on learning about specific cultures and their norms, values, social structures, communication styles, interpersonal norms and expectations for different groups. They can help us know about how those groups differ from other groups, about sub-groups within groups, and about group differences. Among other objectives, workshops can focus on psychologists' learning about common clinical diagnoses, help-seeking patterns and ways of relating to helpers and authority figures.

**Skills:** Workshops can explore the skills we possess to communicate effectively and competently with different groups, the skills related to different culturally relevant and culturally specific topic areas, and the skills related to dealing with when we offend or have miscommunication with clients of various multicultural identities. Additionally, they can help us learn ways to manage our emotional reactions surrounding our strengths and weaknesses regarding our own level of multicultural competence. Skill based workshops can also explore the extent to which our theoretical orientations are appropriate for different groups, or help us to modify our perspectives and interventions for different cultural groups.

**Relationship:** Much of the current outcome research indicates that the positive strength of the therapeutic or working alliance is a key predictor variable in attaining positive psychotherapy outcomes. The therapy relationship can be defined as how psychologists negotiate the differences between themselves and their clients, students, colleagues, families, or communities.

## OBPE GUIDELINES FOR CULTURAL COMPETENCE CE (5 DOMAINS)

Domain I	Culturally competent practice requires self-awareness and self-assessment of beliefs, attitudes, emotions and values. (CE programs should meet all 3 criteria).
	Training opportunity teaches about cultural factors that may influence provider and client's behaviors
	Training opportunity helps to foster a non-judgmental and respectful environment during health encounters between provider and client
	Training opportunity teaches relationship between cultural competence and ethics
Domain II	Culturally competent practice requires the acquisition of knowledge by providers. (CE programs should meet at least 3 of 5 criteria).
	Training opportunity demonstrates understanding of cultural competence as a developmental, life long, participatory process, not an endpoint
	Training opportunity provides a broad and inclusive definition of diversity, even if it focuses on a specific population
	Training opportunity demonstrates knowledge of legal, regulatory (i.e. client rights & responsibilities, risks to practice-civil rights act, ADA, CLAS, Joint Commission requirements, etc.) and accreditation issues of diversity and linguistic issues and providers' professional standards regarding cultural competence
	Training opportunity demonstrates knowledge of health disparities and social determinants of health
	Training opportunity demonstrates knowledge of culturally-based information and related resources specific to Oregon
Domain III	Culturally competent practice requires the acquisition of skills by providers. (CE programs should meet at least 3 of 4 criteria).
	Training opportunity demonstrates how to collaborate with clients and/or stakeholders in making health care decisions
	Training opportunity demonstrates how to develop and/or utilize communication tools/multiple client education formats (including translated, audio and visual materials) and client assessment strategies (e.g. client- and family-centered communication, client's perception of his/her health, client preferences, etc.)
	Training opportunity demonstrates how to collect and utilize data to inform clinical practice related to health equity, (including recognition of institutional cultural issues)
	Training opportunity demonstrates how to collaborate effectively with community resources, stakeholders, traditional health workers (THWs), qualified/certified health care interpreters (HCIs), providers, and other types of healers
Domain IV	Culturally competent training requires specific educational approaches for acquisition of knowledge and skills (CE programs should meet all 3 criteria).
	Training opportunity is delivered through facilitated learning processes (e.g. interactive training involving case review; homework; discussion group/blog; interactive test with trainer/facilitator; post-training to demonstrate what was learned; etc.)
	Training opportunity uses a variety of collaborative, inclusive and accessible teaching methodologies consistent with adult learning principles (self-directed, goal oriented activities based on participant experiences in order to gain new forms of knowledge, skills, attitudes, or values)
	Training opportunity is evaluated to assess impact on participants and efficacy of trainers, with clear description of criteria for participant completion
Domain V	Culturally competent training requires focus on the impact of cultural diversity on the relationship (CE programs should meet 2 of 3 criteria)
	Training opportunity acknowledges the therapeutic alliance as a key predictor variable in psychotherapy outcomes
	Training opportunity demonstrates how to negotiate the differences and similarities between attendees and their clients
	Training opportunity highlights various aspects of relationship that can exist in a therapeutic interaction

## Level 1 and Level 2 Reasoning

These guidelines are set forth to help psychologists identify what each level of training entails and to select coursework that is most appropriate to their experience and comfort level.

**Levels of training:** Training in cultural competence should respect differences in cultural norms, educational backgrounds and interpersonal styles. Training should be designed to be appropriate for differing levels of awareness, knowledge, and skills for each participant. It should be assumed that psychologists benefit most when the level of training fits the level of learning already achieved.

