

Experiences and satisfaction of Forensic Psychologists during and after training considering cultural competence

Chelsea James, BSc MSc

Student ID: 20399484

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Abstract

This thesis contributes to the existing literature on cultural training within psychology, specifically focusing on forensic psychology. It is suggested that there is an increase in individuals from various cultural groups within forensic settings. Furthermore, these individuals experience several barriers to engagement in therapeutic interventions, and there is a risk of bias in assessments and interventions. This is linked to a lack of cultural competence from psychologists. Despite this, there is a lack of training and research focused on developing Forensic Psychologists' cultural competence in order to work with these varied client groups. Considering the importance of culturally competent practice, this thesis is crucial for Forensic Psychologists, faculty of forensic psychology programmes and clients that Forensic Psychologists work with.

The first chapter introduces this thesis, provides a rationale for this research, and explores the conceptual framework of cultural competence and theoretical underpinnings to understand training within psychology.

Chapter two provides a systemic review conducted on understanding the perceptions, satisfaction, and needs of cultural training based on psychologists' experiences. The review highlights the lack of cultural training while also documenting perceived barriers and areas for improvement. This review also documents a need for more research across various cultural fields, including reporting that there is no research focusing on Forensic Psychologists' experiences of cultural training.

The third chapter of this thesis expanded on the results of the systematic review to focus on Forensic Psychologists' satisfaction with their current cultural training and their self-reported cultural competence. Using a cross-sectional design, this empirical study documented some statistical significance for one of the hypotheses, suggesting that current cultural training contributes to developing Forensic Psychologists' cultural knowledge and cross-cultural abilities ('non-ethnic ability'). Although, the rest of the hypotheses do not show statistical significance. Furthermore, the results of this study also document that factors external to training are likely to contribute to cultural competence development. The conclusions of this chapter highlight a need for further exploration of these external factors.

As a result, the fourth chapter in this thesis uses an exploratory qualitative approach to explore the success and barriers to cultural training and cultural competence within

Forensic Psychology. This chapter used thematic analysis to analyse ten semi-structured interviews with Forensic Psychologists. Four themes were discussed: didactic training, learning from others, self-directed learning, and barriers to engaging in cultural competence practice. This chapter highlighted implications that include increased cultural training, more spaces for reflection and discussion and several barriers that must be addressed. Further research and limitations are also discussed in this chapter.

Following this, chapter five considers ways that cultural competence is currently measured by assessing psychometric properties, including the validity and reliability, of the California Brief Multicultural Scale (CBMCS). The results of this chapter suggest that cultural competence should not be measured solely by self-report psychometrics. Instead, qualitative measures or expert ratings are also recommended, to manage for social desirability and bias.

Finally, the thesis conclusions are presented in chapter six. This chapter considers the main findings with reference to previous literature, commenting on this thesis' limitations, implications for forensic practice, and recommendations for future research.

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Chapter One: Introduction

The research context

The importance of cultural competence has grown significantly in forensic psychology in the United Kingdom (UK), where professionals encounter diverse populations requiring sensitive and effective practice. It is important to consider culture within the UK due to the drastic changes in the statistics of various cultural groups. For example, there has been a decrease in individuals from a “white” ethnic group between 2011 and 2021 (86% and 81.7%, respectively), suggesting an increase in ethnic minority groups. Furthermore, 3.3% of the UK population identified as lesbian, gay, or bisexual in 2021 compared to 2.1% in 2017 (Office for National Statistics, 2021). The UK is becoming increasingly diverse, as demonstrated by these changes in statistics. With these changes, diversity and culture are increasingly important for healthcare practitioners, and there is an increased need to understand and be able to work with individuals from varying cultures.

Within the criminal justice system (CJS), ethnic minorities appear to be overrepresented in comparison to white groups. In 2019, 16% of the population in England and Wales were from ethnic minority groups. However, there was a larger proportion of ethnic minority individuals who were arrested (23%), convicted of a crime (21%) and in prison (27%). Furthermore, the re-offending rates in 2018/2019 suggested that black individuals who offend were more likely (31%) to re-offend than white offenders (30%) (House of Commons Library, 2020). Additionally, since 2018, black individuals have served a greater proportion of their determinate sentences in custody (68% in 2022) compared to mixed (64%), white (59%), Asian (58%) and prisoners from other ethnic groups (61%) (Ministry of Justice; MOJ, 2024). Furthermore, it is documented that individuals who identify as LGBTQ+ are overrepresented in prison (The Prison Reform Trust, 2022) and that this

population often feels ignored, marginalised, and threatened within the prison environment. It is suggested that prisons are heteronormative and that their environment is not conducive to the needs of LGBTQ+ prisoners (Donohue et al., 2021). Furthermore, in 2016, 70 prisoners were living or presenting as a different gender from their sex assigned at birth (MOJ, 2016). 36% of prisoners were considered to have a disability, which includes physical disability and mental health issues (Cunniffe, et al., 2012). Although this research is outdated and there are likely to have been changes in these numbers since 2012. These discrepancies highlight a need for CJS staff to be aware of working with individuals from different cultural groups, including ethnicity and LGBTQ+, as examples.

Meanwhile, in July 2023, it was reported that there were 26,940 recorded practitioner psychologists in the UK. The racial composition was as follows: 84% identified as White, 5% as Asian, 2% as Black, 3% as Mixed, and 2% as Other. Furthermore, 79% of practitioner psychologists identified as female, 17% as male, and 4% preferred not to share their sex (HCPC, 2023). This is a similar distribution across sex and ethnicity for Forensic Psychologists specifically. In July 2023, it was reported that there are 1,755 Forensic Psychologists in the UK. 81% of these individuals identify as female, 15% as male, and 3% prefer not to say. When considering ethnicity, it is reported that 87% of Forensic Psychologists identify themselves as white, 4% as Asian, 2% as Black, 3% as mixed, 1% as other and 3% prefer not to say (HCPC, 2023).

The proportion of Forensic Psychologists from minority ethnic backgrounds is lower than that of individuals who have been involved with the criminal justice system, as described in the first paragraph of this thesis. For example, 68% of black individuals are serving determinate sentences (Ministry of Justice; MOJ, 2024), compared to 2% of black individuals working as Forensic Psychologists (HCPC, 2023). Forensic Psychologists work in a

number of services, including, but not limited to, prison, probation, and psychiatric services. Thus, 2% of Black Forensic Psychologists may not even be working in prison. These differences highlight the discrepancies between those delivering forensic practice and service users.

When considering demographics in forensic settings more broadly, there are similar discrepancies between staff and service users. In 2025, there were 68,911 staff working for His Majesty's Prison and Probation Service (HMPPS). These individuals held operational roles (prison officers) and non-operational roles (healthcare, psychology, chaplaincy), as well as probation officers. The overall demographics report that of the 68,911 staff, 55.1% are female, 16.6% are from ethnic minorities, 17.6% have a disability, 7.9% report to be lesbian, gay, bisexual or other (LGBO) and 48.1% report that they do not follow a religion (HMPPS, 2025). Whilst the number of individuals from an ethnic minority appears to be higher generally for staff in forensic settings compared to Forensic Psychologists, these numbers still demonstrate there is an underrepresentation of ethnic minorities and individuals with disabilities among forensic staff, compared to the service users they are working with. These discrepancies may impact the cultural relevance and effectiveness of forensic psychological services for diverse populations.

The changes in demographics within the CJS have an impact on forensic psychology practice due to individuals' engagement in psychological interventions. There are a number of barriers for ethnic minority groups to access psychological services; within prison settings, ethnic minorities have described experiences of judgement, alienation, and hopelessness (Hunter et al., 2019). Furthermore, there were increased concerns about the risk of harassment, abuse, and violence towards LGBTQ+ prisoners. Prison staff often lacked an understanding of sexuality or gender-specific issues, resulting in staff being described as

insensitive or unfair (Donohue et al., 2021). Thus, it highlights a need for culturally sensitive practices and gender-responsive interventions (Rose et al., 2019; Wendt & Fraser, 2019).

Additional challenges for forensic psychology practice include psychological bias in evaluations. For example, Day et al. (2022) document that psychology assessment tools may be inappropriate for minority ethnic groups due to tools often being developed for use with a dominant cultural group. It is also considered that psychometric tools may be determined as biased due to the way they are interpreted (Hogue & Dernevik, 2022) highlighting the importance of addressing both explicit and implicit bias in forensic psychology practice. Either way, this is an example of the impact of increased ethnic minorities upon forensic psychology practice. There may also be risks that arise, such as the impact of implicit bias contributing to the treatment of individuals. When assessing an individual of a different cultural background to the assessor, professionals may demonstrate a western stereotype that they could villainise. For example, black psychiatric patients could be perceived as volatile or dangerous. Whereas individuals of similar cultural backgrounds may be viewed more positively, at an unconscious level (Day et al., 2022). These are examples of the importance of Forensic Psychologists considering cultural competence in their practice.

While direct evidence on clinical outcome is limited, research consistency shows that a lack of cultural competence leads to reduced trust, poorer engagement, and less effective service. Whilst there have been several reviews considering the impact of cultural competence upon patient outcomes. Research more generally considers how training and development can improve patient outcomes, rather than the impact of a lack of cultural competence upon patient outcomes (Chae et al., 2020; Govere & Govere, 2016; Henderson et al., 2018; Lie et al., 2011; Vella et al., 2022). It is documented that implicit bias and lack of cultural competence are often linked to patient-provider interactions and relationships,

rather than specifically patient outcomes in terms of treatment adherence and health outcomes (Hall et al., 2015). Therefore, the effectiveness of treatment when professionals have a lack of cultural competence has not been directly documented within research.

Although, a scoping review by Hamed et al. (2022) considered racial bias within healthcare settings. The results of this study indicate that a lack of cultural competence can lead to a loss of trust, unmet needs and patients delaying seeking healthcare. This is due to patients experiencing a dismissal of their symptoms and inadequate care (Hamed et al., 2022). This is supported by Sadusky et al. (2023), who conducted a systematic review which documented that a lack of cultural competence can lead to mental health practitioners making racialised comments that negatively impact trust within therapeutic relationships. Furthermore, staff who lacked cultural competence made more inaccurate and stereotypical assumptions, which meant that patients were more apprehensive to engage in treatment (Sadusky et al., 2023). Furthermore, Flyn et al. (2020) document that a lack of cultural competence can increase patients' shame and embarrassment, leading to them avoiding engaging with medical professionals. Overall, these studies suggest that, when staff lack cultural competence, patients may avoid medical treatment or experience a lack of trust and safety in treatment.

The British Psychological Society (BPS) code of conduct requires psychologists “not to allow their professional responsibilities or standards of practice to be diminished by considerations of race, religion, sex, age, nationality, party politics, social standing, class, or other extraneous factors”. It is documented that candidates for stage 2 must consider cultural factors and protected characteristics in practice (BPS, 2021). However, there is limited information about how a Forensic Psychologist can achieve this.

The Health and Care Professions Council (HCPC) is a professional body where Forensic Psychologists register to practice. The HCPC have 15 standards of proficiency that practising psychologists must adhere to. As a result of changes to demographics that practicing psychologists are working with, these standards were updated in 2023 to focus more on culture: Standard five is linked to culture and reports that psychologists must “recognise the impact of culture, equality and diversity on practice and practice in a non-discriminatory and inclusive manner” (HCPC, 2023). Furthermore, in 2024 the HCPC guidelines have been further updated to consider an ethical approach for practice. The recent updates demonstrate the pertinence of recognising cultural competence within psychologist practice as these guidelines include a requirement for psychologists to have an awareness of bias and challenge discrimination.

Despite the requirements for culturally competent psychologists, limited research reports whether Forensic Psychologists perceive themselves as culturally competent and receive appropriate training to adhere to these guidelines.

The role of a Forensic Psychologist

The focus of this research is on Forensic Psychologists. This considers Forensic Psychologists as one of the psychological disciplines due to the discrepancies in statistics between professionals and clients in forensic settings. This also considers the role of Forensic Psychologists within forensic settings, due to recent guidance by the HCPC highlighting the importance of cultural competence for practitioner psychologists. The role of Forensic Psychologists and the context of this research will be discussed in more detail within this section.

The British Psychological Society describes the role of a Forensic Psychologist to “assess, formulate and intervene in those engaging in harmful behaviours, provide advice and

expertise to other professionals, and develop and facilitate training and knowledge in forensic settings, all with the ultimate goal of contributing to the development of a safer society" (BPS, 2019). This explanation incorporates the four core competencies:

- Conducting psychological applications and intervention
- Research
- Communicating psychological knowledge and advice to other professionals
- Training other professionals in psychological skills and knowledge (BPS, 2021).

Forensic psychologists primarily work with individuals affected by crime. They can be found in various settings, including courts, prisons, secure hospitals, and community settings.

There are a number of differences between forensic psychology and other psychological professions. Hunt et al. (2024) discuss the differences between clinical and forensic psychology, with a particular focus on supervision. This report highlights several differences between these psychological disciplines. For example, forensic psychology adheres to traditional ethical standards and guidance similar to those in clinical psychology. However, Forensic Psychologists must also consider legal standards and require further education about laws and regulations. Due to this, it is suggested that Forensic Psychologists experience enhanced scrutiny. As such, they require additional knowledge and skills to navigate legal standards and clinical practice with individuals whose behaviour may differ from traditional societal expectations (Hunt et al., 2024). It is also discussed the importance of cultural responsiveness when working as a Forensic Psychologist, due to the disproportionate number of ethnic minorities within the criminal justice system. Particularly, it is reported that it is important to consider how culture can impact clients' perceptions and experiences within legal contexts (Hunt et al., 2024).

The differences within the psychology disciplines highlight the importance of focusing on them independently. This thesis has focused on forensic psychology due to the additional nuanced aspects of Forensic Psychologists' roles, as mentioned above. Furthermore, as described above, there are large discrepancies between forensic staff and their service users. This also highlights the importance of considering forensic professionals and cultural competence.

This thesis has also chosen to consider Forensic Psychologists as opposed to other professionals within forensic settings, such as prison officers. Forensic Psychologists hold a distinct role from other criminal justice professionals; within their role, they adhere to specific guidelines that are crucial to ethical practice. Recent guidelines by the HCPC have highlighted the importance of cultural competence within psychological practice. This suggests that a more in-depth exploration and evaluation is needed to ensure these guidelines can be implemented and adhered to appropriately. Further research within other psychology disciplines and among professionals in forensic settings may be beneficial for future research.

Cultural competence theoretical framework

Culture

To understand the concept of cultural competence, it is important to consider how culture can be defined. In 1952, Kroeber and Kluckhohn wrote a monograph that included over 160 definitions of culture. They highlighted that there are many concepts about culture but no proper theory. This is supported by Jahoda (2012), who reported several definitions of culture, each offering something different from the last. It is reported that culture may be a social construct linked to various complex phenomena. Culture has been linked to internal and external concepts: considering how individuals interpret the environment and the world

and how they relate to others, and how culture shapes an individual's perceptions, attitudes, beliefs, and values, which are linked to societal development (Chiu et al., 2010; Jahoda, 2012; Mishra, 2022; Nispen, 2015). Culture is viewed as an ongoing process that changes over time by adding new life experiences and relationships (Nispen, 2015). This may highlight how intangible culture can be and, thus, how challenging it is to develop a definition of culture and cultural competence.

It is suggested that culture can be linked to social groups, although individuals in the same social group may also have different cultural characteristics (Spencer-Oatey & Franklin, 2012). It is important to consider that these characteristics are not explicitly limited to ethnicity considerations within cultural groups. However, they also consider other groups' beliefs, values, and behaviours. Overall, the American Psychological Association (APA, 2018) broadly describes multicultural psychology as an area that recognises aspects of identity that influence a person's worldview: race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious or spiritual orientation, and other cultural dimensions. This is further supported by the HCPC standards, which consider ten protected characteristics (Equality Act, 2010) as well as intersectional experiences and cultural differences (HCPC, 2023).

Cultural bias

Cultural bias occurs when one culture is favoured over another culture, or when one culture is discriminated against. This often occurs when a culture is judged in terms of one's own culture. This links to ethnocentrism, where there is a conscious or unconscious belief that an individual's own cultural norms are ideal, against which other cultures should be measured (Ryan, 2024).

There are several theories related to cultural bias. One example is implicit bias theory. This theory suggests that everyone has biases that they are largely unaware of, and these biases can impact our decisions and actions (Greenwald & Krieger, 2006). Implicit bias can lead to judgements and behaviours that reflect underlying stereotypes about race, gender, age and other characteristics (Greenwald & Krieger, 2006). These biases can develop over time through exposure to media, societal stereotypes and cultural norms. This theory has been directly linked to the criminal justice service, where it has been reported that implicit bias informs decision-making within the CJS (Kang et al., 2011).

Cultural competence

Cultural competence is defined as the belief that people should appreciate and recognise other cultural groups and be able to work effectively with them (Sue, 1998). The consensus derived from a systematic review of the literature considers cultural competence to be the ability to work with and communicate effectively and appropriately with people from different cultural backgrounds (Alizadeh & Chavan, 2016). Due to the challenges in defining culture and cultural competence, research often focuses on attributes of cultural competence rather than a definition (Burchum, 2002). Several frameworks of cultural competence have been developed, and the conceptualisation of cultural competence has evolved since its inception in the 1980s. This demonstrates the complexity of defining, developing, and enacting cultural competence.

The literature appears to demonstrate three main categories of cultural competence models in psychology: worldview approaches (Ibrahim, 1991), process-oriented models for understanding cultural competence (Bennett, 1986), and the three-dimensional models for multicultural counselling (Sue et al., 2009). Overall, these models highlight the importance of practitioners being aware of their own worldviews and clients' views.

The existential worldview theory

Sue (1978) defined worldview as “an individual's perception of his or her relationship within the world (i.e. nature, institutions, people and things)”. Cultural variables can influence this and affect an individual's beliefs and problem-solving and decision-making methods (Ibrahim, 1991). Ibrahim (1991) proposes that understanding an individual's perceptions, beliefs, values, and behaviours, shaped by their cultural worldview, can help a counsellor understand how their cultural experiences may influence an individual's interpretations of their experiences. The existential world view theory considers ethnicity, religion, language, socioeconomic status, and personal experiences as influences on an individual's worldview. Ibrahim (1991) advocates for assessing clients' worldviews, using the scale to assess worldviews (SAWV). It is suggested that understanding a client's worldview can allow counsellors to adapt their techniques and approaches to align with the cultural values and beliefs of the clients. This model also highlights the importance of counsellors' self-awareness and the need to consider how their own cultural backgrounds and biases may influence their understanding of the client (Ibrahim, 1991). Overall, it is suggested that the worldview approach is not merely about knowledge of the client, but also about integrating the counsellor's understanding of the client's worldview into their counselling approaches (Ibrahim, 1991).

There is limited research that specifically discusses the challenges and limitations of the existential worldview theory. However, it is documented that whilst this theory considers a number of cultural influences, it can be oversimplified and does not take into account other important areas, including educational history, political affiliation, lifestyle, and familial history, which could also influence an individual's worldview (Hickson et al., 1990). Furthermore, it is suggested that encouraging students to focus on their own

worldviews and those of others can result in them retaining or reaffirming their belief systems (Edwards & Ritchie, 2022). This can impact their ability to be open-minded and consider other perspectives. More research is needed focusing on Ibriahim's (1991) existential worldview theory to determine its effectiveness and applicability.

The developmental model of intercultural sensitivity

When considering process-oriented models for understanding cultural competence, Bennet (1986) proposes the developmental model of intercultural sensitivity. This model describes six developmental stages of intercultural sensitivity and communication. This is presented as a continuum that progresses from ethnocentric (an individual's own cultural experiences are central to reality) to ethnorelative (the belief that their own cultural experience is one example of the truth, but there can also be other perspectives) (Bennett, 1986).

The six stages include denial, defence, minimisation, acceptance, adaptation, and integration. Bennett (1986) offers developmental strategies to support individuals in moving beyond ethnocentric approaches and towards ethnorelativism. For example, during the early stages of denial and defence, individual cultural awareness is promoted to encourage individuals to begin recognising differences, focusing on what is good about different cultures. Within the minimisation stage, it is suggested that individuals should be encouraged to interact with people from cultures different from their own. The acceptance and adaptation stages place greater emphasis on communication and face-to-face interactions, with adaptation specifically focusing on building empathy. Finally, integration centres on ethics, promoting an ethical system that guides choices and actions (Bennett, 1986).

Whilst this can be a helpful model, research criticises this model suggesting that individuals do not follow a linear approach from ethnocentrism to ethnorelativism. Instead, it is suggested that individuals can often inconsistently fluctuate between the two stages (Garrett-Rucks, 2012). Furthermore, it is suggested that the descriptions of the six stages are subjective, which can impact perceptions of the six stages and result in developmental inconsistencies (Garrett-Rucks, 2012). Garrett-Rucks, (2012) also reported that this model is difficult to implement within the time constraints within academic settings. In addition, further limitations of this model are highlighted by Zafar et al. (2013) who report that Bennett's model assumes that all individuals begin at the denial stage, which is not always the case. This model also relies on the teacher's level of intercultural sensitivity to be able to apply appropriate learning and skills. Finally, it is reported that this model is a simplistic approach, and it is less likely to be applicable across different environments. This may be linked to accessibility to situations for exposing students to different cultures (Zafar et al., 2013). Overall, these limitations impact the effectiveness and applicability of this model.

The model of multicultural counselling competency.

Ridley and Hill (2003) document the tripartite model of multicultural counselling competencies to be one of the most cited and most frequently discussed cultural competence models in counselling psychology. Sue et al.'s (1992) model began to develop the tripartite approach to cultural competence models. This model was developed using a three by three matrix, incorporating nine competencies with 31 skill areas in three dimensions: counsellors' awareness of their own cultural values and biases, their awareness of the client's worldview, and the initiation of culturally appropriate intervention. These dimensions encompass three major components: knowledge, attitudes and beliefs (also known as awareness), and skills (Sue, 2001).

Cultural knowledge considers a professional's ability to have an understanding and knowledge of culturally different individuals and groups. This is crucial for Forensic Psychologists' practice as it may reduce the risk of inappropriate assessment and interventions being used (Day et al., 2022). Cultural attitudes and beliefs are linked to understanding our own cultural bias and considering how our own culture may impact personal beliefs, values, and attitudes. As noted above, the interpretation of assessment can be impacted by personal bias. Thus, Forensic Psychologists having an understanding of their own cultures may reduce the risk of bias in practice. Finally, the skills component is the ability to use culturally appropriate interventions and communication skills (Sue, 2001). These factors are linked to a professional's characteristics to be perceived as culturally competent. The three areas documented within the tripartite model align with the core competencies within forensic psychology (BPS, 2021) and the HCPC requirements, stating the importance of culturally competent practices (HCPC, 2023; HCPC, 2024). Psychologists should be able to accurately apply their knowledge of diversity and culture into their assessments, consultation and interventions. The knowledge, attitudes and beliefs, and skills that they develop are crucial to working with the complexity of culture, considering how culture intersects for the individual, as well as the professional's own identities (Fouad, et al., 2009).

Furthermore, the tripartite model was chosen for this research thesis due to its' use and applicability within cultural training programmes. Pieterse et al. (2009) analysed 54 counselling and related programmes, focusing on their diversity-related course syllabi for graduate programmes. It was determined that 48% of courses selected Sue's model of cultural competence, with most syllabi purporting to teach multicultural knowledge, attitudes and beliefs, and skills. Sue's (2001), model of cultural competency was chosen for

this current thesis due to its applicability with cultural-related training within course syllabi for graduate programmes, thus highlighting its relevance to this research thesis which focuses on cultural training. Throughout this research study, cultural competence will refer to an individual's ability to work with individuals with cultures different from their own, considering the professional's knowledge, attitudes and beliefs, and skills. It should be noted that Sue et al. (2009) reported that cultural competence encompasses three levels: provider and treatment level, institutional level, and systems level. It is recognised that expertise and effectiveness in treatment can differ according to a client's culture (as documented above). Thus, this thesis will focus on the first level: provider and treatment, considering the professional as an individual and their ability to engage in culturally competent practices.

