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Cultural Competencies¹

For Psychologists Registered Under The Health
Practitioners Competence Assurance Act (2003)
And Those Seeking To Become Registered

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¹ In developing this document, the Psychologists Board acknowledges the Cultural Safety Guidelines developed by the Nursing Council, of New Zealand in making available related documentation regarding cultural safety training and practice.

Standards of Cultural Competence

For Psychologists Registered under the Health Practitioners Competence Assurance Act (2003) and those seeking to become registered

PREAMBLE

The Health Practitioners Competence Assurance Act 2003 ("the Act") came into force on 18 September 2004. The principal purpose of the Act is to *"protect the health and safety of members of the public by providing for mechanisms to ensure that health professionals are competent and fit to practise their profession"*. Sec 118 (i) of the Act requires that the Board, *"set standards of clinical and cultural competence, and ethical conduct to be observed by health practitioners of the profession"*. The Board is required to set and monitor standards of competency for registration and practice, which ensures safe and competent care for the public of New Zealand.

In carrying out these obligations, the Board has developed a framework that reflects cultural safety, the Treaty of Waitangi, and international cultural competence standards and to evolve standards that are more specific if these prove necessary. It is also the Board's intention to systematically evaluate the processes and outcomes of competency training and professional development as a means of informing future protocols and informing the profession itself. Above all else, the Board wants to develop a workable system of cultural competency that promotes openness, transparency, and good faith.

Acquiring cultural competence is an accumulative process that occurs over many years, and many contexts. Practitioners are not expected to be competent in all the areas contained below. However, practitioners should take all reasonable steps to meet the diverse needs of their client population and these competencies are proposed to set standards and enhance the practice of psychology with diverse groups.

1. INTRODUCTION

1.1 The Treaty of Waitangi

The Government affirms that Māori as tangata whenua hold a unique place in our country, and that the Treaty of Waitangi is the nation's founding document. To secure the Treaty's place within the health sector is fundamental to the improvement of Māori health.

This priority is also affirmed in the introduction of the New Zealand Public Health and Disability Act 2000, which is the basis of the current health system in Aotearoa/New Zealand.

While the Treaty is not an integral part of the Act, Sec 118 (i) provides a mechanism for requiring cultural competence in relation to Māori and diverse cultures. Therefore, a working knowledge of the Treaty is recognized as a fundamental basis of cultural competent practice.² In the health sector, key Treaty principles for involving Māori include partnership, participation and protection. The Board is committed to ensuring these principles are acknowledged and actioned.

² Code of Ethics for Psychologists Working in Aotearoa/New Zealand 2002.

The articles of the **Treaty of Waitangi** outline the duties and obligations of the Crown and psychologists and training providers, as their agents, to:

- form partnerships with Māori
- recognise and provide for Māori interests
- be responsive to the needs of Māori
- ensure there are equal opportunities for Māori including recognition and active support of kaupapa³ initiatives.

1.2 The Code of Ethics for Psychologists Working in Aotearoa/New Zealand [2002]

The Code, in its preamble and guiding principles refers to the centrality of the Treaty of Waitangi, and the importance of respecting the “dignity of people and peoples”.

The Code of Ethics thus explicitly recognises factors relating to the Treaty relationship between Māori and the Crown and its agents, and between ethnically and culturally distinct peoples in New Zealand, as central to safe and competent psychological education and practice.

1.3 Competence

Competence is variously defined, and in this context, it involves the possession and demonstration of knowledge, skills, and attitudes necessary for the level of performance expected by a Registered Psychologist working within their specified scope(s) of practice. Competency is a developmental process and evolving process beginning with the novice, leading to the advanced and expert stages.

2. STRUCTURE OF THE COMPETENCIES

2.1 Cultural Safety Guidelines

The Nursing Council pioneered the cultural safety guidelines by health professionals. Cultural safety relates to the experience of the recipient of psychological services and extends beyond cultural awareness and cultural sensitivity. It provides consumers of psychological services with the power to comment on practices and contribute to the achievement of positive outcomes and experiences. It also enables them to participate in changing any negatively perceived or experienced service.

2.2 Definition of Cultural Safety⁴

The effective psychological education and practice as applied to a person, family or group from another culture, and as determined by that person, family or group. Culture includes, but is not restricted to, age or generation, iwi, hapu and tribal links; gender; sexual orientation; occupation and socioeconomic status; cultural and epistemological frame of reference; ethnic origin or migrant experience; religious or spiritual belief; and disability.

³ Kaupapa Maori is defined here as psychological education, training, theories and models of practice grounded in a Maori worldview.

⁴ Modelled on that produced by the New Zealand Nursing Council.

The psychologist delivering the psychological service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. In addition the psychologist delivering the psychological service will understand and recognise the cultural origins, assumptions and limitations of certain forms of psychological practice within some cultural contexts. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual, family or group.

2.3 Cultural Competence

Cultural competence is defined as a having the awareness, knowledge, and skill, necessary to perform a myriad of psychological tasks that recognises the diverse worldviews and practices of oneself and of clients from different ethnic/cultural backgrounds. Competence is focused on the understanding of self as a culture bearer; the historical, social and political influences on health, in particular psychological health and wellbeing whether pertaining to individuals, peoples, organizations or communities and the development of relationships that engender trust and respect. Cultural competence includes an informed appreciation of the cultural basis of psychological theories, models and practices and a commitment to modify practice accordingly.