Level 1: Workshop content and format is designed at the beginner or introductory level. The course outline and objectives offer basic information in all of the learning areas with an emphasis on lectures, videos, case examples and questions and answers, etc. Level 1 is less intensive and requires less participation and engagement with the subject matter.

Level 2: Workshop content and format is designed at the intermediate or advanced level. The course outline and objectives offer more personal and interpersonal learning opportunities with an emphasis on self-evaluation of the four areas. Level 2 is more intensive and requires more participation and engagement with the subject matter.

## Level 1 and Level 2 Checklist

OHA Guidelines for both levels:

- Provides broad inclusive definition of diversity
- Training opportunity demonstrates knowledge of legal, regulatory, (i.e. client rights and responsibilities, ADA, etc.) and accreditation issues of diversity and linguistic Competence
- Demonstrates knowledge of health disparities and social determinants of health
- Identification of culturally-based information and related resources specific to Oregon
- Demonstrates how to develop culturally appropriate communication tools, materials, and assessment strategies

## Level 1: Introductory Workshops

Goals/Objectives of the workshops can be any one of the following:

- Do no harm
- Prevent board complaints
- Know when to refer

Here are examples of the types of learning objectives that these workshops would cover (Learning style for the audience likely to center on a cognitive learning style):

- Define the relevance of cultural competence and culturally responsive services in the behavioral health field
- Define diversity related to race, ethnicity, religion/spirituality, sexual orientation, gender, disability/ability, age/generation, socioeconomic status, nationality, indigenous status, family composition and/or the intersection of these variables
- Understand culturally sensitive and appropriate interventions based on diversity related variables (such as those noted in section B), or inclusive of language differences or education level
- Identify resources available to eliminate common barriers to treatment (socioeconomic, use of translators for language barriers, cultural ambassadors, etc.)
- Provide strategies to assess the needs of a client
- Identify the social determinants of health
- Provide awareness of cultural differences and norms

- Demonstrate how to respect and comprehend diverse viewpoints
- Demonstrate awareness of one's bias and/or worldview
- Demonstrate awareness of one's limits of competency (e.g. to know when to refer)
- Demonstrate that cultural norms help shape client's behaviors and attitudes
- Demonstrate limits of assessment tools and strategies
- Demonstrate awareness of diversity related constructs, issues, or variables (e.g. micro-aggressions, privilege, unconscious bias, colorblind ideology, collectivism vs. individualism, stereotypes, cultural values)
- Define unethical behaviors, practices, or interventions
- Demonstrate awareness of current sociopolitical issues and policies that might impact any minority client (e.g. conscience clause, legislation re: segregated restrooms)
- Provision of review of research or dissemination of information related to different cultural groups (e.g. communication styles, historical information)
- Provision of models to address any of the multiple dimensions of diversity (e.g. ADDRESSING, PID, identity development models, different types of disabilities) \*note-reference for "ADDRESSING, PID" is Arrendondo et. al 1996
- Provision of information related to health care disparities
- Provision of information related to special populations (e.g. refugee groups)

## **Level 2: Advanced Workshops**

Goals/Objectives of the workshops can be any one of the following:

- Professional growth in awareness and/or knowledge bases
- Expand/increase professional skills to provide optimal service
- Personal growth, as this impacts professional identity and competence

Here are examples of the types of learning objectives that these workshops would cover (Learning style for the audience likely to center on affective or kinesthetic learning style):

- Increase one's knowledge of cultural elements, and variables that impact the relationship between the client and clinician
- Increase one's ability to incorporate diversity related variables (e.g. acculturation, ethnic identity, sexual orientation, gender, socioeconomic level, sexism) into the therapeutic process, and/or professional work roles
- Identification and working with bias (inclusive of unconscious bias) to achieve optimal outcomes
- Identification and working with different worldviews, inclusive of institutional worldviews and minority worldviews
- Improve skills related to the collection and utilization of data to inform clinical practice related to health equity, including recognition of institutional cultural issues
- Provide opportunity to improve personal growth to expand one's comfort level with various issues/constructs related to diversity
- Experiential component or learning of skills related to working with various populations (e.g. cross cultural communication skills)
- Experiential appreciation of the art of therapy, inclusive of how personal growth relates to professional growth
- Demonstration of the value of both theory and practice
- Provide critical analysis or review of limitations & advantages of diversity related assessment tools
- The role of consultation in various roles as a psychologist

## **Sample Evaluation Form**

The sample evaluation form included in Appendix C is meant to only serve as a guide for how one might want to assess the impact of their training.