Key variables

Measuring cultural competence

Cultural competence can be measured in many ways. As documented above, it is frequently measured using the tripartite model: knowledge, attitudes and beliefs, and skills (Sue, 2001). Several psychometric assessments have also been developed to assess cultural competence (Bernard et al., 2015; Campinha-Bacote, 2002; D'Andrea et al., 1993). It should be noted that these are often self-reported and, thus, are a measurement of participants' perceived cultural competence. Baartman, and Ruijs (2011) linked 'perceived competence' to self-efficacy; they report this to focus on the learner's ideas and perception of their performance, rather than what a person can 'actually' do. Bandura (1986) reported that perceptions might be better predictors of future behaviour as self-perceptions are more directly linked to what people do with their knowledge and skills; this demonstrates value in measuring 'perceived competence'. However, perceived competence can be impacted by personal bias and social desirability (Larson & Bradshaw, 2017). It is recommended to

consider additional assessments, such as expert ratings and qualitative approaches (Jones et al., 2013; Ponterotto et al., 2000) to determine whether an individual is culturally competent. Within this thesis, a mixed methods approach is utilised to manage for impacts on the validity and reliability of using self-report measures; qualitative approaches are utilised to manage for bias and social desirability.

Cultural training opportunities

There are various ways to develop cultural competency; one approach is through participating in training (Shepherd et al., 2019). Previous research has considered different training styles that individuals may experience that can contribute to their cultural competence development. It is documented that educational opportunities consider a variety of practical, clinical and theoretical experiences (Vereen, et al., 2008). Benuto et al. (2019) conducted a study where multiple training experiences were identified, including didactic training, experiential activities and clinical supervision. Lee and Khawaja (2013) reinforce this by reporting that three variables contribute to cultural competence: multicultural training, clinical experience and supervision. Within the qualitative aspect of this study, different training experiences are considered, such as didactic training and reflective practice; this will help determine whether Forensic Psychologists perceive these various training approaches as helpful when developing cultural competence.

Review of the current literature

Current literature reports that cultural training can contribute to increased knowledge, improve the therapeutic process, and aid therapists in creating an inclusive space (Bishop et al., 2023; Edwards et al., 2017). Furthermore, it is suggested that training can help professionals better understand their own cultural identities and how that may influence their practice (Lee et al., 2020). Whilst this highlights the importance of cultural

training, it is documented that cultural training is not appropriately integrated into healthcare professionals' training. This is reinforced by Bentley et al. (2008), who document that training for all UK healthcare professionals is inadequate and that having a dedicated diversity syllabus is important to ensure trainees acquire appropriate skills for practice. However, this study is from 2008 and as such there may have been advancements since then. Despite this, George et al. (2015) documented that providers' perceptions of learning about different cultural groups were negative, and cultural competence training was often offered as an additional course rather than embedded into healthcare professionals' education. Furthermore, Chu et al. (2022) documented inconsistency in training across different aspects of the cultural competency model, highlighting a larger proportion of training focused on cultural attitudes (89.2%) compared to knowledge (81.1%) and skills (67.6%). Although this was a systematic review of mental health providers, therefore there might be a difference in results for psychologists. In addition, research highlights limitations concerning cultural training for psychologists (Cardemil & Battle, 2003; Green et al., 2009; Hall & Theriot, 2016).

The benefit of considering perceptions of psychologists is that they can be used to adapt the curriculum to meet students' needs, as it highlights areas where students may feel underprepared (Sarvarizadeh et al., 2024). George et al. (2015) state that cultural training offered recommendations that were not always applicable to the complexities of cultural issues within a healthcare context. This suggests that current cultural training may not consider psychologist perceptions and thus may not be practically applicable to their day-to-day work. Whilst focusing on training styles can be helpful, cultural training is inadequate without psychologists feeling prepared and equipped to work with clients from diverse backgrounds.

Cultural training and forensic psychology

To be able to adapt the curriculum to meet the needs of students, it is important to gain a detailed understanding of psychologists' perceptions and satisfaction with cultural training. Whilst this has been documented within other psychological fields such as clinical and counselling psychology (Benuto et al., 2018), there has been no research exploring whether Forensic Psychologists received appropriate cultural training despite ethnic minorities often being over-represented within the CJS (MOJ, 2024). Some research has looked more broadly at a forensic perspective by focusing on forensic evaluators. Whilst that can include Forensic Psychologists, the term can also incorporate psychiatrists and other professionals such as nurses and social workers (Frost et al., 2006). Within these studies, it is reported that there is a shortage of cultural training, and the quality was only “good” to “fair”, suggesting improved quality was needed (Kois & Chauhan, 2016). They also report that individuals often lack recognition of their own bias (Zappala et al., 2018). Fanniff et al. (2021) used a mixed methods design and identified themes relating to a lack of a diverse workforce, time/money, and training as barriers to culturally competent practice. Whilst this study reported on forensic evaluators' self-reported experiences of training concerning cultural competence, the study focused on assessing whether forensic evaluators engaged in recommended practice and barriers to culturally competent practice rather than a focus on training. Additionally, these studies have focused on American participants. Therefore, there may be a difference in training routes and experiences within the UK population. However, there is limited literature within the UK describing cultural competence training (Clegg et al., 2016).

Additional theory

There are alternative approaches to education and training that may also contribute to reducing prejudice and, in turn, increasing cultural competence. One example of this is the 'intergroup contact hypothesis' (Pettigrew & Tropp, 2011). This theory suggests that direct contact between minority and majority groups is effective in reducing prejudice and improving relations (Pettigrew & Tropp, 2011). The intergroup contact hypothesis was originally developed by Allport in 1954, along with a set of conditions proposing that contact can only have an impact if there is equal status between the groups within the situation, common goals, cooperation between the groups, and authority sanction for the contact (Paluck et al., 2019). Although within a meta-analysis, these conditions had '*relatively little empirical evidence*', which suggests that they are not necessary for positive outcomes from intergroup contact (Pettigrew & Tropp et al., 2006). Pettigrew and Tropp's (2006) review was supportive of the 'intergroup contact hypothesis' and reported that greater contact was routinely associated with lesser prejudice. It is reported that the 'contact hypothesis' is a widely accepted psychological intervention which promotes social change (McKeown & Dixon, 2017). Other positive outcomes from intergroup contact are also reported, including reduced anxiety and threat, increased trust and empathy and perspective taking (Pettigrew & Tropp, 2011). Furthermore, the theory has been expanded from ethnic minorities, and it is also believed to be effective for other minority groups, including sexual identity, disability and mental health (Pettigrew et al., 2011). Therefore, factors such as majority and minority group contact, could also contribute to cultural competence development.

Rationale for this thesis

Cultural competence is crucial for psychologists to support individuals from various backgrounds and cultural experiences. It has been documented that there is an overrepresentation of individuals within the CJS from cultural minorities (MOJ, 2024). Not

being aware of other cultures and the biases that may occur due to our own culture can negatively impact an individual's ability to engage and benefit from psychological interventions (Rose et al., 2019; Wendt & Fraser, 2019). Furthermore, Forensic Psychologists having limited knowledge of cultural competence can impact outcomes in practice, for example, through treatment ineffectiveness and assessment bias (Day et al., 2022). Whilst there has been extensive research on cultural training, as described above, there needs to be research exploring this area within forensic psychology. Therefore, this thesis aims to draw on and expand the existing research and literature regarding cultural competence and training, considering whether Forensic Psychologists receive training, are perceived as culturally competent, and what barriers there may be to this. It is hoped that the findings of this thesis will highlight areas of improvement for forensic psychology programmes to ensure trainees and qualified Forensic Psychologists are aware of the importance of cultural competence and how to implement it in practice. This will help improve engagement from individuals from various cultural groups, ensuring effective interventions and that Forensic Psychologists feel satisfied with the training they are offered regarding cultural competence. This thesis will achieve this by focusing on cultural competence and cultural training for Forensic Psychologists. Sue's (2001) three-factor model of cultural competence is a widely accepted and utilised approach to understanding and measuring cultural competence; thus, knowledge, attitudes/beliefs, and skills will be considered throughout this research. By exploring perceived cultural competence as well as access and barriers to cultural training, it is hoped that this thesis' findings will highlight any challenges or adaptations that could be made to support Forensic Psychologists' development and implementation of cultural competence.

Research objectives

This thesis explores the following broad research objectives:

- 1) To explore psychologists' perceptions, needs and satisfaction with their current cultural competence training (Chapter two – systematic review)
- 2) To explore whether Forensic Psychologists receive cultural training, and whether satisfaction with the quality and quantity of this training has an impact on cultural competence and its development (Chapter three – quantitative study)
- 3) To explore how Forensic Psychologists' experiences of training prepare them for culturally competent practice (Chapter four – qualitative study)
- 4) To explore how cultural competence is currently measured (Chapter five – psychometric critique)

Overview of chapters

Chapter two presents a systemic review of the current literature regarding psychologists' needs, perceptions and satisfaction with cultural training. An extensive search of the existing literature was undertaken, and the data was analysed using a narrative synthesis. The implications are discussed in relation to practice, limitations, and directions for future research. Conclusions highlight variations in whether training is offered, barriers to this, and the topics focused on in cultural training and training styles.

Taking forward the findings from the systematic review, chapter three presents an empirical study that investigates cultural competence in Forensic Psychologists and whether this is impacted by self-reported quality and quantity in training. The study utilises a quantitative methodology whereby the researcher asked Forensic Psychologists to complete the California Brief Multicultural Scale (CBMCS; Gamst et al., 2004) and to rate their satisfaction with training both during and after qualification. The statistical analysis was

undertaken using several different analyses, depending on the hypotheses. This includes, a one-way ANOVA, several multiple linear regression analyses, several MANVOA's and t-tests. Findings are discussed in relation to practice and future research.

This research was expanded further, utilising a qualitative methodology. Chapter four investigates whether Forensic Psychologists perceive that they receive cultural training, both pre-and post-qualification, and considers things that Forensic Psychologist find helpful to improve their cultural competence and whether there are any barriers to this. This chapter utilises thematic analysis to develop themes.

Chapter five explores and critically evaluates the California Brief Multicultural scale (CBMCS; Gamst et al., 2004). This is a psychometric that measures self-perceived cultural competence on four subscales. This psychometric was critiqued because it was used in the empirical study in chapter three. The psychometrics strengths and weaknesses are analysed.

Chapter six provides an overview of the findings presented throughout this thesis. It concludes the relevant findings from the previous four chapters to provide an understanding of cultural competence and training for psychologists, specifically focusing on forensic psychology. This chapter considers limitations, implications in practice, and recommendations for future research.

Chapter Two: Systematic Review

Cultural competence in forensic psychology training: Insights from a systematic review of psychologists' and psychology students' needs, perceptions, and satisfaction.

Abstract

Cultural competence is crucial for a psychologists practice, especially given the increasing number of individuals from diverse cultural backgrounds engaging with psychological services. Despite this, there has been limited research considering cultural competence in forensic psychology. Therefore, the aim of this chapter was to systematically review the literature exploring the needs, perceptions and satisfaction of psychologists considering cultural competence and cultural training. A systematic search of seven electronic databases was conducted, and relevant article reference lists were screened using specific inclusion and exclusion criteria and quality assessments. A total of 12 articles were identified for inclusion in this review. The mean quality score of these articles was 79.8%, suggesting a good evidence base from which to draw conclusions. This review used a narrative synthesis of the findings, which identified six themes: training sufficiency, cultural topics, training styles, discussions with peers, student perceptions of staff, and personal development. The main findings suggest that psychologists and psychology students have varying perceptions and satisfaction with their cultural training, and there are self-reported needs to improve cultural training. Recommendations for future research include further exploration of perceptions of psychologists from various psychological fields, as research often focuses on clinical and counselling psychologists and an American population.

Introduction

Chapter one underscores the paramount importance of cultural competence in the realm of forensic psychology. Within the community, it is identified that the absence of culturally competent practice can result in clients feeling isolated, powerless, and unrecognized in terms of their cultural identity, which can impede their engagement with psychological interventions (Loewenthal et al., 2012; Memon et al., 2016; Stochl et al., 2021; Shundi, 2020). There are additional barriers for those within criminal justice settings; Parrish (2023) documented that participants within their research may have a level of mistrust towards professionals resulting from a history of difficult interactions and feeling targeted by the system. Within this study, participants also highlighted experiences of differential treatment from prison staff, including experiences of bullying and discrimination. This is exacerbated by a lack of understanding from prison staff, which results in prisoners feeling unable to raise issues related to cultural competency as they did not feel they would be heard (Jones et al., 2016). Furthermore, engagement in therapy meant that prisoners felt they would have to adapt their cultural values to fit the stance of therapy, highlighting that therapy lacked a cultural understanding (Jones et al., 2016). Conversely, when clients perceive their therapy as culturally competent and have established a strong therapeutic relationship with their therapist, they are more inclined to participate in psychological interventions (Yasmin-Qureshi & Ledwith, 2020). This demonstrates the value of culturally competent practice with psychologists and highlights the importance of this being considered within a forensic setting.

The primary objective of this systematic review is to ensure that psychologists, particularly those in the field of forensic psychology, are offered training to be able to engage in culturally competence practice. The review delves into the perceptions of

psychologists and psychology students regarding the cultural training they have received. It also examines their satisfaction with the training and whether they believe their cultural training needs have been adequately addressed.

Defining culture

To fully grasp the value of cultural competence training, it is essential to understand the comprehensive nature of the term “culture”. As detailed in chapter one, culture is a broad and complex concept. Despite this, the American Psychological Association (APA, 2018) offers a definition of multicultural psychology as a field that acknowledges how various aspects of identity shape a person’s worldview: race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religious or spiritual orientation, and other cultural dimensions. This is further reinforced by the HCPC standards, which encompass ten protected characteristics (Equality Act, 2010) as well as intersectional experiences and cultural differences (HCPC, 2023). Therefore, in this review, any training related to these protected characteristics is considered, underscoring the inclusive nature of cultural competence training.

Cultural competence and psychology

It is crucial to consider the role of cultural competence models within a psychological approach. These models often form the structure for cultural training and serve as a means of measuring perceptions and satisfaction with the training.

The ambiguity surrounding cultural competence and the lack of uniformity have led to challenges in comparing research about cultural competence (Gopalkrishnan, 2019). This underscores the pressing need for a standardised understanding of cultural competence. The Sue (2001) tripartite model of cultural competence is a frequently used framework that provides a structured approach to this complex issue. This model includes awareness,

knowledge, and skills, which Gopalakrishnan (2019) links to affective, cognitive, and behavioural factors.

Awareness links to the affective factor. This includes being respectful and open to differences and considering bias and its impact on the therapist's perspective of the client. O'Gorman et al. (2008) suggest that individuals may have a "recall bias" for information that is the "norm" for their social group and culture. Bias may impact an individual's perspectives as their own cultural norms often influence them; this can then impact how individuals perceive their own and others' cultures. Therefore, this may hinder an individual's ability to accept and acknowledge areas different from their own. This can also lead to assumptions about an individual's culture and experiences, which can result in stereotypical thinking. Cultural awareness is a starting point for intercultural understanding (Taylan & Weber, 2023). Thus, being aware of bias is important to be able to be culturally competent.

Knowledge links to the cognitive factor. Understanding different cultures is more likely to improve relationships and reduce misunderstandings (Gopalakrishnan, 2019). Knowledge is often developed through cultural training. For example, Smith et al. (2006) conducted a review demonstrating a link between training and improved cultural competence. Despite this, research suggests that health professionals rarely acknowledge cultural competence, and that additional staff training and cross-cultural education would be beneficial (Shepherd et al., 2019).

Finally, skill refers to the behavioural element, which uses therapeutic skills that are culturally sensitive. When cultural differences are not addressed, this can lead to mistrust, dissatisfaction, and disempowerment (Jongen, et al., 2018). Graf (2004) highlights the value of experiential training compared to didactic training as experiential incorporates all three areas of the tripartite model: affective, cognitive, and behavioural.

This systematic review uses Sue's (2001) framework as a structure for measuring and understanding cultural competence development through training.

Needs, perceptions and satisfaction of health care professionals

Previous research has identified the importance of examining perceptions and satisfaction of cultural competence training. Kaihlanen et al. (2019) documented that participants were more satisfied with training that focused on awareness than cultural knowledge, despite knowledge being the traditional cultural competence training focus. Antón-Solanas et al. (2021) reinforced the importance of considering satisfaction and suggested that further research is needed to understand nurses' satisfaction with cultural training. It is documented that understanding perceptions could support the development of national cultural competence training for healthcare professionals (Kaihlanen et al., 2019). Understanding experiences and perceptions can be used to adapt the curriculum to meet students' needs as it highlights areas where students may feel underprepared (O'Brien et al., 2024; Sarvarizadeh et al., 2024)

These studies demonstrate the importance of considering healthcare professionals' perceptions and satisfaction with training, as it ensures that training is applicable and useful for healthcare staff to engage in culturally competent practice. It should be noted that these studies utilise a nursing population, suggesting there is a gap in the research when considering other healthcare professionals, such as psychologists. Therefore, this review considers perceptions, satisfaction, and needs for cultural training, focusing on psychologists and psychology students.

Previous reviews

Sue's (2001) model has been used to structure previous systematic reviews regarding cultural competence training; these studies often focussed on whether training in

cultural competence improved awareness, knowledge, and skills (Beach et al., 2005; Jongen, et al., 2018) and the impact on patient satisfaction (Govere & Govere, 2016).

In a scoping review, Arruzza and Chau (2021) incorporated satisfaction and perceived confidence as additional factors to the tripartite model, considering the self-perceived benefit of engaging in cultural training. These outcomes were based on self-assessment and self-reflection from participants. This study documented significantly increased perceived confidence following engagement in cultural training; this was also linked to improved clinical skills (Arruzza & Chau, 2021). This review focused on health science students; therefore, results may be different for psychologists. This suggests that a review focusing on psychologists offers a unique perspective on the satisfaction of cultural training and perceived confidence in engaging in culturally competent practice. Furthermore, George et al. (2015) completed a critical interpretive literature review utilising UK studies. It was determined that healthcare providers' perceptions of learning about different cultural groups were negative, and cultural competence training was often offered as an additional course rather than embedded into healthcare professionals' education. In addition, it was suggested that training reflected a superficial understanding of the role of healthcare practitioners. Training offered advice that was not always applicable to the complexities of cultural issues within a healthcare context. This emphasises the importance of understanding the healthcare professionals' perceptions of their training to better understand training needs and appropriate applications to teach about cultural competence (George et al., 2015).

More recent reviews have focused on the training styles considering the content and methods that demonstrated a positive outcome in each of the three domains in Sue's (2001) model (Benuto et al., 2018; Chu et al., 2022; Friere et al., 2023). Benuto et al. (2018) is the

only review that focused exclusively on psychologists. While Benuto et al. (2018) considered some perceptions of the needs of psychologists, for example, recommending that trainers consider personal safety in the classroom when sharing experiences and beliefs, staff should be open and receptive to comments and questions, and having a supportive climate. This review does not focus explicitly on perceptions, thus limiting the number of relevant themes that could have arisen. These searches were also conducted through March 2017, so further relevant research may have been published since then. Again, this highlights a need for a review that focuses explicitly on psychologists, more broadly considering perceptions and satisfaction of cultural training overall, rather than focusing on training styles.

Previous systematic reviews have contributed to an advancement in understanding different training styles that can increase knowledge, awareness, and skills regarding cultural competence. However, there are still opportunities to build on this knowledge and advance the literature. Firstly, previous reviews have focused too broadly or too restrictively on their participants. For example, considering mental health providers as a whole or only clinical and counselling psychologists. Therefore, a review that considers a broader psychological perspective may demonstrate differences in the training experience, thus allowing for an increased understanding and opportunities to adapt and implement strategies across the psychology field. Furthermore, Benuto et al. (2018) only accessed articles in America and Canada. As such, there may be a difference in cultural competence training when considering a global perspective. This highlights the importance of a review that considers cultural training globally rather than explicitly focusing on one area. Comparisons between cultures may highlight similarities or variations of needs, satisfaction and perspectives, which could be addressed to improve cultural training globally.

In addition, to the researcher's knowledge, no systematic reviews exist regarding psychologists' and psychology students' needs, satisfaction, and perception of their cultural training. This review is meant to provide an overview of the existing literature, aiming to expand the knowledge of psychologists' needs concerning cultural training. Understanding perspectives is another way to improve the quality of training provided and can contribute to developing effective training resources that address professionals' perceived needs. This demonstrates a gap in understanding how psychologists and psychology students perceive the culturally competent practices offered in their training. Thus, this review offers a unique perspective crucial to developing cultural training for psychologists.

The current review

This chapter aims to systematically review the existing research that focuses on psychologists' and psychology students' perspectives of cultural training. This review focuses on the psychology profession in general, while also highlighting whether there has been any research specifically focusing on Forensic Psychology. The review concentrates on the psychology profession due to recent updates in the HCPC guidelines, which document the importance of considering diversity and culture in clinical practice (HCPC, 2023). This review also aims to highlight whether there is currently any research focusing on Forensic Psychologist due to the discrepancies between staff and service users in forensic settings, as highlighted in this thesis's introduction.

This is the start of research into forensic settings and cultural competence; as such, an outcome from this review may conclude that future research may benefit from considering other professionals who work in forensic settings.

This review will address the gaps in the literature, thereby considering global studies for all fields of psychology and considering a range of multicultural training content (e.g.,

cultures covered). It will focus on psychologists' and psychology students' perspectives and experiences of their cultural training and self-reported needs for future training. Having a comprehensive understanding of their perspectives allows for appropriate training to be implemented to ensure psychologists feel supported and prepared to work cross-culturally.

Therefore, the main question this review aims to answer is:

1. *What do we know about psychologists and psychology students' perceptions of, and satisfaction with cultural training, and what are their self-reported needs for training?*

A secondary question includes:

2. *What psychology fields and countries have researched psychologists' perceptions of cultural training?*

Method

Study design

This systematic review's reporting was guided by the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) statement standards (Moher et al., 2015).

Scoping exercise

On 6th January 2024, a scoping search was conducted on psychologists' cultural competence training to ascertain whether previous systematic literature reviews had been conducted. The Cochrane Database of Systematic Reviews (CDSR) and The Campbell Collaboration Library of Systematic Reviews were searched, and no existing systematic literature reviews were identified. A wider online search was also conducted using the search engine Google Scholar. This identified a related systematic review exploring cultural competence training experiences of counselling and clinical psychologists in America

(Benuto et al., 2018). This study focused on how psychologists are trained and their training styles. However, this review did not focus on psychologist perspectives and satisfaction with their training experiences.

