Evaluating the Organizational Cultural Competence of a Clinical Psychology Training Clinic: Findings and Implications for Training Sites

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ABSTRACT

Canadians from diverse ethnocultural backgrounds have specific mental health needs. Cultural competence in mental health care enhances client satisfaction and improves outcomes for individuals from minority groups. Few studies examine cultural competence at the organizational level. This program evaluation examined organizational cultural competence of a university-based psychology clinic. Surveys were completed by internal stakeholders and clients. Results suggest a high level of commitment to cultural competence among internal stakeholders. Clients reportedly felt welcomed and that their cultural needs were met. Challenges related to cultural competency training, educational opportunities, policies, and procedures will be discussed. Recommendations have implications for psychology clinics.

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RÉSUMÉ

Les Canadiens de diverses origines ethnoculturelles ont des besoins spécifiques en santé mentale. La compétence culturelle concernant les soins en santé mentale augmente la satisfaction des clients et améliore les résultats auprès des personnes issues de minorités visibles. Peu d'études examinent la compétence culturelle du point de vue organisationnel. La présente étude a porté sur cet aspect au sein d'une clinique de psychologie universitaire. Les responsables et les clients de cette clinique ont répondu à différents sondages. Les résultats suggèrent un haut niveau d'engagement en matière de compétence culturelle parmi les responsables. Ainsi, les clients avaient le sentiment d'être bien accueillis et que leurs besoins culturels étaient pris en compte. Les défis liés à la formation en termes de compétences culturelles, les opportunités éducatives, les politiques et les procédures sont discutés. Les recommandations ont des implications pour les cliniques de psychologie.

Mots clés : compétences culturelles organisationnelles, programme d'évaluation, formation en psychologie clinique

Culture can be defined as traditions, values, and behaviours shared by members of a social identity group. Culture shapes how individuals view and experience mental health (Sue & Sue, 2016). Members of ethnocultural minority communities often have different needs and preferences regarding mental health services. Cultural values have implications for the process and outcome of mental health service delivery (Soto et al., 2018).

Cultural competence in mental health refers to a clinician's capacity to understand effectively and relate to diverse clients (Sue & Sue, 2016). Culturally competent mental health services are associated with reduced health inequities and improved outcomes for individuals from ethnic minority groups (Fung et al., 2012; Sue & Sue, 2016). Culturally adapted psychotherapy interventions and higher client ratings of therapist cultural competence result in better outcomes (Soto et al., 2018).

Increasing population diversity (Statistics Canada, 2022) underscores the need for culturally competent mental health services (Fung et al., 2012; Sue et al., 2009). Furthermore, the Canadian Psychological Association (CPA) expects graduate programs and internships to offer opportunities to develop competency working with ethnoculturally diverse clients (CPA, 2011). Thus, clinical psychology training clinics should consider how to support the development of this competence. First, these settings should assess their cultural competence.

Organizational Cultural Competence

Organizational cultural competence is operationalized as a set of attitudes, practices, policies, and structures that enables an organization to serve people from diverse backgrounds (Cross et al., 1989; Fung et al., 2012). Best practices advocate assessing cultural competence at both individual and organizational levels as the former may not translate to the latter (Fung et al., 2012; Troung et al., 2017).

Reports describing how to evaluate organizational cultural competence are limited. Olavarria, Beaulac, Belanger, Young, & Aubry (2009) developed a self-assessment framework for community health and social service organizations, which was used for a community health centre (Cherner et al., 2014). Frameworks exist for health settings (Fung et al., 2012; Troung et al., 2017). Yet, research about organizational cultural competency self-assessment is lacking.

Evaluation Context and Objectives

The Centre for Psychological Services and Research (CPSR) is a University of Ottawa community-based mental health training unit located in Ottawa, Canada, a culturally and linguistically diverse region (Statistics Canada, 2017). CPSR's clientele mirrors the region's cultural diversity (CPSR, 2017).

CPSR's cultural competence was evaluated using the framework described by Olavarria et al. (2009) and Cherner et al. (2014). Additionally, peer-reviewed, grey literature, and professional guidelines (American Psychological Association [2017] and CPA [2018]) were consulted to ensure that relevant domains were assessed. A domain addressing clinical supervision and the supervisory relationship was added, the importance of which has been highlighted by others (Hook et al., 2016). See Table 1.