## References

- American Psychological Association. (2002). Guidelines on multicultural education, training, research, practice and organizational change for psychologists. Washington, DC: American Psychological Association.
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- House Bill 2611. (2013). 77th Oregon Legislative Assembly.
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- Senate Bill 97. (2011). 76<sup>th</sup> Oregon Legislative Assembly.

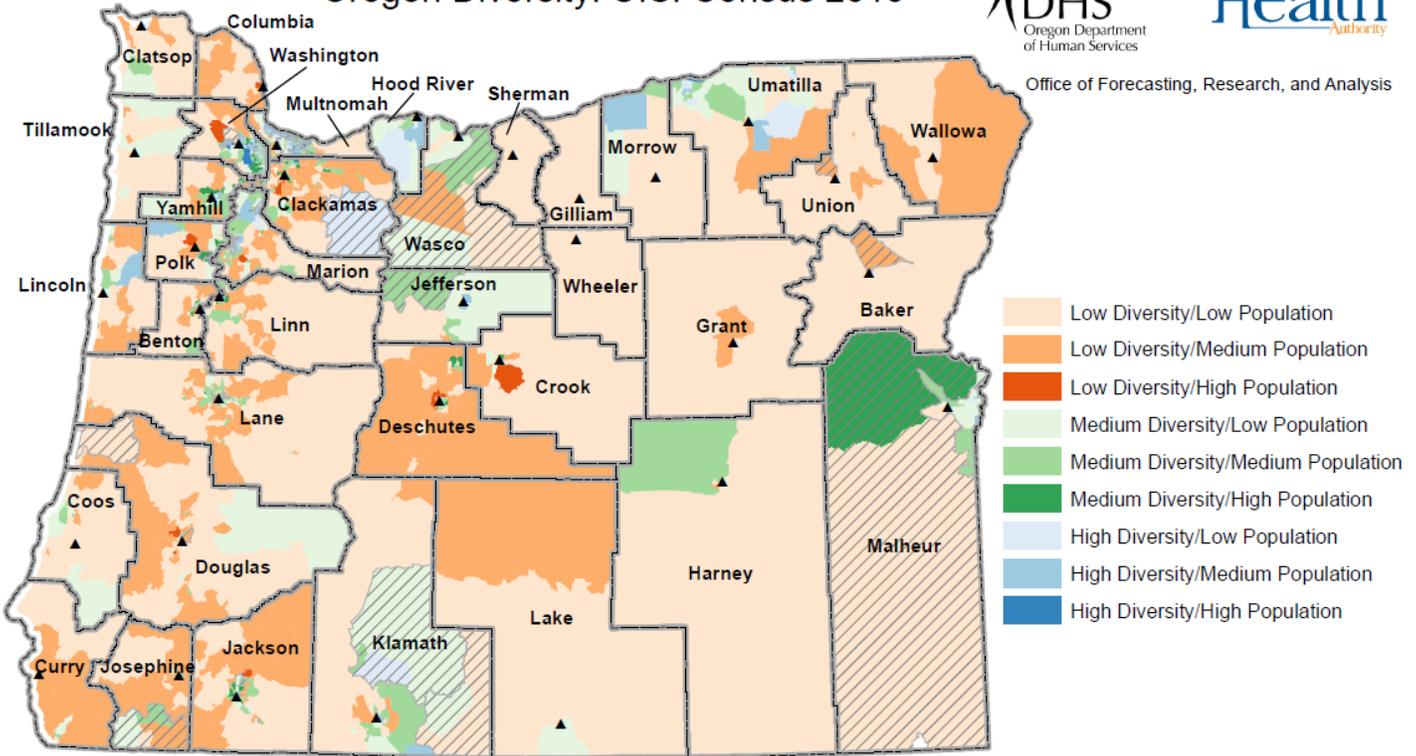
# Appendices

## Appendix A: U.S. Census Oregon State Population Information

### Oregon Diversity: U.S. Census 2010



Office of Forecasting, Research, and Analysis



	Diversity Categories	Population Categories
Low	0.03 - 0.23	0 - 1,207
Medium	0.24 - 0.46	1,208 - 2,936
High	0.47 - 0.75	2,937 - 5,414

- >25% of Census Tract Population at or Below 100% FPL
- County Seats
- County Boundaries

Diversity categories are based on the calculated Diversity Index for each census block group. The Diversity Index is on a scale from 0 to 1 based on the number of categories (race/ethnicity) and the proportion of people in each category.