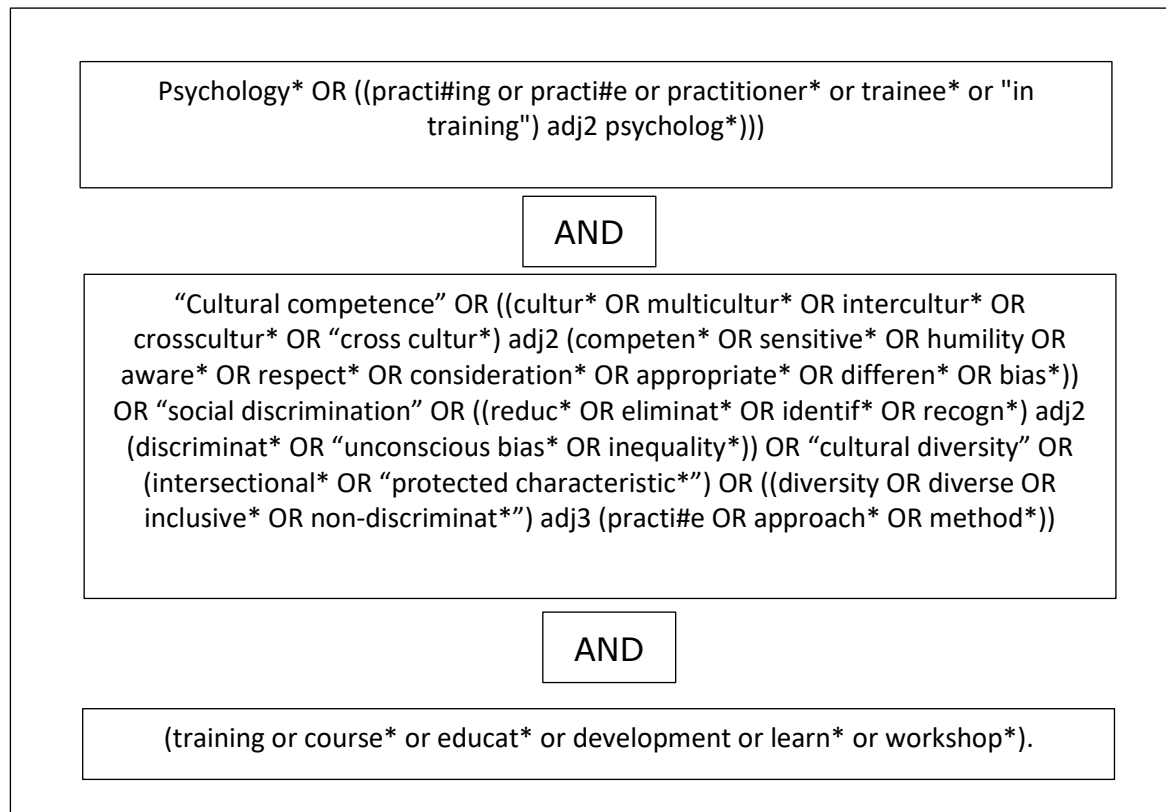
Following this scoping search of literature reviews, a basic search of the literature was completed to determine whether there was relevant literature for this review. The electronic databases MedLine and OVID psych INFO were searched. This scoping exercise identified relevant articles, suggesting that a systematic review of the literature would be appropriate.

Databases and search strategy

Search terms

The key terms for the review were initially identified as psychologist, cultural competence, and training. A list of synonyms was compiled to ensure all relevant articles were identified. Papers from the scoping search were checked to consider keywords used and previous search strategies from systematic reviews. The initial draft of the strategy encompassed the initial key terms and some synonyms with the 'AND' and 'OR' functions. A specialist at the University of Nottingham reviewed this and included wildcards and truncation in the final search terms. These can be found in Figure 1.1 Satisfaction, perceptions, and needs were not included in the initial search terms to ensure a breadth of results were identified.

Figure 1.1 Search terms used for each of the key concepts.



Data sources

All databases were searched on 31st January 2024. Electronic databases were chosen by researching the relevant psychological, sociological, and multidisciplinary databases accessed through the University of Nottingham’s library resource. Seven databases were searched based on their relevance to the topic and their well-established nature: MedLine (1946-present), PsychINFO (1806-present), EMBASE OVID (1974 – present), Proquest ASSIA (1988-present), CINAHL EBSCO (1971-present), British Education Index (1990-present) and ERIC (EBSCO) (1957-present). The search structure and results of each search can be found in Appendix A.

Search process

The initial stage of the search process was to use the search terms to search the identified electronic databases. No date limits were applied, and initial searches were not restricted by article type (journal, book chapter) to capture all relevant literature. Limits were applied to the searches based on language; only papers written in English were included as outlined below. It was considered that this would limit search results.

Selection and screening tool.

The most appropriate selection tool was considered for this review. The SPIDER (Sample, Phenomenon of Interest, Design, Evaluation, Research Type; Cooke et al., 2012) tool was chosen given its applicability to different research designs.

Eligibility criteria.

This review focused on qualitative studies, quantitative studies, and mixed methods studies. Due to this review focusing on psychologists, the exclusion criteria included non-psychologists and other healthcare professionals. It should be noted that the term “forensic evaluator” was not included within the search terms. Forensic evaluator is an American term that can incorporate psychiatrists, forensic psychologists and other professionals such as nurses and social workers (Frost et al., 2006). As such, research using this term would not exclusively refer to psychologists.

This review was interested in perspectives of cultural training. Therefore, studies were only included if the training was offered focusing on culture and the studies considered perspectives of training. One-off training modules or study abroad schemes were also excluded from this research because the review aimed to provide an overview of structured psychology training. Finally, this review only included published articles that were peer-reviewed or doctoral-level theses to ensure quality of data. All articles in the review had to be written in English due to the researcher not speaking another language and the

cost of translation was not justifiable. Table 1 documents the inclusion and exclusion criteria for this review.

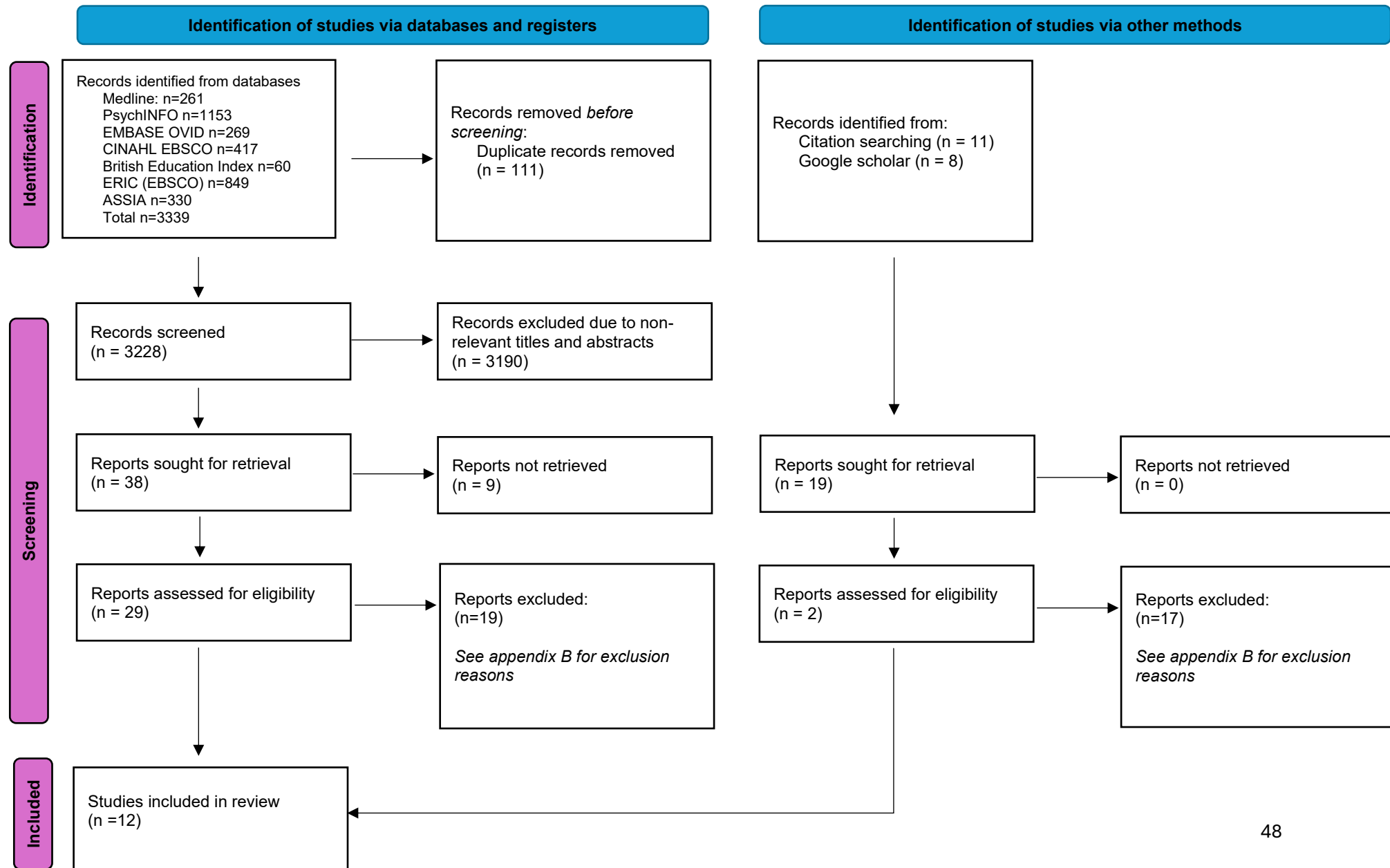
Table 1.1 *Inclusion and exclusion criteria.*

	Inclusion Criteria	Exclusion Criteria	Rationale
<u>Sample</u>	Psychologists Trainee psychologists Psychology students Males and females Any country	Non-psychologists Other healthcare professionals	Existing systematic reviews examine other healthcare professionals (Chu et al., 2022). Since psychologists have different training and HCPC standards, focusing on their specific field is important.
<u>Phenomenon of Interest</u>	Perspectives of training on topics related to cultural competence training (e.g., racial/ethnic minorities, sexual minorities, gender minorities, low-income individuals).	Training on areas that do not include culture. Research that does not consider psychology perspectives of training. Focus on supervision rather than training. One-off training modules or study abroad schemes.	The review looks specifically at psychologists' perspectives on training. A previous systematic review conducted in 2018 focused on training styles (Benuto et al.). The review aims to provide an overview of structured psychology training courses therefore does not focus on one-off training modules and study abroad schemes due to their non-standard format.
<u>Design</u>	Interviews, focus groups, questionnaires, or surveys	No empirical design	An empirical design is required to ensure validity, and reliability has been considered.
<u>Evaluation</u>	All qualitative and quantitative analysis	Non-empirical based evaluations	An empirical design is required to ensure validity, and reliability has been considered.
<u>Research Type</u>	Quantitative, qualitative and mixed methods Published journal articles that are peer-reviewed and written in English Doctoral level theses	Non-empirical papers, e.g., book chapters, magazines, and reviews Non-doctoral level theses Papers not published in English	An empirical design is required to ensure validity, and reliability has been considered. Doctoral theses can be considered peer-reviewed following the viva examination. Qualitative, quantitative, and mixed methods were included due to the exploratory nature of the review. Studies must be written in English, as the researcher does not speak another language, and the costs of translation are not justified.

Selection process.

A total of 3,339 references were received from electronic database searches. Duplicates were removed using the duplicates tool on EndNote. The references were then hand-searched to ensure precision, and 111 duplicates were removed. The title and abstracts of the remaining 3,228 references were then screened and 3190 articles were removed. A reference was included in the full-text articles screening if its relevance was unclear from the title and abstract. This left 38 references to be screened by reading through the full-text articles. Nine articles could not be accessed through the authors or the University of Nottingham library. Furthermore, 19 articles were excluded for failing to meet the inclusion and exclusion criteria. Appendix B reports the references excluded and the reason for exclusion. A screening of the full-text reference list was then completed to identify any additional studies that may have been missed. A further 11 studies were identified. Grey literature was also checked using Google Scholar, where eight further studies were identified. 17 of these studies were excluded as they did not meet the inclusion and exclusion criteria. Therefore, an additional two articles were included in the final review. See Figure 1.2 for PRISMA flow diagram of the screening process (Page et al., 2021). For a complete list of included studies, see table 1.2.

Figure 1.2. PRISMA flow diagram.



Risk of bias in individual studies

Risk of bias, or quality assessments are an important part of the systematic review process. They consider a study's validity, reliability, and applicability to assess the impact of the findings from individual studies and the strengths and flaws of the review as a whole (Booth et al., 2016).

The 12 studies were subject to quality assessment by the researcher. Six studies within this review were mixed methods designs. However, there were also five qualitative studies and one quantitative study. Therefore, three quality assessment tools were chosen to assess each methodology appropriately. Inter-rater reliability was not employed due to time constraints. All studies were cross-sectional; thus, this was also considered when selecting quality assessment tools. For this review, the Critical Appraisal Skills Programme (CASP) for qualitative research was used (CASP, 2018) and The Appraisal Tool for Cross-Sectional Studies (AXIS; Downes et al., 2016) were used for the quantitative studies and the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) was used as additional questions for mixed methods studies (see Appendix C). Given that there were mixed methods studies, including qualitative and quantitative data, the assessment tools were combined to create one checklist. For mixed methods studies, all questions were answered; for the qualitative and quantitative studies, only relevant questions were answered. The researcher modified all three tools by adding a numerical scoring system: items that were present scored a two, and items that were unknown due to limited information impacting the researcher's ability to make a sound judgment scored one, and if the information was absent, the score was zero. The maximum score for qualitative studies was 28, 40 for quantitative studies and 62 for mixed methods studies. Scores were then converted into percentages.

Whilst Cochrane does not recommend a scoring system, scoring was utilised to be able to measure the importance of each paper compared to the others. The chosen quality assessment tools do not have a cut-off or scoring systems. As such, a liberal cut-off was decided upon, drawing on approaches from previous systematic reviews. In their systematic review, Rowsell and Colloff (2021) deemed a score over 50% to be robust enough for inclusion. Therefore, 50% was also used as a cut-off in this systematic review

Quality assessment results

Quality scores ranged from 58% (3) to 96% (4), with a mean of 79.8%. This indicated that, on average, the research is of good quality (See appendix D). All studies clearly stated their aims and objectives and utilised appropriate and replicable methods to assess and collect their data. Most papers also included limitations and implications for practice. The main methodological weaknesses of these studies were: for quantitative components of the studies, the sample size was rarely justified, nor did they comment on the non-response bias. For qualitative components of the studies, an issue was not considering the relationship between the researcher and participants in their analyses. This could lead to biases in what individuals report and how the researcher interprets the information. When considering the mixed methods approach, there was often no rationale for using a mixed methods design, and the outputs of qualitative and quantitative components were not always integrated. Finally, it was often unclear whether the studies had obtained ethical approval or whether there were conflicts of interest related to funding.

Data extraction

Following the quality assessment, the data was extracted using a data extraction tool created by the researcher based on the inclusion and exclusion criteria (see Appendix E). As reported by the authors, data was extracted directly from the studies; the author made no

further interpretations. A summary table of the data was created, which can be found in the results section (see table 1.3).

Data synthesis and analysis

Due to the heterogeneity in the study's analysis, it was determined that using narrative synthesis would be an appropriate way to compare and summarise each of the primary study's findings (Popay et al., 2006). Systematic reviews have often omitted qualitative evidence in favour of quantitative evidence. However, it is suggested that there are limitations to this, and the analysis should be the most appropriate to answer the review's research questions (Sharma, et al., 2015). Using qualitative studies allowed for a deeper understanding of the views of psychologists and psychology students. Alternative qualitative approaches were considered for this review (Snilstveit, et al., 2012), however it was determined that creating themes and relating these directly to the review question was the most appropriate approach. Thus, an inductive thematic analysis approach was utilised following Braun and Clarke's (2006) and Thomas and Harden's (2008) guidelines. Furthermore, a meta-analysis was not conducted for this review, this was due to differences in the methodology of the papers meaning that a meta-analysis would be meaningless as the data is not comparable and genuine differences in effects may be obscured (Higgins & Green, 2008).

Results

Descriptive overview of results

Study characteristics

All 12 studies that met the inclusion criteria were included in this review. All studies included in the review considered psychologist perceptions of cultural training. Each study has been assigned a number, which will be referred to in the following sections. Five studies

were qualitative (4, 6, 8, 11, 12), six studies utilised mixed methods design (1, 2, 3, 5, 7, 10) and one study was quantitative (9). All used a cross-sectional design. Some studies used established psychometric measures: an adapted version of the multicultural counselling competence and training survey revised (1); multicultural awareness knowledge and skills survey (MAKSS; 3, 5, 7); multicultural experience questions (5); Marlow crowne social desirability scale short form (MCSDS-SF) (7); multicultural environment inventory-revised (MEI-R) (10). Other studies created their own surveys (2, 4). For qualitative aspects, one study utilised focus groups (11), whilst others used semi-structured interviews (2, 6, 7, 8), and three studies used an open-ended survey (4, 10, 12).

Regarding cultural competence, two studies focused on LGBT+ and/or transgender training (4, 11). However, most studies generally focused on cultural competence (1, 2, 3, 5, 6, 7, 8, 9, 10, 12).

The majority of the studies were carried out in America (2, 3, 4, 5, 9, 10, 12), and one occurred in each of the following countries: UK (1), Australia (6), Netherlands (7), Singapore (8), and New Zealand (11). The studies' dates ranged from 2008 to 2023, and all research was in the English language. With regards to publication type, the review includes three doctoral theses and nine journal articles.

Table 1.2. *A list of final articles is included in the review.*

Number	Author(s) and date	Title
1	Anderson (2018).	An exploration of the intercultural competence and the cross-cultural experiences of educational psychologists in the United Kingdom.
2	Benuto et al. (2019).	Training Culturally Competent Psychologists: Where Are We and Where Do We Need to Go?
3	Champagne (2021).	Exploring the Impact of Diversity and Cross-Cultural Psychology Courses on the Diagnostic and Clinical Practice of Clinical Psychology Graduate Students
4	Fitterman-Harris et al. (2022).	Barriers to LGBTQ- and TGNB-Affirmative Clinical Training in Psychology Doctoral Programs.
5	Freeman (2020).	Diversity awareness and multicultural experiences in psychology graduate students
6	Geerlings et al. (2018).	Cultural Competence in Clinical Psychology Training: A Qualitative Investigation of Student and Academic Experiences.
7	Geerlings et al. (2018).	Culturally Competent Practice: A Mixed Methods Study Among Students, Academics and Alumni of Clinical Psychology Master's Programs in the Netherlands.
8	Geerlings et al., (2017).	Culturally competent practice: Experiences of students, academics, and alumni of clinical psychology degrees in Singapore.
9	Green et al., (2009).	Clinical psychology students' perceptions of diversity training: A study of exposure and satisfaction.
10	Gregus et al. (2020).	Student Perceptions of Multicultural Training and Program Climate in Clinical Psychology Doctoral Programs.
11	Hayward and Treharne (2022).	Clinical Psychology Students' Perspectives on Involving Transgender Community Members in Teaching Activities Within Their Training in Aotearoa New Zealand.
12	Sammons and Speight (2008).	A Qualitative Investigation of Graduate-Student Changes Associated with Multicultural Counselling Courses.

Table 1.3. *Summary of extracted data.*

Study, type & country	Aims & design	Psychology field, & participants, type of training & cultural focus	Measures used	Perceptions, satisfaction and needs results	Limitations
<p>1</p> <p>Anderson, A. (2018). An exploration of the intercultural competence and the cross-cultural experiences of educational psychologists in the United Kingdom.</p> <p>Doctoral thesis</p> <p>UK</p> <p>Cross-sectional</p>	<p>Design: Mixed, sequential, explanatory study design</p> <p>Aim: Explore areas that Educational psychologists perceive themselves to be most and least competent when practising cross-culturally, explore how demographic factors affect perceived intercultural competence, explore how the culture of clients can affect the practice of EP/Ts, and explore the experiences that influence multicultural development</p>	<p>Quantitative: 85 total participants</p> <p>Gender: The sample of participants included male (n=9, 10.6%) and female (n=76, 89.4%).</p> <p>Ethnicity/race: 80% (n=68) of participants self-identified as being White (English/British/Welsh/Scottish/Northern Irish), 4.7% (n=4) self-identified as being White Other, 3.5% (n=3) identified as Black Caribbean, 3.5% (n=3) preferred 'not to say', 2.4% (n=2) self-identified as Indian, 2.4% (n=2) self-identified as Pakistani, 1.2% (n=1) self-identified as Black British, 1.2% (n=1) self-identified as Black African, and 1.2% (n=1) self-identified as Chinese</p> <p>Training: 65.9% (n=56) of participants were</p>	<p><i>Quantitative:</i> Adapted version of the Multicultural Counselling Competence and Training Survey Revised</p>	<p>Satisfaction and perceptions of training:</p> <p><i>Quantitative</i></p> <p>The majority EP/Ts reported that they had received most their training during their university training (N=47), while the second most frequent response was none or very little training (N=18)</p> <p><i>Qualitative:</i></p> <p>Training and research need</p> <ul style="list-style-type: none"> - Lack of training - Practice could be enhanced by engaging in training <p>Practical experiences</p> <ul style="list-style-type: none"> - Cross cultural experience is beneficial. - Experience working with English as an additional language and refugees <p>Previous experiences</p> <ul style="list-style-type: none"> - Working in other roles highlights a lack of resources and training in educational psychologist training - Previous experience can influence competence <p>University training</p> <ul style="list-style-type: none"> - Can influence a person cultural competence - Can also increase through exposure to culturally diverse communities <p>Competent enough to do their job</p> <ul style="list-style-type: none"> - Competent not confident <p>Raising awareness</p> <ul style="list-style-type: none"> - Conscious of limitations in their practice 	<p>Self-report nature of the MCCTS-R and the interview phase and potential social desirability bias</p> <p>Self-selection for the study</p>

EPs qualified to practise in the UK, while 34.1% (n=29) of participants were TEPs who were participating in professional training in a BPS accredited educational psychology training scheme in the UK

Qualitative:
5 participants from the original 85
Gender: 5 females
Ethnicity: 1 black Africa, 4 white British

Training: 1 TEP, 4 EP

Sharing practice and supervision

- Benefit of discussing cross cultural cases in supervision

Potential outcomes

- Ways cultural competence could improve their practice
- Better understanding of clients, challenging bias, benefit clients

Needs for future training:

Quantitative:

This finding suggests that EP/Ts feel they would benefit from more training in interventions and prevention, consultation, assessment, and knowledge on how views and practices can differ culturally to better service populations such as EAL clients and refugees

2	Design: Mixed methods <i>Qualitative</i> – Thematic analysis <i>Quantitative</i> – Linear Regression Aims: Updated overview of the cultural competency training experiences of psychologists	<i>Qualitative:</i> 9 participants in total. Gender: Female (n=6) and male (n=3) Ethnicity/race: (n=5) minority ethnic background Age: Between ages 32 and 47 (M=39.89, SD 5.12) Training: Clinical (n=7) and counselling (n=2) psychologists	<i>Quantitative:</i> Responded to questions about six graduate school training activities and specified whether they found it useful	Satisfaction and perceptions of training: <i>Qualitative:</i> Feeling prepared - Some participants indicated that the training they received in graduate school was sufficient to prepare them for working with diverse clients (n=3) whereas the majority suggested (n=6) that additional training was needed Training styles - Participants indicated that didactic training was important (n=5), that training needed to be more concrete and technical (n=5), and that the	Self-report data Social desirability may have been present Self-selection bias Homogeneity of demographic characteristics Small effect size
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Cross sectional

Research questions

What cultural competency training experiences had psychologists had? How do psychologists use their cultural competency training in their work with diverse clients? How satisfied are psychologists with the training they received in graduate school? What do psychologists believe represents the ideal training that can help them move toward becoming culturally competent practitioners?

Quantitative: 142 participants
Gender: 112 female
Ethnicity/race: Non-Hispanic White (79%); 5% were African American, 5% were Asian–Pacific Islander, and 9% were Latina/o (2% self-identified as “Other”).
Age: 26-71 (M=40.53)
Training: 50% PhD in clinical psychology 37% PsD in clinical psychology, 11% PhD in counselling psychology, 2% licensed practicing psychologists
Qualitative:
 Expressed a need for didactic training but clinical experience was deemed as more important. Cultural competency should always remain a work in progress. Independent learning, consultation and

emphasis should be on individual differences as opposed to focused on categorical differences that are ascribed to different cultural groups (n=3)

Quantitative:

Satisfaction with training: 115 stated they were satisfied or very satisfied with the quality of their training, and 113 were satisfied or very satisfied with the quality of their training. Supervision was the only significant predictor of the quality of diversity training. When satisfaction with the quantity of diversity training received was the outcome variable, the inclusion of both supervision (.202) and exploration of personal biases (.243) had a significant positive regression weight, indicating that supervision and exploration of personal biases were the only two significant predictors of the satisfaction of quantity of diversity training
 Achieving cultural competence and ideal training: participants endorsed that cultural competency is achieved via clinical experiences, didactic training, supervision, independent learning, and consultation

Needs for future training:

Qualitative

Knowledge

- Participants indicated that training should include experiential components (n=3) and consultation with other experts in the field (n=2)
- Continuing education was a necessary component of cultural competency training (n=1)

supervision were also noted as important elements.