Each domain included standards with indicators relevant to a clinical psychology training clinic. Standards from the Olavarria et al. (2009) framework that did not apply were removed. The current study had two purposes: (1) assess organizational cultural competence in a psychology training clinic and provide recommendations, which can be adopted by other clinics, and (2) describe the approach and framework of the evaluation.

Table 1

Organizational Cultural Competence Domains

Domain	Description
Organizational norms, principles, and policies	Cultural competency in organizational policies, leadership commitment to organizational cultural competence, presence of advisory committee, and culturally sensitive and welcoming physical environment.
Asset and need identification research related to cultural competence	Awareness of community's strengths and needs (e.g., identifying resources and barriers related to cultural competence) and ongoing consultation on community needs.
Human resources and management: Policies and practices	Internal stakeholder groups representative of target population. Aware of and addresses challenges regarding cultural competency training.
Services and service delivery	Adapts services to meet needs of diverse clientele, such as offering specific services, flexible hours, and linguistic interpretation.
Community consultation, partnership, and information exchange	Ongoing community consultation and exchange with clients and partners regarding the development of organizational cultural competence.
Supervision processes and relationship	Clinical supervision model, processes, and practices are culturally safe, informed, and competent.

METHOD

Participants

Five stakeholder groups participated (see Table 2 for demographic data).

Clinical Training Committee (CTC) members. The CTC addresses training issues at CPSR. Six clinical supervisor and student trainee CTC members participated (86% participation rate). Demographic data was aggregated with their stakeholder group (i.e., supervisor or trainee) to protect their anonymity.

Trainees. Forty-seven percent of practicum students and pre-doctoral interns with at least one active case participated. Including trainee CTC members, 32 trainees completed the survey.

Administrative staff. All four administrative staff members participated. Due to the small sample size, demographic data was combined with those of the clinical supervisors to protect their anonymity.

Clinical supervisors. Fifty-six percent of the clinical supervisors participated. Including CTC members, a total of 19 clinical supervisors completed the survey.

Clients. Twenty-five clients, over the age of 18, who had received at least one session, participated. Appropriately 50% of the clients briefed about the study completed the survey. Eight (32%) clients spoke a language in addition to French or English and nine (36%) identified as part of a non-White European cultural/ethnic group.

Sources of Information

Agency record review. Documents reviewed included the CPSR Handbook, outlining organizational policies and procedures; the CPSR Annual Report; and the CPSR Internship Accreditation Report. Additional information was provided by the director and administrative staff.

Internal stakeholder surveys. Four versions were created for (1) CTC members, (2) clinical supervisors, (3) trainees, and (4) administrative staff. Most of the questions used a 5-point scale (Not at all [1] to Very much [5]). Others had yes-or-no or open-ended response formats. Questions focused CPSR's perceived organizational cultural competence. The following definition was provided: "At the organizational level, cultural competence is a set of attitudes, practices, policies and structures that enables the agency to work more effectively with people from different racial, ethnic, linguistic and religious backgrounds." Participants also assessed their ability to meet the needs of diverse cultural groups. Surveys were available online.

Client survey. A 15-item survey was developed regarding the perceived cultural competency of clinical services. Organizational cultural competence was defined as the clinic's ability to serve clients from diverse ethnocultural backgrounds. Many of the questions used a 5-point scale (Not at all [1] to Very much [5]) or yes-or-no format. There were two qualitative questions. Clients could complete a paper or online version, and all, except one, opted for the online option.

Procedure

Internal stakeholders received an email describing the study with a survey link. Surveys were administered online using Qualtrics™ (Provo, USA) and were available in English and French except for the CTC

Table 2

Participant Demographics

Characteristic	Clients (n = 25)	Trainees (n = 32[a])	Clinical Supervisors and Administrative Staff (n = 23[b])
	n	*n*	*n*
Languages spoken[c]			
English	25	30	21
French	15	19	17
Arabic	2		
Spanish	2		
Chinese	1		
Other	3	8	5
Cultural/ethnic group[c]			
White European	17	26	19
Indigenous	3		
Middle Eastern	2		
Caribbean	2		
African	1		
East Asian	1		
South Asian	1		
Other	3	3	3
No response	0	4	2

Note. The shaded areas indicate response options that were included in the surveys for the trainee, clinical supervisors, and administrative staff. However, these responses were aggregated in the *other* category to protect participants' anonymity.