3. CONTENT: AWARENESS, KNOWLEDGE AND SKILL

3.1 Awareness

- (a) Awareness of how one's own and the client's cultural heritage, gender, class, ethnic-racial identity, sexual orientation, institutional or organisational affiliation, practice orientation, disability and age-cohort help shape personal values, assumptions, judgments and biases related to identified groups.

3.2 Knowledge^{5 6 7 8}

- (b) Knowledge of how psychological theory, methods of inquiry, research paradigms and professional practices are historically and culturally embedded and how they have changed over time as society values and political priorities shift.
- (c) Knowledge of the history and manifestation of oppression, prejudice, and discrimination in home country, and that of the client and their psychological sequelae.
- (d) Knowledge of socio-political influences (e.g., poverty, stereotyping, stigmatisation, land and language loss, and marginalisation) that impinge on the lives of identified groups (e.g., identity formation, developmental outcomes, and manifestations of mental illness).
- (e) Knowledge of culture-specific diagnostic categories, and the dangers of using psychometric tests on populations that differ from the normative group.

⁵ Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). "Examining multicultural counseling competencies of graduate students in psychology." *Professional Psychology: Research and Practice* **26**(3): 322-329.

⁶ Sue, D. W., Arredondo, P., & McDavis, R. (1992). "Multicultural counseling competencies and standards: A call to the profession." *Journal of Counseling and Development* **70**: 477-486.

⁷ Hansen, N., F. Pepitone-Arreola-Rockwell, & Greene, A. (2000). Multicultural competence: Criteria and case examples. *Professional Psychology: Research and Practice* **31**, 652-660.

⁸ Additional information can be found in the Board's publication - *Guidelines for Cultural Safety: Incorporating the Treaty of Waitangi and Maori health and wellbeing in psychological education and practice*. (October 2005).

- (f) Knowledge of such issues as normative values about illness, help-seeking behaviour, interactional styles, community orientation, and worldview of the main groups that the psychologist is likely to encounter professionally.
- (g) Knowledge of culture-specific assessment procedures tools and their empirical (or lack of) background.
- (h) Knowledge of family structures, iwi, hapu and other inter-tribal relations, gender roles, values, educational systems (kura kaupapa, kohanga reo), beliefs and worldviews and how they differ across identified groups along with their impact on identity formation, developmental outcomes, and manifestations of mental illness).
- (i) Knowledge of the New Zealand/Aotearoa Code of Ethics (2002), knowledge of the Treaty of Waitangi and its application to psychological practice and knowledge of legislation governing psychologists in New Zealand.

3.3 Skill

- (j) Ability to accurately evaluate emic (culture-specific) and etic (universal) hypotheses related to clients from identified groups and to develop accurate research findings and/or clinical conceptualisations, including awareness of when issues involve cultural dimensions and when theoretical orientation needs to be adapted for more effective work with members of identified groups.
- (k) Ability to accurately assess one's own cultural competence, including knowing when circumstances (e.g., personal biases; stage of ethnicity identity; lack of requisite knowledge, skills, or language fluency; socio-political influences) are negatively influencing professional activities and adapting accordingly (e.g., professional development, supervision, obtaining required information, or referring to a more qualified provider – emphasis here is on professional development).
- (l) Ability to modify (where appropriate) assessment tools; or to forego assessment tools and qualify conclusions appropriately (including empirical support where available) for use with identified groups (culture-specific models)
- (m) Ability to design and implement nonbiased, effective treatment plans and interventions for clients from identified groups, including the following:
 - i. Ability to assess such issues as clients' level of acculturation, ethnic-identity status, acculturative stress, gay and lesbian issues, (see point 1) (whanau groups);
 - ii. Ability to ascertain effects of therapist-client language difference (including use of translators or cultural advisors) on psychological assessment and intervention;
 - iii. Ability to establish rapport and convey empathy in culturally sensitive ways (e.g., taking into account culture-bound interpretations of verbal and nonverbal cues, personal space, eye-contact, communication style);
 - iv. Ability to initiate and explore issues of difference between the psychologist and the client, when appropriate and to incorporate these issues into effective treatment planning.
- (n) Ability to conduct supervision in a culturally competent manner (for the benefit of the client and the supervisee, and supervisor), taking into account the factors above.

4. ASSESSMENT OF COMPETENCY

4.1 Assessing Competency

This has not been finalised. It is important to canvas a wide range of ideas on how to assess competency standards. Suggestions to date are supervisor reports, self-report, professional development plans, and consumer feedback.

5. ONGOING COMPETENCE

5.1 Ongoing Competence

The Competence Promotion Committee of the Board will be responsible for monitoring and continuing to develop clinical and cultural competence evaluations, programmes, and standards. The competency programme may tie to the provision of annual practising certificates and/or membership to professional groups. There are currently several groups developing core competencies, which will underpin the Board's competency programme.

Ongoing competency could include these components⁹

- Observation
- Be developmentally appropriate to the individual
- Be a practice-long process
- Valid methodology
- Flexible (to allow for practice orientation)
- Include multiple measures (including observation)
- Repeated measures over time
- Assessment modality should be appropriate to the training modality and content.

⁹ Spruil, J., Rozensky, R., Stigall, T., Vasquez, M., Bingham, R. & Olvey, C., (2004). Becoming a competent clinician: Basic competencies in intervention. *Journal of clinical psychology*