Quantitative:

Clinical experience:

139

Didactic: 123

Independent learning:

121

Clinical supervision:

125 (supervision was the only significant predictor of the quality of diversity training)

Consultation: 127

Cultural focus:

Cultural competence

- One participant also indicated that training should be integrative, that is, integrated into all courses, and should begin at the very outset of doctoral work
- Finally, one participant indicated that training should include reading about diversity beyond the discipline of psychology and should be more expansive and not just focused on ethnic differences, that is, privilege and microaggressions

Skills

- They also indicated that they needed training in how to get clients to engage (n=1), that they needed one full year of working with a population to establish confidence comfort in working with that population (n=1)
- Exposure to different cultural groups should constitute a part of training (n=1)

3	Design: Mixed methods <i>Qualitative:</i> Consensual Qualitative Research <i>Quantitative:</i> MAKSS scoring guidelines Aims: examine the effectiveness of	<i>Qualitative:</i> Gender: 4 males, 6 females Ethnicity: 4 white, 2 black, 2 Asian, 1 middle eastern and Hispanic/latino, 1 hispanic/latina Age: 23 to 37 years old (M=29, SD=4.56)	Multicultural Awareness Knowledge and Skills Survey (MAKSS)	Perceptions of and satisfaction with training: <i>Qualitative:</i> Diversity and cross-cultural psychology courses are important, but insufficient - Diversity and cross-cultural psychology courses are important, but supplemental learning is needed - Diversity and cross-cultural psychology courses are important, but there is insufficient time to cover complex issue	All participants were from the same clinical psychology graduate program in the northeastern region of the US. Qualitative interviews occurred via Zoom video
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Doctoral thesis USA	diversity and cross-cultural psychology courses in increasing clinical psychology graduate students' engagement in culturally competent diagnostic and clinical practices	Training: 10 clinical psychology graduates	<ul style="list-style-type: none"> - Diversity and cross-cultural psychology courses are important but promote westernised, individualistic perspectives <p>Class discussions about race are difficult</p> <ul style="list-style-type: none"> - Class discussions about race are difficult because white privilege is difficult to confront - Class discussions about race are difficult because racial/ethnic minority students bear brunt of discussions - Class discussions about race are difficult because racial differences between therapists and clients are difficult to address - Class discussions about race are difficult because white professors' limited personal experiences with racial marginalization hinder discussions <p>Diversity and cross-cultural psychology courses increases DEI knowledge</p> <ul style="list-style-type: none"> - Diversity and cross-cultural psychology courses increases DEI knowledge. <p>Diversity and cross-cultural psychology courses do not transform DEI knowledge into culturally competent clinical and diagnostic practices</p>	<p>conferencing, which may have impacted participants' willingness to fully disclose their opinions and perspectives</p>	
4 Fitterman-Harris, H. F., et al. (2022). Barriers to LGBTQ- and TGNB-Affirmative Clinical Training in	<p>Design: <i>Qualitative – Consensual qualitative research analysis</i></p> <p>Aims: To examine doctoral graduate</p>	115 participants Gender: Cisgender women (n=84), Cisgender man (n=19), transwomen (n=1), transman (n=3), gender queer/fluid (n=1), other (n=5)	<p>Respondents were asked in an open-ended fashion to identify two strengths and two barriers in their program</p>	<p>Perceptions of and satisfaction with training: LGBTQ and TGNB training was not a focus, resulting in inadequate training and poor quality of materials</p> <p>Lack of or too few courses centred on LGBTQ and TGNB</p> <p>Only discussed if brought up by students</p>	<p>Current doctoral level students brought a unique perspective</p> <p>Due to their interests more able to highlight barriers.</p>

Psychology Doctoral Programs.	student perceptions of barriers to receiving education and affirmative training for clinical work with LGBQ and TGNB individuals in their clinical or counselling psychology programs.	Ethnicity/race: White participants (n=92), black/African America (n=5), Asian (n=4), Hispanic or Latinx (n=7), multiracial (n=7), native Hawaiian or pacific islander (n=2) Age: Ages 22-52 (M=28.3, SD=5.0) Training: doctoral level clinical and counselling psychology graduate students from programs across the United States Cultural focus: LGBQ & TGNB	that contribute to faculty and students providing affirmative services to LGBQ and TGNB individuals. Participants were asked to identify strengths and barriers to LGBQ and TGNB training separately	Negative attitudes/behaviours from faculty such as disinterest, reluctance, frustration and dismissal of topics Overall subheadings: Uniformed and negative faculty; inadequate coursework; insufficient clinical training; insufficient general training; negativity among students; lack of supportive setting; no faculty research	Self-selected participants Majority of participants were white cisgendered women.
Journal Article					
American					
Cross-sectional					
5	Design: Mixed methods <i>Qualitative</i> – content analysis <i>Quantitative</i> - MANOVA Aims: <i>Quantitative</i> – To explore factors that impact diversity awareness in	<i>Quantitative</i> – 69 students Gender: 45 female, 24 male) Ethnicity/race: 47 were Caucasian (68.1%), seven were Latin/x/Hispanic-American (10.1%), two were Asian American (2.9%), two were Middle-Eastern/Arab-American (2.9%), ten	<i>Multicultural awareness knowledge and skills survey</i> 60-item self-assessment scale A=.75 <i>Multicultural experience questionnaire</i>	Perceptions of and satisfaction with training: <i>Qualitative:</i> In class experiences <ul style="list-style-type: none"> - Experiential class assignments helped them gain insight. - Recognising automatic assumptions Client and supervision experiences <ul style="list-style-type: none"> - Awareness of power and privilege Program relationship <ul style="list-style-type: none"> - Anger on behalf of classmates General program experiences <ul style="list-style-type: none"> - Recognising their own bias - Sharing personal experiences 	Focus group sampling was limited. Focus group interviews were conducted by a peer. Quantitative was cross-sectional in nature.
Freeman, C. N. (2020). Diversity awareness and multicultural experiences in psychology graduate students					
Journal article					
Cross-sectional					

USA	<p>doctoral psychology students, with specific attention to how one's exposure to multicultural experiences influences their diversity awareness.</p> <p><i>Qualitative – To explore student perceptions regarding what experiences were formative in shaping their diversity awareness during their graduate training. How students' experiences influenced their awareness of (a) own implicit biases, (b) issues of power and privilege, and (c) the influence of these experiences on the therapeutic relationship. (d) definition of</i></p>	<p>were Multiracial (14.5%), and two elected not to respond Age: Unknown</p> <p>Training: Doctoral students graduate school of clinical psychology</p> <p><i>Qualitative –</i> Two focus groups consisted of 10 and 5 participants Gender: 11 female, 4 male Ethnicity/race: Four were Caucasian (26.6%), two were Latin/x/Hispanic-American (13.3%), one was Asian American (6.6%), one was Middle-Eastern/Arab-American (6.6%), and seven were Multiracial (46.6%) Age: unknown</p> <p>Training: Doctoral students graduate school of clinical psychology</p>	<p>15 item two factor self-report scale $\alpha=.80$</p> <p><i>Focus group</i></p>	<p>Needs for future training: <i>Qualitative:</i> Continued exposure to multicultural experiences Supervisors to received more cultural training. Spaces for dialogue.</p> <ul style="list-style-type: none"> - Acceptable and encouraged to discuss diversity issues and experiences with faculty and other students - Difficulty keeping conversations about race safe
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cultural humility,
and (e) effective
ways to develop
cultural humility.

Cultural focus:
general cultural
competence

6	Design: Qualitative - IPA	Twelve participants were interviewed		Perceptions of and satisfaction with training: Western ‘feel’ to training Exerting cultural influence <ul style="list-style-type: none">- Training was not cross-cultural Personal interactions <ul style="list-style-type: none">- Key learning experiences- Informal- Improve understanding and sympathy.- Experiences shared by academics left long-lasting impressions. Professional training curricula <ul style="list-style-type: none">- Shortage of attention paid- Pertinent to include cultural training Personal dedication <ul style="list-style-type: none">- Learn new perspectives- Think outside the box- Feeling responsible for their cultural learning- Seek supplementary learning	Self-selection bias: those with strongest opinions may be more likely to volunteer to be interviewed No participants identified as being from Aboriginal or Torres Strait Islander origin. Doubtful whether the present findings are generalisable to students and academics in universities other than the ones where these interviews were conducted
Geerlings, L. R. C., et al. (2018). Cultural Competence in Clinical Psychology Training: A Qualitative Investigation of Student and Academic Experiences.	Aim: How do students and academics of clinical psychology experience preparation for culturally competent clinical psychology practice?	Gender: female (n=9), male (n=3) Ethnicity/race: Caucasian Australian (n=7), no other demographics reported Age: students (age <i>M</i> = 26.3, range: 22–31 years), academics (age <i>M</i> = 50.3, range: 45–57 years) Training: 8 students and 4 academics of clinical psychology			
Journal Articles	<i>Cultural focus:</i> general cultural competence				
Australia					
Cross-sectional					
7	Design: <i>Mixed method</i>	<i>Quantitative:</i> 106 participants	<i>Multicultural Awareness,</i>	Perceptions of and satisfaction with training: <i>Quantitative:</i>	Self-selection bias

Geerlings, L. R. C., et al. (2018). Culturally Competent Practice: A Mixed Methods Study Among Students, Academics and Alumni of Clinical Psychology Master's Programs in the Netherlands.	<p><i>Qualitative</i> – IPA</p> <p><i>Quantitative</i> - MANOVA</p> <p>Aims:</p> <p><i>Quantitative:</i> Are multicultural training, cross-cultural experience and belonging to a cultural minority associated with the cultural competency of students, academics and alumni of clinical psychology master's programs?</p> <p><i>Qualitative:</i> How do students, academics, and alumni of clinical psychology experience preparation for culturally competent clinical psychology practice?</p>	<p>Gender: male (n=19), female (n=87)</p> <p>Training: 22 students, 10 academics, 74 alumni) from clinical psychology masters' programs</p> <p>Ethnicity: Not documented</p> <p>Age: Student (age: M = 25.09, SD = 3.77), academics (age: M = 43.00, SD = 10.71), alumni (age: M = 33.49, SD = 12.23)</p> <p><i>Qualitative:</i> 14 interviews</p> <p>Gender: not documented</p> <p>Ethnicity/race: not documented</p> <p>Age: 5 students (age: M=26.4, age range: 25 – 34 years), 5 academics (age M=50, age range: 31 – 66 years, 1 academic did not report age), and 4 alumni of a clinical psychology program (age: M=45, age range: 27 – 58 years)</p> <p>Training: 5 students, 5 academics, 4 alumni</p>	<p><i>Knowledge and Skills Survey (MAKSS), 60 item self-report scale, Cronbach alpha of .75, .90 and .96 for Multicultural Awareness, Knowledge, and Skills respectively</i></p> <p><i>Marlow Crowne Social Desirability Scale Short Form (MCSDS-SF): 13 item scale, Kuder-Richardson-20 reliability of .76 and a correlation of .93 with the full MCSDS has been reported for the MCSDS-SF</i></p>	<p>A correlational analysis tested the hypothesis that satisfaction with cultural training (a continuous variable) was associated with MCC</p> <p><i>Qualitative:</i></p> <p>Western bias</p> <p>Rigidity of science</p> <ul style="list-style-type: none"> - Insufficient flexibility for cross-cultural application <p>Limits of training</p> <ul style="list-style-type: none"> - Insufficient preparation for cultural practice - Not a structural part of the curriculum <p>Needs for future training:</p> <p>Clinical psychology curricula</p> <ul style="list-style-type: none"> - Need more cultural training opportunities <p>Life experience</p> <ul style="list-style-type: none"> - Cross cultural experience is beneficial
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8	<p>Geerlings, et al., (2017). Culturally competent practice: Experiences of students, academics, and alumni of clinical psychology degrees in Singapore.</p> <p>Journal Articles</p> <p>Singapore</p> <p>Cross-sectional</p>	<p>Design: <i>Qualitative - IPA</i></p> <p>Aims: Exploring experiences of students, academics and alumni of clinical psychology programmes in Singapore</p> <p>Gender: female (n=14), male (n=1)</p> <p>Ethnicity/race: Chinese Singaporean (n=8), Malay-Singaporean (n=2), Indian-Singaporean (n=1). 4 people did not fit into these categories.</p> <p>Age: 5 students (age: $M = 33.8$, range: 26-40 years), 5 academics (age $M = 49$, range: 33-58 years), and 5 alumni of a clinical psychology programme (age: $M = 31.6$, range: 27-39 years)</p> <p>Training: 5 students, 5 academics, 4 alumni</p>	<p>Perceptions of and satisfaction with training: 'Western'</p> <ul style="list-style-type: none"> - Culture of clinical psychology: All participants experienced some aspects of clinical psychology knowledge and practices to be universal, while other aspects were perceived as culturally 'western' <p>Cross-cultural engagement</p> <ul style="list-style-type: none"> - Interacting with people from different cultures - Needs to be more self-reflective <p>Supervised practice</p> <ul style="list-style-type: none"> - Helped improve confidence <p>Need for future training:</p> <p>Curricula</p> <ul style="list-style-type: none"> - Integrate cultural training - Need for training in culture skills 	<p>Most participants were female</p> <p>Self-selection bias</p> <p>The findings may overestimate the cultural challenges in clinical psychology training and practice</p>
9	<p>Green, D., et al., (2009). Clinical psychology students' perceptions of diversity training: A study of exposure and satisfaction.</p>	<p>Design: <i>Quantitative - ANOVA</i></p> <p>Aims: (a) How do students define diversity? (b) What are the different modalities of diversity training</p> <p>Gender: female 80%; (n=393), male 20% (n=98)</p> <p>Ethnicity/race: 71.7%;n=349) white/Anglo; Asian/Asian-American (6.1%;n=30), African-American/African-</p>	<p>Perceptions of and satisfaction with training:</p> <p>18 (12.6%) students stated that they were "very dissatisfied" with training focused on religion and 30 (21.0%) students responded likewise with regard to physical disability</p> <p>Their satisfaction with the content of their diversity courses depended significantly upon the area of diversity queried ($F[5,135]=36.77, p<.001$)</p>	<p>Generalizability to graduate psychology programs that focus on practice over research cannot be assumed.</p> <p>Low response rate in this study</p>

Journal article	to which students are exposed? (c) How highly do students rank the importance and levels of satisfaction regarding their training in diversity issues? In addition, this study examined the impact of being a member of a traditionally underrepresented group on students' perceptions of importance and satisfaction	<p>Islander (5.1%;n=25), Hispanic/Latino (2.7%;n=13), Middle Eastern (0.6%;n=3), and American Indian(0.4%;n=2; data were missing for 4 students).</p> <p>Age: Mean age was 27 years (SD=4.9 years)</p> <p>Other: 52 (11% of the total sample) self-identified their underrepresented group based on religion, 41 (8%) on sexual orientation, 11 (2%) on disability status, and 24 (5%) on country of origin. 39 (8%) students specified that they belonged to another underrepresented group (e.g., by gender or parental nationality)</p> <p>Training: 19% (n=94) were in their first year of graduate school, 23% (n=113) in their second year, 17% (n=82) in their third year, and 40% (n=195) in their fourth year or</p>	<p>Clinical training with persons of diverse ethnicity/race, gender, and sexual orientation were rated higher than with persons of other forms of underrepresented populations</p> <p>Students in their second year or higher reported they were “somewhat satisfied” with their level of clinical training with persons of different races/ethnicity and different genders, but they were significantly less satisfied with their clinical training with persons from other diverse backgrounds</p>	<p>raises questions of generalisability</p> <p>Those who chose to participate in this study may have felt more invested in issues of diversity training</p> <p>Limited sample size</p>
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		higher (M=3.2 years of graduate school, SD=1.7; data were missing for seven students)			
10	Design: Mixed methods: <i>Quantitative – ANOVA</i> <i>Qualitative – Thematic analysis</i> Aims: Provide an updated assessment of clinical psychology graduate students' perceptions of the quality of their program's multicultural training and program climate around issues of diversity.	<i>Quantitative:</i> 397 participants Gender: Female: 84.1% (n=334), male 14.6% (n=58), transgender 0.5% (n=2), gender non-conforming/queer 0.8% (n=3) Training: Students from clinical psychology programmes across the USA Race: Racially white 77.3% (n=306), Asian 6.3% (n=25), Black/African American 6% (n=24), Hispanic/Latino 3.5% (n=14), American Indian/Alaska Native, 0.5% (n=2), Multiracial 5.3% (n=21), other 1% (n=4). Age: mean age 27.03, SD=3.32	<i>Demographics and program description</i> Assessed age, gender identification, race and ethnicity, sexual orientation, disability status, year in graduate program, training track/major of interest, program emphasis and whether the program had a diversity committee <i>Multicultural environmental inventory – revised (MEI-R)</i> 27-item self-report inventory.	Perceptions of and satisfaction with training: <i>Quantitative:</i> Student perceptions fell above the midpoint for each subscale and total scale indicating students were generally satisfied with their training <i>Qualitative:</i> Integrating diversity throughout their training program Providing a safe and responsive environment Recruiting and retaining diverse faculty and students Enacting a diversity committee Providing additional training and experiential learning opportunities Needs for training: Integrating diversity training across all components of training Recruiting/retaining diverse faculty and students Expanding opportunities for diversity training Increasing value of underrepresented students and ideas Increasing faculty competence	Limited sample size White, non-Hispanic participants were overrepresented

Student perceptions of how multicultural issues were addressed
Student perceptions of the program climate
a = .94-.95)

Perceptions of program strengths and weaknesses
two open-ended questions

11	<i>Qualitative - Exploratory qualitative design using focus groups, thematic analysis</i>	8 students and 4 transgender community ambassadors also attended the focus groups (no demographic information is reported on the ambassadors) 5 people per focus group	Perceptions of and satisfaction with training: Wanting to support transgender clients but needing more knowledge - Gaps in knowledge - Feeling unprepared - Responsibility to educate themselves New perspectives on transgender health care from the transgender ambassadors - Focus groups helped fill gaps in knowledge - Important not to make assumptions Opportunities and challenges in the clinical psychology program. - Minimal training - Not pathologised - Learning from transgender people would be “valuable”	Non-homogenous focus groups may result in one participant or perspective might dominate the discussion
Hayward, M. and G. J. Treharne (2022). Clinical Psychology Students’ Perspectives on Involving Transgender Community Members in Teaching Activities Within Their Training in Aotearoa New Zealand.	Explore clinical psychology students' perspectives on including transgender community members in teaching activities	Gender: cisgender women (n=6), cisgender men (n=2)		
Journal Article				

New Zealand	within their training program.	<p>Ethnicity/race: New Zealand European/Pakeha (n=7), New Zealand European/pakeha and Asian (n=1), Asian (n=1)</p> <p>Age: Between 22 and 27 (median = 24.5)</p> <p>Training: Clinical psychology students and transgender community members. 8 students in the first, second, or final year of the clinical psychology programme in New Zealand attended the focus groups. 4 transgender community ambassadors also attended.</p> <p>Cultural focus: Working with transgender community members</p>	<ul style="list-style-type: none"> - Experiential learning - More integration – not enough time 	
Cross-sectional				
12	Design:	124 participants	Perceptions of and satisfaction with training:	The course
Sammons, C. C. and	<i>Qualitative:</i>	Gender: 82% women	<i>Qualitative:</i>	experience for
S. L. Speight (2008).	Critical incident technique (CIT)	(n=102), 18% men (n=22)	Increased knowledge	any given
			- More awareness	participant may

A Qualitative Investigation of Graduate-Student Changes Associated with Multicultural Counselling Courses.	Aims: (a) What personal changes do students describe as related to their multicultural counselling course? (b) What specific course elements do students link to these changes? And (c) Are there differences among the frequencies of responses between White students and students of colour in the types of personal changes reported and the course elements linked to those personal changes?	Ethnicity/race: 71% white (n=88), 9% African American (n=11), 8% Asian American (n=10), 6% multiethnic (n=7), 3% Latino (n=4) and 3% Asian international students (n=4).	<ul style="list-style-type: none"> - Considerations of bias - Increased self-awareness - 34% of participants - Awareness of bias - Increased identity development - Increased awareness of their own privileges - Enhanced worldview - Increased professional cultural competence 	<p>have been quite dissimilar from that of other participants. The findings do not account for individuals who did not elect to participate for other reasons and cannot be generalised</p>
Journal Articles		Age: Mean 31 years (SD=9.81), and modal age was 26 years. 71% percent (n=88) between 23 and 30 years of age, 15% (n=18) between 31 and 40 years, 10% (n=12) between 41 and 50 years, and 5% (n=6) were older than 50 years of age	Attitudinal changes <ul style="list-style-type: none"> - Increased critical thinking - Increased empathy - Decreased cultural bias - Increased negative feelings or attitudes toward colleagues - increased negative feelings or attitudes about the multicultural movement 	
American		Training: 30% (n=37) counselling master's program, 22% (n=27) counselling psychology PhD program, 20% (n=25) clinical psychology PhD program, 8% (n=10) school counselling master's program, 8% (n=10) psychology PhD program, 7% (n=9) clinical psychology	Behavioural changes <ul style="list-style-type: none"> - Increased activism - Enhanced relationships - Expanded professional competency. - Decreased use of biased language - Seeking further multicultural training. 	
Cross-sectional design			Interactive activities <ul style="list-style-type: none"> - Conversations, experiential activities, role plays, or clinical activities 	
			Didactic activities <ul style="list-style-type: none"> - 32% attribute didactic activities to personal change 	
			Instructor influence <ul style="list-style-type: none"> - Impacted personal change 	
			Reflective activities <ul style="list-style-type: none"> - 8% reported changes 	

PsyD program, 2%
(n=2) clinical
psychology master's
program; the
remaining 4
participants were
enrolled in an
unspecified program

Participants Characteristics

There were 1,616 participants across the 12 studies: 1372 in the US, 85 in the UK, 12 in Australia, 120 in the Netherlands, 15 in Singapore and 12 in New Zealand. This shows that the majority of participants are taken from Westernised cultures.

Samples consisted of a mixture of students at doctoral, PhD, 'graduate programmes' or master's level (1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12), academics (6, 7, 8), alumni (7, 8) and qualified psychologists (1, 2, 3). One study also included transgender community ambassadors in their focus groups (11). Psychology fields included counselling (2, 4, 12), clinical (2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) and educational (1) psychologists.

Only adult participants were included in this review. Most studies documented a mean, median and standard deviation for the age of participants. The lowest reported age was 22 (4), and the highest reported age was over 50 (12). Most of the participants were female: 1,285 females. Only one study did not document females (7 – qualitative). There were only 262 males reported. Two studies only documented the number of females involved in the studies (2 – quantitative, 7 – qualitative); therefore, they were not included in the final numbers of males. Two studies commented on 'other gender' participants (6, 10), for example, non-binary, transgender, gender non-conforming/queer.

One study did not document ethnicity/race (7). One study only documented five participants from a minority ethnic background (2), and one study only documented seven caucasian participants (6). The other nine studies documented participants from various ethnic/racial backgrounds. The largest proportion of participants were white; this was included in most studies documenting their ethnic group. Only two studies did not include white participants (8, 11). The second highest ethnic/race was Asian/Asian American or Pacific Islander/Asian international student participants. These participants were included in seven

of the nine studies that documented ethnicity/race (3, 4, 5, 9, 10, 11, 12). A wide variety of ethnicities were also documented across the studies, for example, Latinx/Hispanic, Indian, African American, and multiracial.

Additional factors were documented, including sexuality (4, 10, 11), for example, straight/heterosexual, gay/lesbian, queer, bisexual, and pansexual. Study 9 also commented on underrepresented groups based on religion, sexual orientation, disability status and country of origin.