[a] including trainee CTC members.

[b] including clinical supervisor CTC members.

[c] multiple responses were allowed.

version since members were bilingual. Survey completion took up to 20 minutes. Data collection occurred from March 21, 2018, to April 30, 2018.

When eligible clients arrived for their appointment, the administrative assistant provided an information sheet describing the study. Clients returned a form indicating their interest in participating. Those interested in the online survey were emailed the link. Those who preferred the paper option completed it in a private office. Surveys were available in English and French and took 5 to 10 minutes to complete.

The University of Ottawa Research Ethics Board approved this project.

Data Analysis

SPSS version 23 was used (IBM, USA). For standards that were rated on a 5-point scale, an average score of 3 or above was considered a strength. For yes-or-no questions, those with more than half of participants responding favourably were considered strengths.

RESULTS

Organizational Norms, Principles, and Policies

Internal stakeholders perceived leadership as committed to organizational cultural competence. Clinic staff and trainees reported commitment to increasing their individual, and the clinic's organizational cultural competence. Clinical supervisors, trainees, and administrative staff were confident in their ability to serve clients from diverse cultural backgrounds.

These strengths were echoed by clients who reportedly felt welcomed and whose cultural needs were met across interactions with trainees and administrative staff. Clients also reported feeling comfortable discussing their cultural needs with their clinicians. Clients also indicated that the displays, posters, and décor reflect cultures and ethnic backgrounds of the clientele.

However, the clinic did not have policies about cultural competence. CTC members indicated that there was no ongoing monitoring and evaluation of the effectiveness of having organizational cultural competence policies. Clinical supervisors, trainees, and administrative staff were unaware of complaint procedures regarding cultural competency. CTC members also identified a lack of funding to promote organizational cultural competence and for ongoing cultural competence training. CTC members and clinical supervisors indicated that the displays and décor reflected clients' cultural and ethnic backgrounds, whereas trainees rated this as a challenge.

Asset and Need Identification Research Related to Cultural Competence

Findings in this domain were mixed. CTC members reported that CPSR collects population-level data to inform service planning. CTC members and clinical supervisors viewed the clinic as effective in obtaining information regarding barriers to services for clients from diverse backgrounds. However, trainees indicated that the clinic could focus more attention on identifying and addressing cultural barriers to services. Whereas

CTC members viewed CPSR as maintaining links to the community regarding community needs, clinical supervisors considered this a challenge.

Human Resources and Management: Policies and Practices

Limited cultural diversity among internal stakeholders was reportedly a challenge. Moreover, clinical supervisors, trainees, and administrative staff described challenges regarding training and education in cultural competence (e.g., insufficient access to training materials and financial support).

Services and Service Delivery

The capacity to provide services in English and French was a strength. More than 95% of clients had received services in their preferred language. Most clinical supervisors and trainees reportedly felt equipped to adapt assessments and interventions to meet their clients' cultural needs. CPSR's flexible hours were recognized as a strength by trainees, administrative staff, and clients. No clients reported discrimination or unfair treatment.

However, clinical supervisors, trainees, and administrative staff reported that language interpreters are unavailable, or they were unsure about how to access them. There was also limited data collection on ethnocultural differences in service use (e.g., premature service termination) and client satisfaction with services. Clinical supervisors and trainees also identified a lack of data collection regarding client satisfaction related to cultural competence.

Community Consultation, Partnership, and Information Exchange

This domain was a relative weakness. Although the clinic had partnerships with community-based health agencies and hospitals, it had limited relationships with organizations engaged in community-building with diverse cultural communities. CTC members recognized that there is a role for policy engagement and advocacy to increase access to mental health services for the broader diverse population.

Supervision Process and Relationship

Clinical supervisors perceived themselves as effective in encouraging dialogue and awareness of cultural issues in supervision, and in challenging supervisees to explore how sociopolitical contexts affect the therapeutic process. Yet, clinical supervisors recognized their limitations in developing a supervision philosophy that explicitly integrates cultural dimensions. Trainees described the following as areas for improvement for their supervisors, although supervisors rated them as strengths: incorporating cultural competence in the supervision process and relationship, encouraging dialogue and awareness, exploring sociopolitical context, and having a culturally competent supervision philosophy. Some trainees described limited supervision discussions on cultural competence due to their clients' demographics and time constraints.