Data from 2010 U.S. Census:  
Demographic information for census block groups and tracts. (FPL = Federal Poverty Level)

Created April 2012

Oregon - Overview	2010 Census		2000 Census		2000-2010 Change	
	Counts	Percentages	Counts	Percentages	Change	Percentages
<b>Total Population</b>	3,831,074	100.00%	3,421,397	100.00%	409,677	11.97%
<b>Population by Race</b>						
American Indian and Alaska native alone	53,203	1.39%	45,211	1.32%	7,992	17.68%
Asian alone	141,263	3.69%	101,350	2.96%	39,913	39.38%
Black or African American alone	69,206	1.81%	55,662	1.63%	13,544	24.33%
Native Hawaiian and Other Pacific native alone	13,404	0.35%	7,976	0.23%	5,428	68.05%
Some other race alone	204,625	5.34%	144,832	4.23%	59,793	41.28%
Two or more races	144,759	3.78%	104,745	3.06%	40,014	38.20%
White alone	3,204,614	83.65%	2,961,621	86.56%	242,993	8.20%
<b>Population by Hispanic or Latino Origin (of any race)</b>						
Persons Not of Hispanic or Latino Origin	3,381,012	88.25%	3,146,083	91.95%	234,929	7.47%
Persons of Hispanic or Latino Origin	450,062	11.75%	275,314	8.05%	174,748	63.47%

## Appendix B: OBPE Race Statistics

### Total Licensee Base by Race

Race	Total
(Not Specified)	652
American Indian/Alaska Native	9
Asian	56
Bi-Racial or Mixed Heritage	7
Black/African American (not of Hispanic origin)	10
Hispanic/Latino	47
Native Hawaiian/Other Pacific Islander	4
White/Caucasian (not of Hispanic origin)	1183

### New Licensees by Race by Year

Race	2011	2012	2013	2014	2015	2016
(Not Specified)	26	6	11	8	11	5
American Indian/Alaska Native	1	1	2	2	0	1
Asian	6	2	2	9	8	8
Bi-Racial or Mixed Heritage	2	1	1	2	0	1
Black/African American (not of Hispanic origin)	0	0	0	1	3	2
Hispanic/Latino	4	5	3	7	4	10
Native Hawaiian/Other Pacific Islander	1	0	0	1	0	0
White/Caucasian (not of Hispanic origin)	60	47	92	97	111	102
<b>Total Licensed Each Year</b>	<b>100</b>	<b>62</b>	<b>111</b>	<b>127</b>	<b>137</b>	<b>129</b>

Source: OBPE Database, May 1, 2017

# Appendix C: Sample CCCE Program Evaluation Form

## Evaluation Form

CE Title

Author

Date

Name: \_\_\_\_\_

Please put a check mark in each question's rating box below:

Question	Excellent	Good	Fair	Average	Poor	NA
1. Workshop description was accurate.						
2. How much did you learn as a result of this CE program (with poor being very little and excellent being a great deal)?						
3. How useful was the content of this CE program for your practice or other professional development (with poor being not useful and excellent being extremely useful)?						
4. Teaching format/length was suitable to content.						
5. Course content matched the stated learning objectives.						
6. Participant/instructor interaction was sufficient.						
7. Audio/visual aids were legible and helpful.						
8. Handouts (if applicable) were current and useful.						
9. Course Objective was met:						
10. Course Objective was met:						
11. Course Objective was met:						
12. Course Objective was met:						
13. Course Objective was met:						
18. Presenter(s) was knowledgeable concerning the topics covered.						
19. Presenter(s) were well prepared/organized.						
20. Presenter(s) answered questions satisfactorily and concepts were clearly explained.						
21. Presenter(s) teaching style was conducive to meeting the stated objectives.						
22. The workshop met or exceeded my expectations.						
23. Training equipped me with new skills to work more effectively with diverse populations.						
24. Seminar allowed me to develop a deeper understanding of how race, ethnicity, gender, sexual orientation, ability, and/or religion impact treatment.						
25. Training was effective in helping me gain a greater understanding of how my own race, ethnicity, gender, sexual orientation, ability, and/or religion impact treatment.						
26. Training environment was comfortable/supportive enough to allow exploration of my feelings about multicultural competency.						
27. Seminar was comfortable/supportive enough to allow engagement in discussion and exploration of <b>MY</b> cultural identities.						

What did the facilitator do that helped you feel comfortable enough to explore your feelings about cultural competency?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did this seminar foster a greater understanding of the diversity areas covered and how will it impact your work with clients from diverse backgrounds tomorrow and in to the future?

\_\_\_\_\_

\_\_\_\_\_

Where did you hear about this workshop?  Email  Website  Mailed Brochure  Colleague  Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you! Please return this form to the registration desk.**