Narrative synthesis

A variety of perceptions of culturally competent training experiences were reported. In the following section, each heading represents an area that is thematically related and identified across studies. The results are structured with regard to the main review question: satisfaction, perceptions of cultural training and need for training, which has been grouped into seven themes: training sufficiency, cultural topics, training styles, discussions with peers, student perceptions of staff, and personal development. The main findings will be discussed and linked to each of these areas. Themes do not always link to all areas of the main review questions.

Training sufficiency

Perceptions.

The need to include cultural competency training has been documented as “pertinent” (4). Study 1 suggested that lack of training experiences can be a reason for limited knowledge concerning cultural competence practice. Furthermore, study 1 highlights that university training is the primary source of training for participants regarding assessing diverse cultures. However, many participants also feel they lack training in the area, reporting that psychologists and trainees felt they had to seek cultural competence training

outside of university study (1). Study 1 focuses on educational psychologists and trainees; however, the other studies focusing on counselling and clinical psychology participants also reported a need for further training (2, 3, 4, 6, 7, 8, 10, 11).

Study 3 highlighted that cultural training was “important but insufficient”. Studies 3 and 7 reported that there was not enough time to consider cultural competence training due to the current curricula of the courses and that it should be earlier in psychology programmes. Studies 6 and 11 highlighted that participants felt a shortage of attention was paid to cultural issues. Studies 6 and 10 also reported that cultural competence is perceived as supplementary information (“add on”) rather than part of the course. This led to people feeling frustrated with the lack of cultural training (6).

On the other hand, study 5 reported that diversity awareness improved throughout doctoral training. For example, fourth-year students had significantly more diversity awareness than second-year students. Furthermore, study 3 documented that all participants expressed that the cross-cultural and diversity course increased their knowledge and awareness of social prejudices and systemic discrimination in the US. Overall, study 2 documented training as providing a good introduction to cultural competence. Study 5 reported that more than half of students in the first year (64.9%) indicated their coursework infused topics of diversity throughout.

Satisfaction.

Other studies highlighted sufficiency and satisfaction with their courses; in study 2, 81% of participants were satisfied or very satisfied with the quality of cultural training, and 80% were satisfied or very satisfied with the quantity of cultural training. The training received was documented as sufficient to prepare students for work with diverse clients (2). No other studies directly commented on satisfaction with training.

Needs for future training.

Study 1 documented that educational psychologists would benefit from further training in “interventions, prevention, consultation, assessment and knowledge on how views and practices can differ culturally”. Studies 8 and 10 suggested that cultural training must be more intentionally integrated into the course. It should be noted that study 6 reported that diversity was well integrated throughout the course, and platforms were offered to discuss diversity. However, the study highlighted the need for more intentional integration.

Cultural topics

Perceptions.

Perceptions of training varied depending on the topic of diversity. Cultural topics were mainly discussed in relation to satisfaction and needs.

With regards to perceptions, four studies (3, 6, 7, 8) reported that the training was highly tailored towards westernised society, which impacted applicability to clients with various cultural needs. Study 9 focused on a population in Singapore; this study also highlighted that psychology theories are often tailored to a westernised society, thus creating challenges when working with “local clients”. This highlights challenges with the adaptability of psychology theories and reduced training in working with different cultures.

Satisfaction.

In study 9, 12.6% of students were “very dissatisfied” with training focused on religion and 21% with training focused on physical disability. They were “somewhat satisfied” with training on ethnicity/race, gender, sexual orientation, and English not as the primary language, but they were significantly less satisfied with their clinical training with persons from other diverse backgrounds.

Need for future training.

Two studies highlighted a need to expand cultural competence rather than focus on ethnic differences (2, 10). Study 11 highlighted a need for more gender identity training later in training; the study stated that it was discussed more in undergraduate degrees. Study 11 focused on training and working with transgender individuals, which may be why the study focused on needing further training for gender identity rather than considering another cultural topics.

Training styles

Perceptions.

Various training styles were highlighted across the studies. Two studies commented on the value of didactic training, which includes providing students with information through reading, watching films, and attending lectures (12). In study 2, it was documented that 81% found didactic training helpful and in study 12, 32% of participants attribute didactic activities to personal change.

Alternatively, participants commented on the value of dialogue and discussion (2, 5, 6). It was highlighted that personal interactions and hearing about experiences are vital to the learning experience (6, 11). Experiential classes were also highlighted as helpful (2, 5, 8, 12); study 5 commented that experiential class assignments helped participants gain insight and feel closer to those different from themselves. In study 2, it was documented that 82% of participants found the experiential component helpful.

Other training styles included cultural immersion, which 92% found helpful in study 2. It was documented that “on-the-job training” was important due to varying needs depending on the population or context of the client, and exposure to different cultures was

deemed as something that should constitute part of training. Study 1 supported this, stating that first-hand experience was important, rather than just being in a classroom.

Participants highlighted the value of workshops (10), speakers external to the university conferences (10) and a need for skill-based training (2). Finally, it was documented in study 6 that a space for ongoing critical reflection helped new practitioners adapt to culturally different clients. However, it is documented that this was not always possible in a working role due to workloads and time constraints.

Needs for future training.

Less frequently mentioned treatment styles included a need for independent learning (2), concrete and technical training (2) and consultation with other experts (2). Study 7 highlighted a need for more cross-cultural experience, and study 8 reported needing training in cultural skills.

Discussions with peers

Perceptions.

Only two studies commented on discussions with peers (3, 12). Study 3 had a theme that highlighted “class discussions on race are difficult”. Two highlighted areas linked to discomfort within the class evoking emotional responses; white participants reported shame about unearned advantages, and there was a fear of talking about culture in classes as participants did not want to offend their peers (3). In study 12, one participant reflected that they experienced anger during class discussion due to it highlighting ignorance from other classmates.

Student perceptions of staff

Perceptions.

Study 12 reported the importance of considering staff perceptions, documenting that “instructor style or personality promoted positive, neutral or negative changes for the participants.” Study 6 also reported that personal experiences shared by staff made long-lasting impressions. Four studies have discussed student perceptions of staff members (3, 4, 8, 10).

All four studies reported that participants felt staff would often “shy away” from topics on diversity and culture (3, 4, 8, 10). Study 8 considered this in the context of non-local staff hesitating to comment on culture. This links to staff being uncertain about their understanding of different cultures or, for study 8, a Singapore context. Furthermore, study 4 commented on staff having reduced competence about LGBTQ and transgender issues and that staff did not complete clinical work with this population of clients. This study also reported staff to be disinterested and reluctant to discuss LGBTQ and transgender topics, resulting in minimal training on these topics.

Study 3 documented that participants felt that staff had limited personal experiences of cultural issues, and that diverse staff were not represented on the course. This is supported by a study that reported concerns about the absence of diverse staff members from LGBTQ+ communities. Study 3 highlighted that some students (4 out of 10) felt a sense of validation from staff members of a similar ethnic/racial background. Meanwhile, a larger proportion of students (7 out of 10) reported that staff would rely on students who were from ethnic minorities to share their experiences, which often resulted in students feeling uncomfortable in class.

Study 10 highlighted that staff would not participate in cultural activities, and there were incidents of discrimination and microaggression from staff, which led to students feeling unsupported. On the other hand, in study 10, it was also documented that students

felt safe to discuss diversity without fear of retribution; staff listened, accepted differences, and responded to concerns. Furthermore, students perceived an intention to hire diverse faculty for psychology courses.

Needs for future training.

Study 10 highlighted a need for increased faculty competence, increased value of underrepresented student ideas, and recruiting and retaining diverse faculty and students. Study 5 spoke about the importance of having spaces to discuss issues and experiences with faculty and other students.

Personal development

Perceptions.

Personal development has four main subthemes: emotional impact, awareness of limits, awareness of bias, and competence and confidence.

Emotional impact links to the challenges that participants experience whilst engaging in cultural competence training. It was highlighted that the culturally competent learning process was overwhelming and anxiety-provoking (6). Study 11 documented that training left participants feeling unprepared and unknowledgeable about working with transgender clients.

Awareness of limits was demonstrated through participants reporting that training helped them realise that they do not have to have all the answers and that learning about cultural competence and gaining new perspectives should always remain a work in progress (2, 6). Without adequate training, study 11 reported, “W#we do not even know enough to know what we want to know”. However, with training, participants were supported in seeking further training (12) and “thinking outside the box” (6). Study 11 highlighted participants wanting to learn more so they could confidently support transgender clients.

An increased self-awareness was documented, especially concerning participants being more alert to their biases (5). In study 12, 34% of participants documented an increase in their awareness. 89% of participants found it helpful to explore their own biases in training (2). It was determined that challenging biases and assumptions is an important process to provide culturally competent services (3). Being more aware of individual bias and unintentional assumptions based on their own identity markers helped participants develop their understanding of power and privilege. Awareness of bias also helped participants improve interpersonal dynamics within therapeutic relationships.

Competence and confidence were also considered within several studies. Whilst all the studies within this systematic review comment on cultural competence, only seven (1, 2, 3, 4, 5, 8, 12) directly addressed whether participants perceived themselves as culturally competent. In study one, one of the participants reported feeling competent. Furthermore, Study 12 documented that training experiences increase participants' self-perception of their understanding of general multicultural issues, cultural competency, and the psychology profession. There was also documentation of an increase in critical thinking, increased empathy, and a decrease in cultural bias. Furthermore, participants felt freer to talk about race rather than pretending it did not exist.

Studies 5 and 8 further support the value of knowledge and developed awareness of diversity, which, they reported, can contribute to developing empathy for culturally different clients, managing client expectations, and enhancing clinical judgment.

Meanwhile, study two reported that participants felt that competence was a work in progress, and that it felt impossible to have a knowledge base to be competent. Within study 3, a participant reported, *"I do not think I am culturally competent, I don't think you ever achieve it"*. In study 8, it was reported that individuals were hesitant to comment on

culturally competent practice, which was linked to uncertainty about their understanding of local practice. Furthermore, it was reported that Singaporean participants have frequent cross-cultural encounters since a young age, which could develop a 'baseline' cultural competency. Although other participants critiqued this.

Additionally, six studies commented on confidence (1, 5, 6, 8, 11). In studies 5 and 8, it was observed that training contributes to increased confidence in working with individuals from other cultures and religions and prevents participants from making assumptions about their clients.

Although in study one, a participant reported a lack of confidence in conducting therapy, and another participant reported feeling competent but not confident. It is suggested that this reflects ethically safe practice but highlights that there was still room for improvement (1). It was reported in Study 11 that participants wanted to gain more confidence in knowing what to ask and what is important regarding working with transgender individuals.

Study 6 documented differences between academics and students, reporting that academics expressed more confidence than students in their ability to practice adaptively, which was linked to greater life experience and clinical practice. Meanwhile, it was reported that students lacked confidence in their own clinical and cultural abilities.

Discussion

The key aim of this review was to systematically explore the existing research focusing on psychologists' and psychology students' perspectives on culturally competent training. 12 papers were included in the final review, one of which was quantitative, five were qualitative, and six utilised a mixed-methods approach. All papers were cross-sectional. The main themes suggest that psychologists and psychology students have varying perceptions and satisfaction

with their cultural training, and there are self-reported needs to improve cultural training. This is demonstrated by six key themes: training sufficiency, cultural topics, discussion with peers, student perceptions of staff, personal development, and training styles. These themes also answer question two, highlighting a lack of research on different psychological fields, cultural content, and global research.

The first theme was training sufficiency, which demonstrated varying results; on the one hand, it was highlighted that there was a lack of training; on the other, it was noted that participants were satisfied with the quantity and quality of cultural training. The variation in results makes it difficult to determine whether cultural training for psychologists is sufficient. There was no trend concerning country or cultural focus; however, it should be documented that 75% of the studies referenced a lack of cultural training, whereas 25% reported a development of awareness and knowledge. This suggests that psychologists and psychology students are dissatisfied with their cultural training. This indicates a need for increased cultural training in psychology programmes. They should be integrated more throughout undergraduate degrees through to postgraduate, and training could also be offered to qualified psychologists.

Study 1 suggested a lack of training experiences; this was the only study that focused on educational psychologists, which could suggest insufficient cultural training in educational psychology programmes. However, counselling and clinical psychology training also documented some satisfaction and some insufficiency. Therefore, further research is needed comparing psychology fields to determine whether there is a difference in cultural training sufficiency across fields or whether there is similarity across all psychology. This will help determine what areas of psychology require more cultural training.

The second theme focused on the cultural topics often discussed in cultural training. The studies indicate that there is often a focus on race/ethnicity, gender, and sexual orientation, with less focus on other areas of culture and diversity. This may be due to an assumption of what cultural factors include. Benuto (2019) documented acculturation, education, and health to be viewed by fewer people as “cultural factors”. A previous systematic review also highlighted that there were fewer curricula focused on cultural categories such as religion (16.2%), immigration status (13.5%), or socioeconomic status (13.5%) (Chu et al., 2022). This demonstrates a need for further training on more diverse cultural content.

This theme also considered a westernised approach to psychology. It has been documented that there are challenges globalising psychological knowledge due to barriers to publication and training in non-westernised cultures as well as non-English articles not being translated to be able to distribute knowledge to westernised cultures (Horton, 2000). This reinforces the conception that psychology often focuses on a westernised approach. However, Taylor (2019) suggests that there are ways to adapt westernised psychology to a culturally diverse environment. Thus, it should be considered whether further training and research are needed to determine how to globalise psychology rather than focusing on a westernised perspective.

As noted in the introduction, training styles are frequently researched to highlight current training styles and student preferences. This was documented in a previous systematic review by Benuto (2018). Benuto (2018) reported that the most common training styles associated with changes in knowledge, awareness and skills were lectures, discussions and contact with diverse individuals. This demonstrates similar results to what participants perceived was most helpful regarding their cultural training across these primary studies. For

example, 92% found cultural immersion helpful, and 81% found didactic helpful. These are both high percentages. However, they suggest a difference in participants' perceptions of what is helpful; cultural immersion is more helpful than didactic despite Benuto's (2018) research suggesting they were both most important. One way to ensure better cultural training for psychologists may be incorporating more diverse training styles. For example, including skills-based training, exposure to multicultural experiences, and didactic learning.

Dialogue and discussion were also highlighted in these primary studies as a suitable training style for learning about culture. This is supported by research suggesting that discussions can lead to an increased understanding of specifics about another culture and a reflection on one's own culture (Holliday et al., 2004). However, participants documented discomfort, anger and shame when discussing culture in class (theme four). This is reinforced by research that highlights that talking about race, ethnicity, and multiculturalism is frequently heated and emotional (Sue et al., 2009). As discussed in the introduction, psychologists are expected to respond appropriately and adapt working styles to meet the needs of their clients (HCPC, 2023), and not addressing cultural differences can lead to mistrust and disempowerment (Jongen et al., 2018). Thus, it is important not to avoid conversations about culture despite challenging feelings arising. This could be incorporated into classroom settings; having spaces for informal discussions may also normalise cultural topics.

Participants documented feeling unsupported by staff or that staff were not knowledgeable about the culture. As a result, students did not feel safe having these discussions, or they were avoided by staff. This may represent the lack of training offered previously; Benuto et al. (2018) reported in their systematic review that the level of cultural training has increased over the years. However, this suggests that staff and qualified

psychologists may require further training on culture and diversity as this may not have been something they received in-depth as part of their original training. This was another theme that had varied results; one study documented some students feeling supported by staff (Gregus, 2020). This may vary depending on the staff's diverse backgrounds. As Champagne (2021) documented, students felt supported by staff of a similar ethnic minority. This suggests that further research is needed to compare perceptions of students and staff from different cultural backgrounds and the level of support and comfort students experience when talking to staff about culture.

Personal development considered the overwhelming concept of culture. It highlighted the need for more skills training because participants were left feeling unprepared and unknowledgeable. However, it also confirmed to participants that cultural competence is a constant learning process. This confirms the need for ongoing cultural training even once qualified.

Personal development also linked to self-awareness. The introduction highlighted this concept as important to reduce the risk of bias and assumptions (Taylan & Weber, 2023). The primary studies from this review highlight the value of training as it enables individuals to become more aware of their own identity and improve therapeutic relationships. This demonstrates a need for continued training, discussions, and reflection spaces to ensure continued awareness of personal bias.

Personal development also considered competence and confidence. This was included due to Arruzza and Chau's (2021) consideration for including confidence within the cultural competence model. This theme identified that there appeared to be limited perceived confidence from the participants within these studies. Although, Geerlings et al. (2018; study 6) suggested that confidence seemed to be impacted by the years of

experience that an individual has. This aligns with research by Cardemil and Battle (2003), which documented differences in cultural competence depending on participants' year of qualification. This could suggest that increased experience can be linked to increased perceived confidence for engaging in culturally competent practice. Although, Anderson (2018; study 1) highlighted that participants felt more competent but lacked confidence in their ability to be culturally competent, which contradicts the review discussed in the introduction by Arruzza and Chau (2021). This study focused on educational psychology; therefore, this may demonstrate a variation in this field of psychology. However, further research is needed to determine whether there is a variation in confidence across psychology fields.

When considering competence within this theme, there was variation where studies 5, 8 and 12 documented an increase in critical thinking, increased empathy, and decreased cultural bias (Freeman, 2020; Geerlings et al., 2021; Sammons & Speight, 2008). Meanwhile, study three reported that a participant did not feel competent (Champagne, 2021). Overall, there appeared to be differences linked to whether individuals perceived themselves as confident compared to competent. Thus, further research comparing perceived confidence and competence may be valuable in determining whether there is a significant relationship.

Limitations and directions for future research

As documented within the introduction, this review considered global studies for all fields of psychology and a range of multicultural training content (e.g., cultures covered). Despite this, only studies focusing on clinical and counselling psychologists were obtained, along with one focusing on educational psychologists. This demonstrates a need for further research that considers the perception of other psychological fields. Some studies have considered cultural training, for example, on sports psychologists and “forensic evaluators”

(Kois & Chauhan, 2016; Quartiroli et al., 2023). However, these do not consider psychologists' perceptions of cultural training. Furthermore, the majority of these studies were American. Therefore, there is minimal comparison with wider countries, which affects the generalisability of the results. This answers question two within the aims of the review and highlights that further research is needed in various psychology fields and cultural content.

The studies included in this systematic review did not consider forensic client satisfaction and the relationship between patient satisfaction, training outcomes and cultural competence. Whilst there has been a previous systematic review that considers patient satisfaction (Govere & Govere, 2016). It is documented that more research is needed to assess the relationship between cultural competence training and patient satisfaction.

Furthermore, it is important to note that this review focused on psychology as a profession, rather than specifically on Forensic Psychology, which is a focus of other parts of this thesis. Forensic work has unique requirements and challenges. However, some common features and skills are shared across applied psychology. Therefore, despite the differences in psychology disciplines, this review can still highlight important areas across all of psychology, thus relevant for forensic practitioners. Examples include training sufficiency, which appeared to be perceived as insufficient across counselling, clinical, and educational psychology programmes in the articles included in this systematic review. This could suggest that training may be inadequate across all psychology programmes and highlights a need for further research into psychology training programmes to ensure adequate cultural competency training. Additional themes, including training styles, westernised psychology, staff knowledge, and personal development, are also likely applicable across psychology disciplines. Although some nuanced aspects of these themes may be overlooked, resulting in gaps between broad psychology training experiences, particularly for those in forensic

settings. For example, staff knowledge needs to consider forensic implications, such as the impact of legal, clinical and ethical guidelines upon psychological practice. This is explained more below. Overall, this review highlighted a lack of research to determine whether there are any differences in training and cultural competence among psychology disciplines.

As a result, this review does not consider specific factors relevant to a forensic setting. Within forensic settings, it is documented that ‘evaluators’ are often encouraged to remain neutral and to have no emotional investment to minimise bias (Bergkamp et al., 2023). However, in clinical psychology, it is reported that professionals are encouraged to acknowledge their own power and privilege to be culturally responsive (Bergkamp et al., 2023). This demonstrates conflicting concepts within the psychological fields that could create additional challenges when developing cultural competence in forensic settings. Fanniff et al. (2022) document that forensic evaluators consider the effects of discrimination on the individuals they are evaluating. However, concerns were raised regarding whether this impacts ethical guidelines in the context of forensic evaluation (Fanniff et al., 2022). These differences between forensic and other psychology professions highlight gaps that this review cannot address. It would be beneficial for further research to focus on forensic settings. This could involve conducting a review of cultural competence among forensic staff (prison, probation, etc., as discussed in chapter one). It may also be helpful to conduct research specifically focusing on Forensic Psychologists to gain a better understanding of their cultural competence training and any gaps, specific to Forensic Psychologists, that this review cannot address.

When considering demographics within these studies, most of the participants were white females, thus limiting generalisability. Areas outside of ethnicity/race, gender orientation, and sexuality were not often asked about within the demographics. This may

demonstrate a limitation of the demographics used in wider research rather than this specific review.

Furthermore, it is worth noting that the decision was made to exclude study abroad programs, and specific service-learning programs such as “one-off” cultural training programmes due to their nonstandard formats. Whilst this allows for more potential generalisation to be made to a psychological population, it is recognised that important information may be missed due to the exclusion criteria. Additionally, there is growing literature that highlights the value of supervision as a tool for becoming culturally competent. As such, the area of supervision would benefit from a review in the future.

It should be noted that this review did not use a second reviewer during the screening and quality assessment. Therefore, leaving the process susceptible to bias. It is possible that the search strategy used limited the number of relevant articles, given that an additional 19 articles were found through grey literature and a manual search of the full-text articles' references. In addition to this, a number of articles were not accessible, which may have impacted the results of this study. This review only used studies written in English due to the feasibility of translating studies into English, which may have excluded some relevant studies.

Finally, most qualitative research did not consider the relationship between the research and participants when considering quality assessments. This could mean there was bias in what was reported and how the researcher interpreted it. Nevertheless, this review provides additional information for psychology courses when designing future cultural training.

Conclusion

In conclusion, six themes were identified regarding psychologists' perceptions of and satisfaction with cultural training: training sufficiency, cultural topics, training styles,

discussion with peers, student perceptions of staff and personal development. These themes highlighted gaps in training perceptions, satisfaction and needs, suggesting that a large number of psychologists and psychology students are not satisfied with their cultural training and that improvements can be made to psychology training to improve cultural competence. Generally, there is a perception that training does not cover a variety of cultural topics, there is a lack of knowledge and engagement from staff delivering training, and there is a need for a safe, supportive environment to be able to encourage dialogues and discussions about culture. However, it is important to understand that when these areas are achieved, they can lead to increased awareness of personal bias, increased perceived competence and reduced avoidance of discussing culture. This suggests there is a need for better training and more opportunities to develop knowledge, skills, awareness, and confidence when considering cultural topics. There is also a need for further research regarding different psychological fields and countries to ensure that cultural competence is being widely considered and incorporated into psychological practice.

Chapter Three: Primary Study

Forensic Psychologist's perceptions of satisfaction with cultural training and its impact on cultural competence and its development

The systematic review in chapter two found that whilst there has been research to assess the experiences, and satisfaction with psychologists cultural training, this research tended to focus on a clinical/counselling population (with one study one Educational Psychologists). Chapter two demonstrated that there is no current research assessing the experiences of Forensic Psychologists cultural training. As such, chapter three sought to capture an understanding of Forensic Psychologists satisfaction with their cultural training experiences and the relationship between satisfaction and cultural competence.

Abstract

Cultural competence is crucial to Forensic Psychologists' practice and understanding current cultural training is necessary to ensure the curriculum supports cultural competence, its development and applicability in practice. This study assessed 95 Forensic Psychologist perceptions of satisfaction with the quality and quantity of cultural competence training they had experienced both during training and since qualifying. The study employed a cross-sectional quantitative design. Participants completed a self-report questionnaire using the California Brief Multicultural Scale (CBMCS) to compare perceived cultural competence with self-reported training satisfaction. Results demonstrated less satisfaction during training than after training for quality and quantity. Cultural training was determined only to have a significant impact on knowledge and 'non-ethnic ability' (cross-cultural ability) subscales, suggesting that training has a great impact on these subscales. However, results from all the subscales suggest that factors external to training contribute to cultural competence and its development. Implications of these results are discussed, including improving cultural training in forensic psychology, and future research considers addressing what factors external to training may influence cultural competence development in forensic psychology. Further limitations and future research are discussed in this chapter.