DISCUSSION

Our report is about an organizational cultural competence evaluation of a psychology training clinic. This is the first study, to our knowledge, that evaluated organizational cultural competence in this setting.

Responses indicated commitment to individual and organizational cultural competence. However, organizational norms and policies could also be improved. Training handbooks should include policies and procedures related to cultural competence. Establishing a cultural competency advisory committee could support attention to organizational cultural competence (Fung et al., 2012; Troung et al., 2017), which would facilitate the development of policies and procedures and monitoring outcomes. Moreover, having a budget for activities to enhance the cultural competence of internal stakeholders would support this goal (Fung et al., 2012; Troung et al., 2017).

Another strength is service provision in English and French. However, individuals could only access services if they spoke one of those languages. Given the improved outcomes when clients receive mental health treatment in their preferred language (Fung et al., 2012; Soto et al., 2018), incorporating interpretation services could overcome this barrier.

Additionally, data collection on the number of drop-outs, no-shows, and missed appointments could help identify potential differences across cultural and linguistic groups. Such analyses would allow for a better understanding of barriers that hinder clients from accessing, or continuing, services, allowing the organization to adapt services according to clients' needs (Fung et al., 2012).

Relationships with other organizations can support care for clients from diverse populations. Other healthcare settings have collaborated with outside partners (Dell'Aversana & Bruno, 2017). Fostering relationships with community partners to obtain referrals from diverse populations and information about community needs is essential (Troung et al., 2017).

Internal stakeholders identified a need for individual cultural competency training and education. Cultural sensitivity training could be offered to administrative staff (Fung et al., 2012). Training for trainees and clinical supervisors could support developing the skills to work with language interpreters (Dell'Aversana & Bruno, 2017). Clinical supervisors could receive workshops developed to encourage culturally competent clinical supervision.

Exposure to cultural issues in supervision could include workshops, group discussions, readings, role plays, and case studies. Psychology training clinics could adopt a model of individual cultural competence, such as the tripartite model of Multicultural Counseling Competencies (Sue & Sue, 2016; Sue et al., 2009). Clinical supervisors and trainees should also be familiar with guidance and resources from professional organizations (APA, 2017; CPA, 2018).

Lessons Learned About Conducting a Cultural Competency Evaluation

Obtaining buy-in from stakeholders and fostering their commitment to organizational cultural competence is important. We recommend having an evaluation team that (1) is familiar with the organizational culture and structure, (2) possesses knowledge of cultural competence and program evaluation, and (3) is removed from day-to-day operations. Also, we included questions about individual cultural competence;

however, we recommend using validated measures that are robust against response biases. Finally, we adopted liberal criteria for what we considered a strength and recommend using a more stringent cut-off.

Limitations and Future Directions

This study had limitations. First, the clients' sample size was small. Additionally, non-English and non-French-speaking individuals, who could not access services, may have different perspectives regarding the clinic's cultural competence. Furthermore, limited ethnocultural diversity of the internal stakeholders and clients may have resulted in an underestimation of gaps in individual or organizational cultural competence. Moreover, the evaluation only surveyed adult clients. We are unable to comment on the validity and reliability of the survey items.

Future evaluations could focus on the needs of other diversity groups, or CPSR could conduct follow-up studies after implementation of the recommendations. Studies could evaluate the psychometric properties of frameworks of organizational cultural competency.

Implications for Psychology Training Clinics

Cultural competence is increasingly recognized as a component of evidence-based psychological practice, namely the patient values, preferences, and characteristics leg of the "three-legged stool" of evidence-based practice (Spring, 2007; Sue et al., 2009; Sue & Sue, 2016). A clinician's cultural competence is related to improved client outcomes (Soto et al., 2018). Training clinics focussed on evidence-based care should adopt practices that enhance their trainees', and the organization's, cultural competence. The relevance of culturally competent services provides psychology training clinics with an impetus to examine their cultural competence. The approach used in this evaluation in a psychology training clinic can be applied in similar settings. Moreover, several recommendations would likely benefit other clinics. The co-authors are prepared to share the study materials.

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