Introduction

As documented in chapters one and two, there appears to be clear evidence of the importance of cultural competence within psychology and therapeutic settings. Chapter one highlights the importance of cultural competence within forensic settings; despite this, Chapter two demonstrates that no research explicitly considers Forensic Psychologists' perspectives of cultural training. The literature around cultural training is outlined and utilised to develop hypotheses. These hypotheses are used to analyse Forensic Psychologists' experiences of cultural training and self-reported cultural competence.

Psychology and culture

There is an increased likelihood of individuals from minority groups, including sexual orientations and ethnic minorities, experiencing mental health difficulties (Halvorsrud et al., 2019; Watkinson et al., 2024; Wittgens et al., 2022). Despite this, research suggests a discrepancy in treatment, suggesting that individuals from minority groups were less likely to seek help and, when they did seek help, they were more likely to experience discrimination, stigmatisation, and powerlessness (Henry et al., 2020; Nwokoroku et al., 2022; Prajapati, & Liebling, 2021). This is also the experience of individuals with neurodiversity needs, where the barrier is often related to a therapist's lack of knowledge or an "unwillingness" to tailor their approaches to the needs of the client (Adams & Young, 2021). It is suggested that current approaches are related to a "white" epistemology and often do not consider the person and their lived experiences during assessment and treatment (Bansal et al., 2022).

When considering psychological intervention, there is a continued theme where individuals from minority groups are less likely to access psychological therapies. This is partially due to those from minority groups often having a reduced ability to recognise and accept mental health problems (Memon et al., 2016). As well as poor communication

between clients and healthcare providers, minority groups also experience language barriers, inequality, power imbalances, and discrimination (Brookes et al., 2012; Loewenthal et al., 2012; Memon et al., 2016; Shundi, 2020; Stochl et al., 2021). It is suggested that therapists who are unable to consider cultural contexts are more likely to apply heteronormative assumptions, which may not be appropriate for the clients they are working with. Memon et al. (2016) highlight a need for improving accessible information about services for ethnic minorities, as well as healthcare providers needing relevant training and support to develop effective communication strategies. This is supported by Aggarwal et al. (2016), who considered barriers to engagement from ethnic minorities to be linked to communication, for example, patients' discomfort in discussing their emotions. Directive communication styles and therapists initiating conversations around race were found to be beneficial for ethnic minorities (Aggarwal et al., 2016), suggesting that appropriate communication between ethnic minorities and clinicians is vital to improving engagement in ethnic minority communities. Further research conducted by Yasmin-Qureshi and Ledwith (2020) supported this, reporting that when patients felt that they had built a good therapeutic relationship with their therapist and they perceived them to be culturally competent, they felt more positive about engaging with psychological interventions. This highlights the value of psychologists being culturally competent in their practice.

Cultural competence

Cultural competence is a framework provided to encourage improvement in culturally informed practice. A model that is commonly used within training programmes is the tripartite model (Sue, 2001). This model incorporates three areas: cultural knowledge, attitudes and beliefs, and skills. Knowledge considers psychologists' understanding of different cultural groups; attitudes and beliefs (also known as awareness) considers the

psychologist's own beliefs and biases when working with individuals who have a different culture from their own; finally, skills, focuses on providing culturally sensitive interventions when working with clients from varying cultures. In 2023, the HCPC standards for cultural competence were updated to include more expectations for practitioner psychologists to consider the tripartite model of cultural competence. For example, practitioner psychologists “need to respond and work appropriately to meet the needs of different groups and individuals, recognise the potential impact of their own values, beliefs and personal biases on practice, and recognise the characteristics and consequences of barriers to inclusion” (HCPC, 2023; standard five). Furthermore, in September 2024, the HCPC standards of conduct, performance and ethics were updated to include a duty to challenging discrimination; having an awareness of your own biases and personal values and the impact of these upon the service that is provided (HCPC, 2024). This demonstrates the importance of psychologists engaging in culturally competent practice.

There are various ways to develop cultural competence; one approach is through participating in training (Shepherd et al., 2019). Cultural training can contribute to increased knowledge, improve the therapeutic process and aid therapists in creating an inclusive space (Bishop et al., 2023; Edwards et al., 2017). Furthermore, it is suggested that training can help professionals gain a better understanding of their own cultural identities and how that may influence their practice (Freeman, 2019; Lee et al., 2020). Smith et al. (2006) assessed this specifically using a meta-analysis of mental health professionals and determined that individuals who completed multicultural training reported a larger increase in multicultural competence.

Cultural training in psychology

Knowledge, attitudes/beliefs and skill

Research demonstrates a variation in whether current cultural training includes all three aspects of the tripartite model (Sue, 2001): cultural knowledge, attitudes/beliefs and skills. Chu et al. (2022) systematically reviewed mental health providers' cultural competence training. They found that a larger proportion of training focuses on cultural attitudes (89.2%) and knowledge (81.1%) compared to skills (67.6%). Furthermore, it is documented that training programmes might not support individuals in utilising their knowledge in practice, thus impacting their skills and sensitivity when working with clients (Cardemil & Battle, 2003). Meanwhile, Benuto et al. (2018) report that the majority of studies in their systematic review indicate positive changes regarding cultural knowledge. However, there were mixed outcomes related to attitudes and beliefs, and skills, suggesting that training did not always impact these variables (Benuto et al., 2018). Overall, this creates a lack of clarity about the factors that cultural training focuses on and the impact this training has on the development of professionals' knowledge, attitudes and beliefs, and skills. As noted, Forensic Psychologists need to be able to demonstrate practice in all three factors to ensure they are culturally competent (HCPC, 2023). Understanding Forensic Psychologists' current level of cultural competence would enable the curriculum to determine where cultural training needs to be focused.

Quality/quantity of training

Benuto et al. (2019) reported that psychologists are “generally satisfied” or “very satisfied” with the quality (81%) and the quantity (80%) of the cultural training they have received. Despite this, chapter two highlights several challenges associated with satisfaction with the quality of cultural training in psychology. It was reported that cultural training courses were outdated, run by staff with reduced cultural knowledge, there was a fear of talking about culture, and training often focused on ethnicity rather than other minority

groups (Anderson, 2018; Benuto et al., 2018; Champagne, 2021; Edwards et al., 2017; Fitterman-Harris et al., 2023). Thus, suggesting a reduced quality of cultural training in psychology programmes.

However, research has suggested that engagement in training can increase skills and knowledge. For example, Kois and Chauhan (2016) documented that those who engage in various training opportunities have better communication skills with clients, demonstrating that increased training could contribute to increased skills. This is supported by Hall and Theriot (2016), who suggest that the quantity of training can impact knowledge: students who trained in two or more settings had a higher multicultural understanding. This finding highlights the potential benefits of increasing the quantity and quality of cultural training, as it can significantly enhance a psychologist's multicultural understanding. Thus, it is important to consider whether Forensic Psychologists perceive their cultural training to have been of satisfactory quantity and quality.

Alternative factors that could impact training

There are some challenges when measuring cultural training due to alternative factors that could also contribute to the development of knowledge, attitudes/beliefs and skills. For example, Lee and Khawaja (2013) reported that cultural attitudes are difficult to measure due to a focus on personal development. Additional factors could contribute to this, such as demographics, including ethnicity, and year of qualification. Cardemil and Battle (2003) highlight differences depending on the qualification year due to professional experiences potentially impacting an individual's ability to apply knowledge to practice. It is also suggested that the amount of exposure to training experiences can be associated with demographics. For example, Green et al. (2009) linked exposure to training and ethnicity. This finding raises important questions about the potential impact of ethnicity on cultural competence.

Therefore, it would be helpful to determine whether ethnicity impacts cultural competence scores, which could significantly inform our understanding of the role of ethnicity in multicultural training.

Rationale for the current study

As discussed, there is a disparity in cultural competence and training within psychology, and more research is needed. Less attention has been directed to cultural training experiences within forensic psychology, thus highlighting a gap in the knowledge. The research discussed documents discrepancies in relation to quality and quantity of satisfaction with cultural training, differences dependant on demographics, and year of qualification. As a result, these areas have been considered within this research to determine differences in Forensic Psychologists' cultural training.

Study aims

This study seeks to explore Forensic Psychologists' cultural training, considering the quality and quantity of this training and their self-reported cultural competence. There are multiple routes into training to become a Forensic Psychologist, including doctoral training or the British Psychological Society (BPS) stage two route. Therefore, this study will also examine comparisons between routes into qualification, demographic information (including ethnicity, age, and year of qualification), cultural competence and perceived quality and quantity of training.

The study aimed to address five hypotheses:

1. There is a significant difference between the three training routes for (a) the California Brief Multicultural Scale (CBMCS) overall cultural competence score and (b) the participant's satisfaction with the quality and quantity of training.

2. The participant's satisfaction with the quality and quantity of training are significantly related to cultural competence scores on the subscales of the CBMCS: (a) multicultural knowledge subscale, (b) awareness of multicultural barriers subscale, (c) sensitivity and responsiveness to consumers subscale (d) non-ethnic ability subscale.
3. The participant's age group (3 groups) is significantly related to cultural competence scores on the four subscales of CBMCS.
4. The participant's ethnic group (3 groups) is significantly related to cultural competence scores on the four subscales of CBMCS.
5. The participant's year of qualification (2 groups) is significantly related to cultural competence scores on the four subscales of CBMCS.

The five directional hypotheses were developed based on evidence from counselling and clinical psychologists, as detailed in chapter two. As well as studies discussed in the introduction to Chapter Three.

Methodology

Design

This study utilises a cross-sectional quantitative approach to ascertain the psychologists' experiences of cultural competence training pre- and post-qualification and their self-reported level of cultural competence. Specifically, a questionnaire was distributed online through social media.

Participants and recruitment

Participants were recruited via opportunity sampling. The questionnaire was advertised via social media, including X (formerly known as Twitter) and LinkedIn. The post

on LinkedIn had 2,092 impressions and was reposted 27 times, suggesting it reached a large number of individuals. However, the researcher cannot be certain whether all these impressions reached the targeted audience. Participants were required to be qualified Forensic Psychologists and able to read in English to complete the questionnaire. There were no other inclusion or exclusion criteria.

A power analysis calculation using 0.8 power, 0.05 error rate and the Pillai V effect size of 0.25 indicated that 159 participants would be needed to confidently detect an effect if present. Unfortunately, a smaller sample was obtained: 98 participants completed the questionnaire; however, two participants were not Forensic Psychologists (one Clinical Psychologist and one Forensic and Clinical Psychologist), so they were removed from the study, and one participant did not complete the questionnaire. Therefore, there was a total of 95 participants for analysis.

Table 2.1 shows participant demographics. The table highlights that the majority of the participants were female (92.6%) compared to male (7.4%), and the most common age range was 30-39 (60%). Regarding ethnicity, the most frequent ethnicity was White British/English/Scottish/Welsh (72.6%).

Table 2.1. *Participant demographics.*

		Participants <i>n (%)</i>
Total		95
Gender	Male	7 (7.4%)
	Female	88 (92.6%)
Age	25-29	14 (14.7%)
	30-39	57 (60%)
	40+	24 (25.3%)
Ethnicity	White cultures	69 (72.6%)

	Non-white and mixed cultures	26 (27.4%)
Route into training	Doctorate	40 (42.1%)
	BPS stage 2	39 (41.1%)
	Cardiff University	16 (16.8%)
Year of qualification	2001-2019	42 (44.2%)
	2020-2023	53 (55.8%)
Place of work	Prison	33 (34.7%)
	Hospital	28 (29.5%)
	Community	34 (35.8%)

Procedure

Participants were invited to take part in the study via social media. Those interested in the study clicked a hyperlink to the information sheet (appendix G), which they had to read before agreeing to consent to the study (appendix H). Following this, participants were asked to complete some demographic questions, questions about their satisfaction with the quality and quantity of their training experiences and the CBMCS (Gamst et al., 2004) to measure self-reported cultural competence (appendix I). Upon completion of the study, participants were presented with a debrief form (appendix J).

The CBMCS (Gamst et al., 2004) is a validated 21-item instrument that measures the perceived cultural competence of healthcare professionals working with individuals with mental health. This scale comprises four subscales: (1) multicultural knowledge, (2) awareness of multicultural barriers, (3) sensitivity and responsiveness to consumers and (4) non-ethnic ability. The first three of these factors coincide with Sue's (2001) tripartite model: knowledge, attitudes and beliefs, and skills. However, the final subscale, non-ethnic ability, explores issues related to disability, low economic status, sexuality and gender. This subscale considers professionals self-reported ability to work with individuals from historically

oppressed groups. The scale uses a four-point Likert scale ranging from 'strongly disagree' to 'strongly agree'. Higher scores on each subscale reflect a higher score of cultural competence.

This scale was chosen because it was documented as the best scale to measure cultural competence and training (Larson & Bradshaw, 2017) among the accessible scales. This scale was developed using the Marlowe-Crowne social desirability scale (Crowne & Marlowe, 1960). However, it does not have a specific built-in impression management scale; therefore, it may have been helpful to have also included one within this study, such as the Marlowe-Crowne Social Desirability Scale. This was not included due to research suggesting that the CMBCS is unlikely to be impacted by social desirability (Larson & Bradshaw, 2017). Utilising a social desirability scale would allow the researcher to identify when participants are responding in a socially acceptable manner, rather than a reflection of their true opinion. See chapter five for more information on this psychometric.

Ethical considerations

Ethical approval was granted from the Medical Schools' Ethical Review Committee at the University of Nottingham on 11/10/2022 (Ethics Reference Number: FMHS 49-0822). Participants may work for the criminal justice system; however, they were recruited through social media rather than through their place of work. Ethical approval was also sought from His Majesty's Prison and Probation Service (HMPPS), the National Research Committee, due to the potential for participants to work within HMPPS services. This was granted on 7th October 2022 (HMPPS NRC REC Reference number: 2022-228). The standards of conduct, performance and ethics of the Health and Care Professions Council (HCPC, 2024) and ethical guidelines for research from the British Psychological Society (BPS, 2021) were adhered to throughout this research.

Results

Hypothesis one

The first hypothesis was divided into two sections for a more detailed analysis. The initial focus was identifying group differences in cultural competence scores based on different training routes. This structured approach to hypothesis testing allows for a more comprehensive understanding of the research findings.

Result for hypothesis 1 (a)

Initially, descriptive statistics were conducted comparing the total mean score of the CBMCS with the three routes into training: doctorate, stage 2 and Cardiff. The difference between the scores was less than 0.1 point for each, with the doctorate and Cardiff ($M=2.88$) having the same scores and stage two only being slightly different ($M=2.85$). Furthermore, the standard deviations for all three training routes are low, suggesting data is clustered closely around the mean; therefore, participants' responses are fairly consistent. Descriptive and inferential statistics can be found in table 2.2.

Firstly, the assumption for normality was tested using the Shapiro-Wilk test. The results for each training route were non-significant (table 2.2). This indicates that the distribution of normality was not violated (see appendix K). Next, z scores were calculated, and all data points were within three standard deviations from the mean (min = -2.07, max = 2.83) therefore there were no outliers. Finally, the homogeneity of variation assumption was checked using the Levene's test which was non-significant, $F(2, 92) = .917, p = .403$. Thus, the assumption of equal variances was not violated.

The ANOVA test showed no significant differences in CBMC scores between the qualification routes (table 2.2). $F(2, 92) = .02, p = .894$. Eta-squared = .00, indicates that the

variation in CBMC scores is not significantly explained by the different qualification routes, suggesting uniform scores across these educational routes.

Table 2.2. *Descriptive statistics and ANOVA results for CBMC Score by qualification route.*

Qualification Route	N	Mean	SD	Shapiro-Wilk	df	F_value	p-value	eta-squared
Doctorate route	40	2.88	.379	.766				.00000001
BPS stage two	39	2.85	.355	.814				
Cardiff route	16	2.88	.271	.771				
Overall	95				(2,92)	.02	.894	.00

Results for hypothesis 1 (b)

To test the second part of the hypothesis, descriptive statistics were conducted to examine whether the three routes into training differed in their satisfaction (i) with the quantity of cultural competence training during training, (ii) the quality of cultural competence training during training, (iii) the quantity of cultural competence training since qualifying, and (iv) the quality of cultural competence training since qualifying (table 2.3). The satisfaction of quality after training had the highest mean score for all three routes into training (doctorate: $M=3.15$, BPS stage 2, $M= 2.95$, Cardiff, $M=3.07$). This indicates a trend of higher satisfaction with the quality after training than the other dependent variables. Furthermore, the standard deviations for all three routes were low across all satisfaction variables, with the standard deviation being the lowest for the Cardiff route, except when considering satisfaction with quality after qualifying, where BPS stage 2 was the lowest. Additionally, two paired samples t -tests were conducted to examine whether the satisfaction with the quantity and quality of cultural competence differed during and after training (table 2.3).

Table 2.3. *Descriptives and paired sample t -test satisfaction factors.*

<i>During</i>		<i>After</i>		<i>t-value</i>	<i>df</i>	<i>p</i>	<i>d</i>
<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				

Satisfaction with quantity of training	2.25	1.02	2.88	1.02	-5.23	94	<.001	-.54
Satisfaction with quality of training	2.44	1.03	3.04	1.05	-5.14	93	<.001	-.53

Following this, further assumption testing was conducted. A significant Shapiro-Wilk test mean that the assumption for normality was violated (table 2.4). Therefore, a non-parametric Kruskal Wallis test was used rather than an ANOVA.

Four Kruskal Wallis tests were conducted to examine whether satisfaction scores (i)-(iv) differed for the three training routes. There was no statistically significant difference between the groups' satisfaction of the quantity during training and the three training routes, $F(2, 95) = 1.77$, $p=.412$. There was no statistically significant difference between the satisfaction of the quality during training and the three training routes, $F(2, 95) = 3.81$, $p=.149$. There was no statistically significant difference between the satisfaction of the quantity after training and the three training routes, $F(2,95) = .093$, $p>.001$. Finally, there was no statistically significant difference between the satisfaction of quantity after training and the three training routes, $F(2, 95) = .711$, $p>.001$. See table 2.4.

Table 2.4. Descriptive statistics and Kruskal Wallis results for quality and quantity before and after training by qualification route (N=95).

	Qualification Route	Mean	SD	Shapiro-Wilk	Kruskal-Wallis H	df	Asymp.Sig
Satisfaction of quantity during training	Doctorate route	2.23	1	<.001			
	BPS stage two	2.21	1.17	<.001			
	Cardiff	2.33	.488	<.001			
	Overall	2.25	1.02		1.773	2	.412
Satisfaction of quality during training	Doctorate	2.48	.987	<.001			
	BPS stage 2	2.26	1.141	<.001			
	Cardiff	2.80	.775	.004			
	Overall	2.44	1.03		3.807	2	.149

Satisfaction of quantity after training	Doctorate	2.90	1.15	<.001			
	BPS stage 2	2.85	.933	.002			
	Cardiff	2.87	.915	<.001			
	Overall	2.88	1.02		.093	2	.955
Satisfaction of quality after training	Doctorate	3.15	1.19	.002			
	BPS stage 2	2.95	.944	.002			
	Cardiff	3.07	.961	<.001			
	Overall	3.04	1.05		.711	2	.701

As such, the research hypothesis, “*There is a significant difference between the three training routes for (a) the CBMCS overall cultural competence score, and (b) the participants satisfaction with quality and quantity of training*” was rejected.

Hypothesis two

For hypothesis two, multiple linear regression was utilised to investigate whether the independent variables, quality and quantity during training and quality and quantity after training predict each of the four subscales (the dependant variables). As such, descriptive statistics and assumption testing was conducted. Descriptive statistics for the subscales of the CBMCS are presented in table 2.5.

Table 2.5. *Descriptive statistics for the four subscales.*

Subscale	M	SD
Non-ethnic	2.69	.48
Knowledge	2.44	.45
Awareness	3.26	.47
Sensitivity	3.21	.51

Secondly assumption checks were carried out using Field’s (2009) recommendations. The assumption of linearity was tested by plotting scatterplots depicting the relationship between each predictor and the dependent variable (each of the four subscales). These are presented in appendix L. Visual inspection of these plots indicated that the predictors were linearly related to the subscales, suggesting the assumption of linearity was met for all four

subscales. The assumption of multicollinearity was checked by examining the VIF and tolerance scores. All the VIF scores were well below 10 (2.97 to 4.16) and all the tolerance scores were above 0.2 (.240 to .337). Therefore, there was no sign of multicollinearity. The Durbin–Watson statistics were all close to 2 (ranged from 1.53 to 1.98) indicating that the assumption of independent residuals was met for all four regressions. The assumption of homoscedasticity was examined by plotting the standardised residuals against the standardised predicted values. These plots showed no signs of funnelling (see appendix M). Therefore, the assumption of homoscedasticity was met. The histograms of the residuals (see appendix N) suggested that the assumption of normality of the residuals was also met.

Results for hypothesis 2 (a)

The regression model was statistically significant for the knowledge subscale: $F(4, 89) = 5.41, p < .001$. The adjusted R^2 was .196, showing that the four predictors explained 19% of the variance in the knowledge subscale. There were no statistically significant predictors (shown in table 2.6) likely because although there was no violation of the multicollinearity assumption the predictors themselves were correlated. Overall, there is some evidence that the combined satisfaction scores predict the knowledge subscale. Therefore, hypothesis 2 (a), *“The participants satisfaction with the quality and quantity of training are significantly related to cultural competence scores on the subscales of the CBMCS: (a) multicultural knowledge subscale”* was accepted.

Table 2.6. *Multiple regression model to predict knowledge subscale scores.*

	Unstandar dised coefficient s B	Standard error	Standardise d coefficients	t	p
Quantity during training	.006	.073	.013	.078	.938

Quality during training	.125	.073	.286	1.710	.091
Quantity after training	.168	.084	.380	2.011	.047
Quality after training	-.052	.083	-.122	-.627	.532

Results for hypothesis 2 (b)

The regression model was not statistically significant for the awareness subscale, $F(4, 89) = 1.729$, $p = .151$. The adjusted R^2 was .072, showing that 7% of the variance in the awareness subscale was explained by the predictors. There were no statistically significant predictors (shown in table 2.7). As such, hypothesis 2 (b), *“the participants satisfaction with the quality and quantity of training are significantly related to cultural competence scores on the subscales of the CBMCS: (b) awareness of multicultural barriers subscale”* was rejected in relation to a significant difference.

Table 2.7. Multiple regression model to predict awareness subscale scores.

	Unstandar dised coefficient s B	Standard error	Standardise d coefficients	t	p
Quantity during training	-.188	.083	-.398	-2.259	.026
Quality during training	.145	.083	.315	1.757	.082
Quantity after training	-.066	.095	-.142	-.699	.486
Quality after training	.082	.095	.180	.866	.389

Results for hypothesis 2 (c)

The regression model was not statistically significant for the sensitivity and responsivity to consumers subscale, $F(4, 89) = 3.657$, $p = .008$. The adjusted R^2 was .141, showing that 14% of the variance in the sensitivity subscale was explained by the predictors. There were no statistically significant predictors (shown in table 2.8). As such, the hypothesis 2 (c), *“the participants satisfaction with the quality and quantity of training are significantly*

related to cultural competence scores on the subscales of the CBMCS: (c) sensitivity and responsivity to consumers subscale” was rejected in relation to a significant difference.

Table 2.8. Multiple regression model to predict the sensitivity subscale scores.

	Unstandardised coefficient s B	Standard error	Standardised coefficient d	t	p
Quantity during training	-.250	.086	-.491	-2.901	.005
Quality during training	.227	.086	.456	2.643	.010
Quantity after training	-.038	.099	-.075	-.382	.703
Quality after training	.134	.098	.275	1.371	.174

Results for hypothesis 2 (d)

The regression model was statistically significant for the non-ethnic subscale, $F(4, 89) = 4.503, p = .002$. The adjusted R^2 was .168, showing that 16% of the variance in the awareness subscale was explained by the predictors combined. However, none of the individual predictors themselves were statistically significant when holding the other predictors constant (shown in table 2.9), likely because, although there was no violation of the multicollinearity assumption, the predictors themselves were correlated. As such, there is some evidence that the combined satisfaction scores predict the non-ethnic subscale. Therefore, hypothesis 2(d) “the participants satisfaction with the quality and quantity of training are significantly related to cultural competence scores on the subscales of the CBMCS; (d) non-ethnic ability sub-scale” was accepted.

Table 2.9. Multiple regression model to predict non-ethnic subscale scores.

	Unstandardised coefficient dised	Standard error	Standardised coefficient d	t	p
			coefficients		

	coefficients B				
Quantity during training	.017	.079	.035	.208	.836
Quality during training	.119	.079	.255	1.500	.137
Quantity after training	.048	.091	.101	.524	.602
Quality after training	.0578	.090	.124	.631	.530

Hypothesis three

Descriptive statistics were conducted comparing the four subscales of the CBMCS with each of the demographics, including age, ethnicity and year of qualification. All subscales and demographic groups appeared to be similar in terms of means. Although, the knowledge subscale appears to have the largest difference between the two ethnicity groups (white cultures $M=2.39$, non-white and mixed cultures $M=2.58$). Furthermore, the standard deviations across the four subscales were low for all demographic variables. See table 2.10.

Table 2.10. *Descriptive statistics CBMC subscale scores and demographic variables.*

		Non-ethnic			Awareness		Sensitivity		Knowledge	
Variables		N	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Age	25-29	14	2.71	.36	3.21	.68	3.21	.71	2.43	.25
	30-39	57	2.67	.50	3.30	.38	3.21	.46	2.43	.52
	40+	24	2.72	.50	3.19	.54	3.22	.53	2.46	.38
Ethnicity	White cultures	69	2.67	.51	3.22	.48	3.2	.53	2.39	.47
	Non white and mixed cultures	26	2.74	.38	3.37	.45	3.26	.47	2.58	.34
Year of qualification	2001-2019	42	2.5	.44	3.28	.49	3.25	.53	2.70	.50
	2020-2023	53	2.39	.45	3.16	.53	3.26	.43	2.67	.46

Next the scores of each demographic group were tested for normality. All demographics were normally distributed for each subscale, as assessed by Shapiro Wilk's test (table 2.11). This indicates that the distribution of normality was not violated (see also histograms in appendix O). Outliers were checked previously using the total mean cultural competence scores. There was no multicollinearity, as assessed by Pearson correlation (table 2.12). Finally, the homogeneity of variation assumption was calculated using the Box's test of equality of covariance matrices for age ($p=.01$), ethnicity ($p=.17$) and year of qualification (.16). Thus, the assumption of equal variances was not violated.

Table 2.11. *Shapiro Wilks scores for independent variables.*

	Age			Race/ethnicity		Year of qualification	
	25-29	30-39	40+	White culture	Non-white and mixed cultures	2001-2019	2020-2023
Shapiro-Wilk	.20	.23	.97	.33	.12	.86	.49

Table 2.12. *Pearson correlation between subscales.*

Subscale	Non-ethnic	Knowledge	Sensitivity	Awareness
Non-ethnic	1	.62	.39	.25
Knowledge	.62	1	.35	.10
Sensitivity	.39	.35	1	.63
Awareness	.25	.10	.63	1

Hypothesis three was assessed using a one-way between-groups Multivariate Analysis of Variance (MANOVA) to compare differences between the independent variables, age groups, with the dependant variable, the four cultural competence subscales.

There were no statistically significant differences between the three age groups on the combined dependant variables, $F(8, 180) = .281, p = .971$; Pillai's Trace = .025; partial eta squared = .012. As such, the hypothesis "*the participants age group (3 groups) is significantly related to cultural competence scores on the four subscales of CBMCS*" was rejected due to there being no statistically significant difference.

Hypothesis four

Hypothesis four was assessed using a one-way between-groups MANOVA to compare differences between the independent variables, racial/ethnic groups, with the dependant variable, the four cultural competence subscales.

There were no statistically significant differences between the two ethnicity groups on the combined dependant variables, $F(4, 90) = 1.825, p = .131$; Pillai's Trace = .075; partial eta squared = .075. As a result, hypothesis four, *"The participants ethnic group (3 groups) is significantly related to cultural competence scores on the four subscales of CBMCS"* was rejected due to there being no statistically significant difference.

Hypothesis five

Hypothesis five was assessed using a one-way between-groups MANOVA to compare differences between the independent variables, year of qualification, with the dependant variable, four cultural competence subscales.

There were no statistically significant differences between the two qualification year groups on the combined dependant variables, $F(4, 90) = .778, p = .542$; Pillai's Trace = .033; partial eta squared = .033. As a result, hypothesis five, *"The participants year of qualification (2 groups) is significantly related to cultural competence scores on the four subscales of CBMCS"*, was rejected due to there being no statistically significant difference.

Discussion

The current study aimed to assess whether Forensic Psychologist training impacts their cultural competence, hypothesising that perceived satisfaction with the quality and quantity of training would impact their perceived cultural competence. Cultural competence was assessed using four subscales, which considered Forensic Psychologists' knowledge, attitudes/beliefs, and skill, based on whether they were satisfied with their training

experiences before and after qualifying. The study also assessed moderating factors that could impact training experiences and perceived competence, such as age, ethnicity, route into training, and year of qualification.

Five hypotheses were tested; one was accepted, and the other four were rejected. Hypotheses one, three, four and five were rejected. Hypothesis two was accepted for parts (a) and (d) due to there being some evidence that perceived satisfaction with quality and quantity predicted non-ethnic ability and knowledge. Meanwhile, there was no statistical significance for the other parts of this hypothesis: (b) awareness of multicultural barriers subscale, and (c) sensitivity and responsiveness to consumers subscale.

The results showed that there was no difference depending on a Forensic Psychologist's training route; individuals who completed the doctoral route did not have a different cultural competence level compared to the Cardiff or BPS routes. This is a positive result as it is suggestive that all Forensic Psychologists have a similar level of cultural competence despite their training route. Despite this, results reported reduced satisfaction from individuals during training, considering the quality and quantity, compared to after training. This aligns with research in chapter two, which highlighted reduced satisfaction with the quality of cultural training (Anderson, 2018; Benuto et al., 2018; Champagne, 2021; Edwards et al., 2017; Fitterman-Harris et al., 2023). The current study found that, on average, participants reported being “dissatisfied” during their training with regards to quality and quantity. This suggests that further training and increased quality of training are required prior to qualification. There was a slightly higher score for the quality of training prior to qualification than the quantity, which may suggest that Forensic Psychologists receive inadequate amounts of cultural training compared to the quality of the training. However, this was only a marginal difference. Bentley et al. (2008) reported that 25% of

teaching centres for mental health professionals in the UK do not provide cultural training courses. This supports the result that there may be a reduced number of cultural training opportunities for Forensic Psychologists before qualification.

It should be noted that the satisfaction scores after qualifying were still low, documenting that, on average, Forensic Psychologists are either “dissatisfied” or “neither satisfied nor dissatisfied” with their training after qualification. This raises concerns that Forensic Psychologists are not receiving appropriate training to increase their cultural competence even after qualifying. This finding is aligned with Kois and Chauhan (2016), who reported that forensic evaluators viewed their cultural training in the workplace to only be of “good” to “fair” quality. However, Kois and Chauhan (2016) did report that 80% of participants received cultural training in the workplace. This differs from the current study because the mean is higher for quality than quantity. However, the current study did not ask about what training was received or the number of hours of training; therefore, it is difficult to make assumptions about the amount of cultural training and the relationship with previous research based on the current study satisfaction scores. Overall, the low satisfaction scores align with other research suggesting improvement is needed in cultural training.

Despite differences in satisfaction before and after training, the results show no individual relationship between satisfaction with the quality and quantity before and after training and the cultural competence subscales. This suggests that cultural competence is not explicitly impacted by when training occurs or by the quality or quantity of training. The results from hypotheses two suggest that other factors external to training may impact perceived cultural competence, as demonstrated by the small effect size in the multiple regressions. This aligns with Benuto et al. (2019), who determined that supervision was the

only predictor for the quality of diversity training and supervision as well as exploration of personal biases were significant predictors of satisfaction with the quantity of diversity training. Additionally, it may be that participants who have experienced training may score only moderately higher than those who have not due to cultural competence being a process that has to be learnt over time (Young & Guo, 2020), which means that the questionnaire may not show significant differences. However, it should be noted that when training satisfaction was combined, training significantly impacted non-ethnic ability and knowledge subscales. This could suggest that training is key for developing these two variables.

Research suggested that ethnicity and qualification year could be linked to increased cultural competence and satisfaction with training (Cardemil & Battle, 2003; Green et al., 2009). Despite these, this study's results suggested no statistically significant difference in cultural competence depending on ethnicity, age or year of qualification. It may be that the small sample size impacted these results.

Overall, when combined, the hypotheses' results suggest that participants were dissatisfied with the training. Training as a collective of quality and quantity before and after qualifying significantly impacted the non-ethnic ability and knowledge subscales (demonstrated in hypotheses two). This could suggest that training contributes to these two subscales. However alternative approaches external to training may also contribute to the development of cultural competence, specifically for awareness of barriers, and sensitivity and responsivity to consumers subscales.

Implications

This research could inform the development of curricula for trainee Forensic Psychologists. The current study demonstrated a difference in perceived satisfaction before

and after training. This suggests that current training routes for Forensic Psychologists do not offer satisfactory cultural training. Therefore, this needs to be incorporated more into forensic psychology courses. However, it is also demonstrated that training alone is not the only factor that impacts perceived cultural competence; therefore, alternative opportunities need to be incorporated into forensic psychology curricula. These opportunities need to be determined through further research.

Limitations and direction for future research

This study has a small sample size, so caution must be exercised when generalising the findings to a wider population of Forensic Psychologists in the UK. This is likely impacted by the use of social media to recruit participants. Online, social media recruitment was chosen due to its efficiency, low cost-effectiveness and its ability to connect with hard-to-reach populations (Arigo et al., 2018). However, it is documented that social media recruitment can result in a less demographically diverse sample; within a study comparing online and in-hospital recruitment, Benedict et al. (2019) found that social media tended to lead to an over-representation of younger, white, female participants. Furthermore, it can yield fewer participants than traditional methods, as participants may require repeated viewing of the survey before they take an interest (Arigo et al., 2018). As a result, there may be a lack of a representative sample within this current study, due to the chosen recruitment strategy. Therefore, caution is needed when generalising findings, as the study sample may not reflect the broader population of Forensic Psychologists

Furthermore, it may be that the study did not have enough power; a post hoc power analysis was conducted, which demonstrated that the sample size had a 0.56 power, 0.05

error rate, and a Pillai V effect size of 0.25. This suggests that the sample size may have impacted the statistical significance.

This sample was also predominately white females. A MANOVA test was conducted to address differences in ethnicity, but it did not highlight any statistically significant differences. The differences in the number of individuals in each ethnic group may have impacted the results. Although, it may be that the population of Forensic Psychologists are predominately white female, thus resulting in this sample in the current study. Furthermore, it was not possible to moderate for gender, which could have demonstrated differences, due to this study's sample. Further research would benefit from a larger sample size that included more male and non-white and mixed cultures to address whether there may have been significant differences. However, it may also be helpful to determine whether the sample in this study is representative of the UK Forensic Psychologist population.

This research used a self-report questionnaire. As a result, the perceived cultural competence scores may not accurately reflect an individual's competency; social desirability bias (Constantine & Ladany, 2000), could have impacted the accuracy of the results. Further research could control for social desirability bias by considering behavioural measurements and qualitative perspectives (Ponterotto et al., 2000) to determine whether individuals accurately assess their cultural competence.

There may also be personal bias due to the participants who have chosen to engage in this research. Furthermore, the focus on satisfaction may have impacted an individual's results; training satisfaction and cultural competence may be linked to confidence and performance. This study relies on self-reporting about how an individual analyses their abilities. This may have impacted the results. Additionally, it may be that the focus on

‘training’ rather than specifying those training opportunities limited the results. For example, this study did not define ‘training’ or specify didactic training, cultural immersion, and supervision. Furthermore, participants in the present study were not asked to identify teaching methods they had experienced, so evaluating the impact of the teaching methods used is not possible. This may have impacted the significant relationship between cultural training and cultural competence. Further research could benefit from examining training opportunities to determine what predicts satisfaction.

Lastly, there should be caution when considering some of the results. For example, hypothesis one considers the impact of route into qualification upon pre- and post-satisfaction. However, it is likely that external factors also contribute to this satisfaction score, particularly after qualification where participants are likely to receive additional training from services they work in. Thus, whilst this chapter offers an initial insight into current satisfaction scores, this is only a foundation, and further research is needed to unpick the detail of what these satisfaction scores are linked to.

Conclusion

The current study adds to the growing field of research around psychology training and cultural competence. Results indicate a need for further training; the current study highlighted dissatisfaction with the current quality and quantity of cultural training before and after qualification. It also demonstrated that other factors external to training can contribute to cultural competence development, highlighting the importance of improved cultural competence training throughout psychology training programmes and within workplaces. As well as offering alternative opportunities to cultural competence development. As diversity within forensic settings increases, the need for culturally

competent practitioners is becoming more important. Therefore, the training that is received and satisfaction with this training needs to be carefully considered to ensure psychologists feel prepared and able to support individuals from different cultural groups.

Chapter four: Secondary study

Bridging cultures: Understanding Forensic Psychologists' journey towards cultural competence amidst challenges and successes

The systematic review chapter demonstrated some positives of cultural training; however it also demonstrated some barriers to cultural training and engagement in cultural competence. Furthermore, the primary chapter highlighted that cultural competence could be impacted by factors external to cultural training. Thus, the present study gives a deeper understanding by exploring the details of Forensic Psychologists experiences of cultural training, considering successes and barriers to engagement in cultural competence.

Abstract

This study aimed to explore Forensic Psychologists' experiences of training and how it prepares them for culturally competent practice due to limited research currently focusing on Forensic Psychologists' cultural competence development. In an increasingly diverse forensic setting, Forensic Psychologists often work with individuals from different cultural backgrounds. Despite this, cultural competence is not a requirement within APA guidelines for forensic psychology training programmes. Recent efforts by the Health and Care Professions Council have incorporated recommendations for practising psychologists to engage in culturally competent practice. However, there is limited evidence of whether Forensic psychologists are offered opportunities to learn and develop their knowledge, awareness, and skills about cultural differences. The current study utilises an exploratory qualitative approach. The data was analysed using thematic analysis conducted from a critical realism stance, hereby providing practical insights that can directly inform the work of Forensic Psychologists. Ten Forensic Psychologists engaged in semi-structured interviews to discuss their experiences of cultural training. The study's findings identified four themes: didactic training, learning from others, self-directed learning, and barriers to culturally competent practice. Themes and implications for practice have also been discussed in relation to previous research, considering opportunities to improve cultural competence training. The study's limitations and directions for future research have also been addressed, offering practical guidance for further exploration of the topic. This study aims to offer opportunities to improve cultural competence training for Forensic Psychologists and raise awareness of barriers to culturally competent practice.

Introduction

Cultural competence

Over the years, several models of cultural competence have been proposed, many of which have evolved from Sue et al. 's (1992) dimensional framework. This framework incorporates the knowledge, awareness, and skills tripartite model (Sue, 2001). This model has been instrumental in shaping training and research on cultural competence (Pieterse et al. 2009; Ridley & Hill 2003). Knowledge considers psychologists' understanding of different cultural groups. Attitudes and beliefs (also known as awareness) consider the psychologist's own beliefs and biases when working with individuals who have a different culture from their own. Finally, skills, focuses on providing culturally sensitive interventions when working with clients from varying cultures. Due to the variety of clients Forensic Psychologists work with, cultural competence is important for ethical and effective practice.

Cultural competence and forensic psychology

The British Psychological Society (BPS) defines the role of a Forensic Psychologist as one that encompasses a wide range of responsibilities. These include assessing, formulating, and intervening in individuals engaging in harmful behaviours, providing advice and expertise to other professionals, and developing and facilitating training and knowledge in forensic settings. The ultimate goal of these activities is to contribute to the development of a safer society (BPS, 2021).

There are numerous research articles relating to the challenges of intervention and assessment within a forensic population. These relate to stigma and negative experiences, such as an inability to raise issues related to cultural competence as prisoners felt that it would be met with defensiveness (Hunter et al., 2019; Jones et al., 2016). Forensic clients have expressed concerns that therapeutic interventions were ethnocentric, and they did not feel

that the therapy was relevant for minority ethnic groups (Brookes et al., 2012). Instead, there was an incongruence between therapy and the client's cultural identity (Jones et al., 2013). Clients reported doing things in therapy that were not expected of their culture, and therapists were not sensitive to this (Kremer, 2010).

Moreover, within forensic assessment, there are concerns about the potential impact of personal bias on the scoring of psychological instruments and the selection of appropriate risk assessments. Shepherd and Lewis-Fernandez (2016) emphasise the importance of forensic evaluators being aware of when a risk assessment is appropriate, considering an individual's cultural group. Barber-Rioja and Rosenfield (2018) further highlight the importance of professionals being mindful when working with culturally diverse clients. They stress that cultural competence should be maintained throughout the assessment and interview process. This includes being mindful of religious holidays and seeking out literature and consultation to ensure awareness and knowledge about an individual's cultural identity.

It is reported that cultural competence exists within all aspects of consultation. This includes awareness of cultural assumptions and our identities and considering how this intersects with those being offered the consultation (Parham, 2020). It is highlighted that consulting requires competence to ensure they are aware of implicit bias and stereotype threats to ensure cultural safety. The development of culturally competent consultation has been linked to the tripartite model (Kaslow, 2004; Rodolfa et al., 2005). It is emphasised that there is value in examining how individuals are trained to engage in culturally appropriate consultancy (Parham, 2020).

There has been encouragement for research in psychology to incorporate more cultural competence (Villagran, 2022). Papadopoulos and Lee (2002) offer a framework for this,

considering the incorporation of cultural knowledge, awareness, sensitivity, and competence embedded throughout research topics, including research design and data collection.

Despite the importance of cultural competence throughout the core competencies within forensic psychology, limited research has focused on how Forensic Psychologists learn these skills and their ability to engage in cultural competence in practice. The lack of focus on forensic psychology in cultural competence research demonstrates a significant gap that this study aims to address.

Guidelines for cultural competence and training programmes

The HCPC updated its guidelines in 2023 to document that practising psychologists should focus more on culture, including recognising the impact of culture, equality, and diversity, and be able to work with individuals in a non-discriminatory manner (HCPC, 2023). The HCPC guidelines have been further updated in 2024 to consider an ethical approach for practice. These guidelines include a requirement for psychologists to have an awareness of bias and challenge discrimination. This highlights the importance of psychologists developing cultural competence to ensure effective practice when working with individuals with different cultural backgrounds from their own.

Regarding training programmes, the standards for accreditation for Forensic Psychology document that “forensic psychologists aim to create and sustain inclusivity and diversity across the domains in which they work”. Despite this, the BPS forensic psychology standards for accreditation do not require programmes to implement cultural competence training (BPS, 2019). It may be that this document is outdated due to the recent changes to the HCPC recommendations. However, this demonstrates that there are no set guidelines for meeting standards of cultural competence in Forensic Psychologists' training, despite the importance of being culturally competent in practice. In contrast, the Clinical Psychology

standards of accreditation emphasise the importance of diversity, stating that training programmes must implement cultural competence training to ensure psychologists are prepared to work with diverse clients (BPS, 2019). This document states that training programmes must consider the impact of difference and diversity upon individuals and the implications for practice. This suggests that diversity is not just important but a crucial aspect of training despite the lack of set criteria for implementing cultural competence training within forensic psychology programmes. Despite these updated guidelines, the variability and effectiveness of cultural competence training in Forensic Psychology still is unclear.

Training opportunities

Previous research has documented challenges with traditional cultural training, reporting a shortage of attention paid to cultural issues in training curricula and highlighting the need for more cultural training in psychology programmes (Geerlings et al., 2018).

Training programmes have developed multiple pedagogical strategies to address cultural competence improvements. Training methods offered vary, including coursework, clinical experiences, and supervision. It is also important to consider barriers to these training opportunities, such as difficult dialogues (Champagne, 2021).

Research highlights variations in what contributes to an individual's cultural competence development. For example, Tadmor et al. (2012) document that multicultural experiences, such as exposure to unfamiliar contexts and individuals, contribute to reduced stereotypes and intergroup bias. This suggests that clinical experiences with individuals from different cultural backgrounds are a beneficial training approach to improve cultural competence. Further research has highlighted the benefits of clinical practice and supervision as effective ways to develop cultural competence (Constantine, 2001; Lee &

Khawaja, 2013). Furthermore, Benuto et al. (2019) determined that supervision was the most significant approach to improve cultural competence compared to other traditional methods, such as didactic training. Roysircar et al. (2010) reinforce this by stating that supervisors can assist trainees in developing self-awareness and willingness to work with individuals from different cultural backgrounds and reduce the development of stereotypes. This study encourages supervisors to address diversity, considering power and cultural dynamics. Additionally, discussion about culture has been determined as beneficial for improving cultural competence; Murray-Garcia et al. (2005) report that talking about race can increase empathy and acknowledgement of power and privilege. Overall, personal interactions with clients, supervision, working with people from different cultures and opportunities for self-reflection have all been documented as beneficial approaches to improve cultural competence (Benuto et al., 2019; Geerlings et al., 2018; Lee & Khawaja, 2013).

Despite these recommendations, there are still reported barriers to psychologists engaging in appropriate training opportunities (Chu et al., 2022; George et al., 2015). Therefore, it is important to explore how psychologists, particularly Forensic Psychologist, acquire these skills due to the lack of research and explore how training could be improved. Some of these barriers are already reported in the findings of the systematic review in chapter two of this thesis. Talking about race is difficult, and there is reduced diversity among faculty, which can lead to barriers to adequate supervision (Champagne, 2021; Fitterman-Harris et al., 2022). This is further supported by Wong et al. (2013), who document barriers to effective supervision, including negative personal attributes of the supervisor, lack of safe and trusting relationships, and lack of diverse supervision competencies. When considering racial dialogues, barriers include race being a 'taboo'

subject, feeling dismissed by others when initiating conversations about culture and fear of judgement (Champagne, 2021; Young, 2003). Hoskins (2003) also documents that individuals from diverse backgrounds often feel pressure to be the “expert” in cultural discussions. However, this detracts from their learning and results in training to be focused on ‘white’ students. Furthermore, previous research has often focused on counselling or clinical psychology populations. Therefore, there may be a discrepancy when relating this research to a forensic psychology population.

Rationale for the current study

There has been an emphasis on Forensic Psychologists engaging in culturally competent practices. However, there are no set criteria for how training programmes meet the standards of cultural competence. Previous research on training has focused on Clinical and Counselling Psychologists (Benuto et al., 2019). Therefore, this study considers training opportunities specifically for Forensic Psychologists.

Peters et al. (2011) document the value of evaluating cultural diversity and training effectiveness, offering feedback to improve cultural training. Self-assessment of competence is reported to be one way of evaluating student perceptions of diversity training (Kaslow et al., 2009). This can be helpful to ensure the curriculum adequately trains psychologists to develop cultural competence.

Study aims

The current study aims to use a qualitative approach to address this gap in the research. It focuses on establishing Forensic Psychologists' current cultural training opportunities and how this training prepares them for engagement in culturally competent practice. Specifically, this study aims to examine what Forensic Psychologists find helpful and whether there are any barriers to engaging in training and cultural competence practice

to help inform improvements in the cultural competence curriculum. The main research question is: How do Forensic Psychologists perceive their training in relation to developing culturally competent practice, and what challenges or barriers do they encounter in applying these skills?

Methodology

Design

A qualitative approach was used to explore the Forensic Psychologists' experiences of cultural competence training and implementation within practice. A qualitative study was chosen because research suggests the benefit of completing both quantitative and qualitative approaches to sensitive topics such as cultural competence (Larson & Bradshaw, 2017). Although cultural competence has been studied, exploring rich experiences and perspectives of Forensic Psychologists regarding their training and practice are less understood. A qualitative approach was therefore chosen to explore these personal insights, providing a deeper understanding of how Forensic Psychologists engage with cultural competence in practice. This also aligns with the thesis' aims to understand the experiences and perspectives of Forensic Psychologists concerning cultural training and practice.

Semi-structured interviews were conducted online with qualified Forensic Psychologists. An online study was chosen due to COVID-19 regulations, thereby mitigating the risk of cross-contamination. Furthermore, the researcher hoped for country-wide responses; thus, face-to-face interviews may not have been possible. To keep consistency, all participants were invited to complete their interviews online using Microsoft Teams.

Participants

Recruitment

A purposive sample was used for recruitment to ensure that study participants had first-hand experience with cultural competence training and practice. Such approach allowed the researcher to gather in-depth insights directly from qualified Forensic Psychologists with relevant professional experience. Furthermore, a purposive sample can ensure a representative homogenous sample; the goal was that participants were chosen based on their qualities (Babbie, 2010, p. 195). The researcher advertised the study on social media, including Linked-In and X (formally known as Twitter). Interested participants were asked to click a link to an online survey using JISC, the online survey tool used by the University of Nottingham. Following this, they were presented with an information sheet (appendix P) and a consent form (appendix Q). Participants were then asked demographic questions and to tick what days/times were best for them to participate in the study. The researcher was then notified and emailed the participant to agree on a date/time to meet via Microsoft Teams to engage in the interview. Upon completion of the interview, participants were emailed a debrief form (appendix R)

Due to the initial small sample size recruited, snowball sampling was also used as a non-probability sampling method to obtain additional participants through suggestions/connections. This method complemented the purposive sampling approach and allowed the researcher to get more first-hand experience with qualified Forensic Psychologists. Recruitment was continued until data saturation was reached. Due to limited interest in the study, everyone who showed interest in the study was invited for an interview. However, there were challenges in recruitment, which resulted in a less representative sample than anticipated.

This research focused on Forensic Psychologists, which was the main inclusion criteria. As this research area is lacking, the topic was approached broadly. Thus, the inclusion criteria were not restrictive.

Table 3.1. *Inclusion/exclusion criteria.*

Inclusion criteria	Exclusion criteria
Qualified forensic psychologist	Individuals who were not yet qualified
Over the age of 18	Other healthcare professionals
Access to Microsoft Teams	

Participant information

In total, 10 participants were recruited. One participant was male, and the rest were female. Eight participants described their ethnicity as white British/English/Scottish/Welsh; one as white Irish and one as mixed African. Ages ranged from 25 to 39, with the most common category being 30 to 39 (80%). All participants had qualified within the last six years, with the most common qualification year being 2023 (40%). Five participants had completed the doctoral route, two completed the Cardiff university route, and three completed the BPS stage two route. See Table 3.2 for demographic information.

Table 3.2. *Participant demographic information.*

Participant	Age	Gender	Ethnicity	Training route	Year qualified
1	25-29	Female	White British/English/Scottish/Welsh	Doctorate	2023

2	30- 39	Female	White British/English/Scottish/Welsh	Doctorate	2021
3	30- 39	Male	White Irish	Doctorate	2022
4	30- 39	Female	Mixed African	Stage 2	2023
5	30- 39	Female	White British/English/Scottish/Welsh	Cardiff	2022
6	30- 39	Female	White British/English/Scottish/Welsh	Cardiff	2023
7	30- 39	Female	White British/English/Scottish/Welsh	Stage 2	2021
8	30- 39	Female	White British/English/Scottish/Welsh	Stage 2	2018
9	30- 39	Female	White British/English/Scottish/Welsh	Doctorate	2023

10	25-	Female	White	Doctorate	2021
	29		British/English/Scottish/Welsh		

Measures and interview procedure

The study used semi-structured interviews as the data collection method.

Participants were interviewed online, and interviews lasted between 55 minutes and 1 hour 15 minutes. Interviews began with a caveat to highlight that discussions about cultural competence can be difficult and that the purpose of the interview was not to offer judgment but to aid in understanding Forensic Psychologists' training experiences. Participants were offered the opportunity to ask questions before the interview began. The interview schedule covered five main areas (appendix S):

- Understanding of cultural competence in forensic psychology
- Experiences of cultural competence practice
- Experiences of cultural training
- Experiences of alternative learning opportunities
- Other impacts on cultural competence practice

Interviews began more broadly to set the context about the participant's experiences and understanding of cultural competence before moving on to more specific questions related to their training experiences. When appropriate, the researcher summarised parts of the discussion to check her understanding of the participant's comments. At the end of the interview, the researcher offered the participant the opportunity to ask questions or make additional comments in case they felt something

important was missed. Participants were then sent a debrief form via email and again offered any further opportunities to ask any questions.

Ethical considerations

Ethical approval was granted from the Medical Schools' Ethical Review Committee at the University of Nottingham on 11/10/2022 (Ethics Reference Number: FMHS 49-0822). Participants may work for the criminal justice system; however, they were recruited through social media rather than through their place of work. Ethical approval was also sought from His Majesty's Prison and Probation Service (HMPPS), the National Research Committee, due to potential participants working within HMPPS services. This was granted on 7th October 2022 (HMPPS NRC REC Reference number: 2022-228). The standards of conduct, performance and ethics of the Health and Care Professions Council (HCPC, 2024) and ethical guidelines for research from the British Psychological Society (BPS, 2021) were adhered to throughout this research. Confidentiality was maintained throughout the study, with all interviews conducted on secure online platforms, and data were stored in compliance with the university's data protection policies.

Trustworthiness is crucial in qualitative research to establish the credibility and reliability of qualitative findings; Ahmed (2024) describes four pillars of trustworthiness: credibility, transferability, dependability and confirmability. To achieve credibility, trust and rapport were built within interviews with participants to gain a deeper understanding of their perspectives. Reflectivity was acknowledged throughout the process and triangulation during data collection and analysis to enhance the credibility of the interpretation and limit potential bias. Transferability included a detailed description of the research context, participants and methods to demonstrate the applicability and relevance of the findings. Dependability considers the methodological documentation to support the replication of

the study. Finally, confirmability member checking and reflexivity were included in this study.

Ontology and epistemology

This study utilised a critical realism stance. Realism acknowledges that while Forensic Psychologists' experiences/perspectives are based in real-world contexts, their perceptions and interpretations of these experiences are shaped by broader social and cultural influences (Lawani, 2021).

This approach demonstrates that whilst data is informative of reality, it does not entirely mirror it, suggesting that further interpretation is needed to provide the underlying structures of the data (Willig, 2012). For example, within this study data reflects Forensic Psychologists' experiences, and the analysis is an interpretation of the data made through the researcher's lens. Thus, the researcher's knowledge, understanding, and experiences are considered.

Consideration of alternative analysis

Alternative data analysis was considered, primarily interpretative phenomenological analysis (IPA). After careful consideration, it was determined that thematic analysis (TA) was more appropriate than IPA. IPA aims to make sense of an individual's personal and social world, focusing on particular experiences or events (Smith & Osbourn, 2003). IPA's detailed focus did not align with the aims of the current study, which focused on identifying themes across a broader data set rather than unique themes about specific individuals (Braun & Clarke, 2020). Due to the focus on Forensic Psychologists being under-researched, it felt more important to focus on a breadth of data analysis rather than depth. Furthermore, thematic analysis (TA) also allows for a larger sample size, which can help offer more consideration for experiences within a wider socio-cultural context (Braun & Clarke, 2022).

Finally, it is documented that TA is considered an appropriate research analysis when practical implications and actionable outcomes are given (Sandelowski & Leeman, 2012). Overall, TA was selected to identify patterns across diverse experiences/perspectives, aligning with the study's goal to provide broader insights into Forensic Psychologists' experiences rather than focusing on individual cases, as IPA would.

Data Analysis

The data was analysed using an exploratory qualitative approach. TA (Braun & Clarke, 2006) was used; TA aims to identify, analyse, and report patterns across data to create themes (Braun & Clarke, 2020). These themes are developed through coding. An inductive approach was utilised within this data set to facilitate the generation of new ideas. This means themes were generated from the data rather than based on pre-existing theories or frameworks (Braun & Clarke, 2020). TA allows for the exploration of differences and diversity in participants' experiences, ensuring that varying perspectives are captured within the data (Braun & Clarke, 2022). Themes were developed at a latent level as the analysis was applied to assumptions underpinning the data (Braun & Clarke, 2022). Using a critical realist approach, the study acknowledges that while the data reflects real experiences, these are interpreted through the participants' perspectives and the researcher's subjective lens, ensuring that the analysis considers the broader social and cultural contexts influencing these experiences. The current study utilised an experiential approach, which considers more reflection and appreciates the participant's thoughts, feelings and experiences. This involves investigating the meaning described by the participants as well as the meaningfulness of the phenomena to the participants. Thematic analysis also enables the researcher to make generalisations about the participants' "reality" of their experiences through focusing on patterns across the dataset. The study aimed to

prioritise Forensic Psychologists' accounts of their experiences of cultural training, considering the complexities of training routes and individual cultural experiences that might influence Forensic Psychologists' ability to be culturally competent. Thus, a critical realist approach can help answer the research question about how the complexities of training experiences and opportunities impact Forensic Psychologist's cultural competence development.

Braun and Clarke (2022) provide six stages of thematic analysis that can be flexibly applied to the research question and data.

Stage one: Familiarisation with the data

This stage involved immersion into the data to ensure that the researcher was familiar with the depth and breadth of the content. The researcher read and re-read the data set prior to beginning coding. This was an active approach, where the researcher began identifying possible data patterns. Interviews were transcribed verbatim and sent to participants for member checking to ensure the transcripts were accurate. Transcribing the data was a good way to begin familiarising with the data (Riessman, 1993).

Stage two: Generating initial codes

This phase involves developing initial codes from the data by working systematically through the data set to identify repeated patterns. Initial codes were generated inductively from the data and recorded using NVivo 12 (appendix T). NVivo 12 was used to facilitate the systematic coding process, allowing the researcher to organise and explore the data efficiently. Descriptive coding was developed using a non-linear recursive approach to ensure all potential codes were identified.

Stage three: Searching for themes

This stage used an iterative approach to the coded data, where themes were revisited and refined from the initial codes as new patterns were identified. Depending on their relevance to the research question, some themes were merged, and others discarded.

Stage four: Reviewing themes

Prospective themes and subthemes were visually represented, reviewed, and refined to ensure they reflected the coding extracts and full data set. The researcher sought feedback from a peer to enhance the validity of the analysis. These themes were then interpreted regarding the research question, considering the underlying meanings and connections between themes.

Stage five: Defining and naming themes

This stage involved determining what each theme captured to ensure themes were defined and named appropriately.

Stage 6: Producing the report

Finally, the findings were written in a narrative that synthesised the themes and provided insight into the research topic. The findings used supportive quotes from participants, providing a rich narrative of their experiences and highlighting key similarities and differences between the participants from the researcher's lens. The final themes were peer-reviewed by another trainee Forensic Psychologist to ensure credibility and trustworthiness.

Reflexivity

Self-reflexivity was important throughout the research, especially through a critical realism stance. Critical realism states that research should acknowledge the participants and research subjectivity (Braun & Clarke, 2013). As a result, the findings of this research do not offer a 'truth' about Forensic Psychologists' experiences; instead, the results are

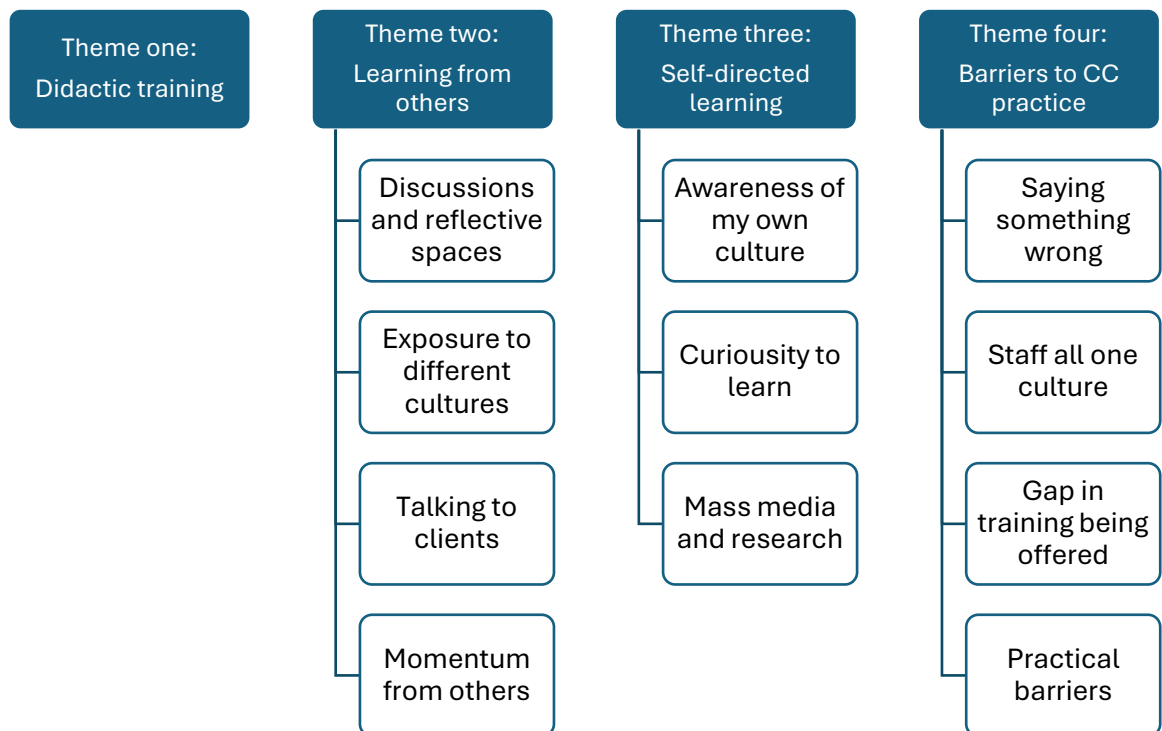
interpretations from the perspective of the researcher, a white female and a trainee Forensic Psychologist.

During interviews, the researcher noticed that they held some assumptions about forensic psychology roles based on their experiences. Reflective practice was maintained to ensure the analysis focused on the participant's experiences rather than a figment of the researcher's imagination. It was crucial that the researcher was aware of their own assumptions, including considerations for their own experiences of their forensic psychology training.

Results

This section presents the main findings from the interviews with Forensic Psychologists using a thematic analysis approach. Four themes and eleven sub-themes were generated from the data, as shown in the thematic map (Figure 3.1). Quotes from the interviews are documented below to demonstrate the themes. The interpretations within this section are through the researcher's lens. The potential implications of this are explored further in the discussion.

Figure 3.1 *Thematic map.*



Theme one: Didactic training

This theme encompasses the structured training that Forensic Psychologists described being offered. Evidently, the amount of didactic training varies, and training is often available after qualification rather than during training. Only one participant who did the Cardiff route (participant five) reported receiving training pre-qualification, which could suggest that there is more cultural training on this route. However, the other participants on the Cardiff route did not state this. Three participants did not discuss receiving any didactic training, which could suggest limited opportunities before/during and after qualification. Training that was offered was considered to focus on several different areas, demonstrating the breadth necessary for cultural competence development. For example, some training focused on knowledge development whilst other training considered the development of

individual awareness. Participants three and ten also discussed didactic training that additionally incorporated cultural competence rather than as a main focus, such as training in specific therapeutic models. Again, this demonstrates participants' awareness of the fluidity of learning about cultural competence and that it is being considered more broadly within workplace training rather than specifically as an individual topic. Finally, this theme demonstrates that didactic training has positive aspects, but participants also seemed to value other learning opportunities, such as learning from other people's experiences and gaining personal awareness. Example quotes are presented in Figure 3.2.

Figure 3.2. Example quotes for 'didactic training'.

Participant	Participant information	Quotes
2	30-39, white female, doctorate, 2021	<i>"I think we have had training and stuff at work, which is helpful. I do not think it's enough on it's own."</i>
3	30-39, white irish male, doctorate, 2022	<i>"I feel like there is an emphasis on cultural competence, so it kind of threads through quite a lot of the trainings that we have."</i>
5	30-39, white female, Cardiff, 2022	<i>"So at the university I went to, we did, I think it. I can't remember how much it was, whether it was like one day or in specific blocks, but we did."</i>
8	30-39, white female, stage 2, 2018	<i>"One that I had was through work and through a colleague of mine, and it was called cultural competence, and it was PowerPoint slides over teams. What was more helpful was her experiences and how she works using cultural competence, rather than lots of information on slides"</i>
10	25-29, white female, doctorate, 2021	<i>"So when I've done MBT training or like ADOS or EMDR, it's always fed in by the training facilitators"</i>

Theme two: Learning from others

This theme illustrates alternative opportunities Forensic Psychologists experienced that may have influenced their development of cultural competence. Participants emphasised the benefits of talking to and learning from others, especially those from different cultures.

Subtheme one: Discussions and reflective spaces

This theme demonstrates the value of talking to others; ongoing critical reflection appears to have contributed to participants' development and understanding of cultural competence and participants' ability to adapt to diverse clients. Participants shared the importance of having a safe space to talk about areas where they may feel ignorant. These spaces also seemed to offer opportunities for accountability and not to take their experiences for granted. Discussion spaces and reflective practice highlight that these participants considered there to be value in both formal and informal learning spaces. Participants spoke about reflective spaces as an opportunity to learn from others rather than focusing on their own assumptions. There was a suggestion that these spaces are comfortable because reflection is an important part of Forensic Psychologists' training. This demonstrates that, for participant 10, there were valuable opportunities during training that contributed to their ability to engage in reflections, and these spaces can be used for learning without judgment or the expectation of being culturally competent. Additionally, it was suggested that Forensic Psychologists could benefit from more discussion and reflection opportunities, especially before qualification. Finally, this theme demonstrates that it is helpful to identify the purpose of these spaces; there was a sense of helplessness from participant two, which could imply reduced opportunity to learn in these spaces, and instead, there was a drive to engage in practical activities rather than just talking about cultural competence. Example quotes are presented in Figure 3.3.

Figure 3.3. Example quotes for ‘discussion and reflective spaces’.

Participant	Participant information	Quotes
2	30-39, white female, doctorate, 2021	<i>“I think also gets a bit tiresome if it's just a talking shop.”</i>
3	30-39, white Irish male, doctorate, 2022	<i>“Rather than just taking my experience for granted and assuming that that's kind of the norm or that it's similar to everyone else, actually reflecting on that and thinking about, you know what that was like and then trying to compare that to other people's experiences”</i>
8	30-39, white female, stage 2, 2018	<i>“I think it would have been helpful to have some, during [training], which I guess doesn't necessarily have to be cultural competence but, a reflective open forum to talk about how we remain unbiased and how we work in ways that are culturally sensitive.”</i>
9	30-39, white female, doctorate, 2023	<i>“I really think that's the biggest thing, talking and being able to reflect. And kind of have those open conversations with people is probably my preferred way of learning”</i>
10	25-29, white female, doctorate, 2021	<i>“Because we have to reflect on ourselves so much, I think it makes it more acceptable to have weaknesses and that not mean anything about me”</i>

Subtheme two: Exposure to different cultures

This theme emphasised the impact of exposure to different cultural groups within working environments as well as relationships and interactions outside work. It was felt that participants who had opportunities to spend time with individuals from different cultures within familial environments seemed to feel more confident and supported in developing their cultural competence. It also demonstrated the importance of having a diverse staffing team, as this allows for more discussions and exposure. However, this can also be challenging due to a lack of knowledge, potentially leading to shaming experiences and reliance on individuals from different cultures to ‘teach’ the topic. Interestingly, participants

3 and 4 did not talk about exposure to different cultures. Example quotes are presented in Figure 3.4.

Figure 3.4. Example quotes for ‘exposure to different cultures’.

Participant	Participant information	Quotes
1	25-29, white female, doctorate, 2023	<i>“There was a sense of like, people having to turn to colleagues who were from or have like different cultural identifies or different ethnicities to do the sort of teaching on this and whether that’s acceptable in it’s self”</i>
2	30-39, white female, doctorate, 2021	<i>“Being around, learning from different people or learn about difference, like learn and share experiences together”</i>
5	30-39, white female, Cardiff, 2022	<i>“We’re kind of a multiracial family now and I’ve learned a lot through that process erm and I’m learning a lot myself, but ensuring that I’m not kind of using that tokenisticly”</i>
8	30-39, white female, stage 2, 2018	<i>“It definitely comes more from family. So, for example, my partner is from the Caribbean. From Guyana, our children are mixed. I’m very well aware that the world is going to respond to my children in a particular way, and it’s made me more culturally competent because of that.”</i>
10	25-29, white female, doctorate, 2021	<i>“I also have colleagues who don’t feel that it’s their role to educate, which obviously I completely understand. It shouldn’t just be on them to do that, but I’ve witnessed things where they’ve said, nope, just shame them out of it. Don’t explain it. Just say you’re racist.”</i>

Subtheme three: Talking to clients

This theme illustrated the ability to learn from talking to clients and not making assumptions about them and their culture. Participants suggested that making erroneous assumptions could impact their professional relationships or result in them engaging in culturally incompetent practices due to a lack of understanding. Instead, it was determined

that psychologists could develop their learning by asking clients about their cultural experiences and ensuring that their practices were culturally competent. Participants reported focusing on recognising and understanding the differences between themselves and the clients they are working with. Overall, discussions with clients appeared to contribute to building a rapport with clients whilst also helping participants develop knowledge and skills to work with clients with different cultures. This appeared to be a helpful strategy for developing cultural understanding and experiences of working with individuals from different cultures. Participants reported they were able to adjust their behaviours to fit the client's needs, helping participants gain more insight and empathy for the individuals they were working with.

However, some participants shared a sense of responsibility to know this information and not pressure the clients. It felt like there was a balance between already having a culturally competent understanding, so the client did not have to “teach” the participant and also wanting to understand the client's experiences and not make assumptions. This seemed to be impacted by participants' personal experiences. Example quotes are presented in Figure 3.5.

Figure 3.5. Example quotes for ‘talking to clients’.

Participant	Participant information	Quotes
2	30-39, white female, doctorate, 2021	<i>“It's not her [client] job to kind of help me understand the broader issue.”</i>
5	30-39, white female, Cardiff, 2022	<i>“I can ask him [client] about it and he can kind of almost be teaching me, educating me about that area. Erm so then I can understand him more, but also so we can build that rapport. However, now having done some other cultural competency trainings and things like that, I realized that that's not the best way to go about it. And actually it's</i>

		<i>more about going away and learning that myself"</i>
6	30-39, white female, Cardiff, 2023	<i>"I think we should have these conversations with service users because they're the experts in their own cultural background"</i>
7	30-39, white female, stage 2, 2021	<i>"To try to understand that. I you know, I just took a very curious approach and you know asked tell me a bit about that."</i>
10	25-29, white female, doctorate, 2021	<i>"Asking him made it much clearer and then meant that I didn't move the session, and that was far more in line with his culture and what he needed, which was very helpful."</i>

Subtheme four: Momentum from others

Perseverance appeared to be an important factor contributing to cultural competence development; three participants raised the value of gaining momentum from those around them as a motivator to continue learning and becoming culturally competent. The organisation's momentum and willingness to promote cultural competence was deemed important as well. Participant two spoke about momentum being difficult to uphold but important to ensure individuals continue to see the value in cultural competence. There also seems to be value in momentum from society, for example, through the 'George Floyd case', which led to conversations about race and ethnicity. From participant 10, there is also a sense that individuals from ethnic minority groups are having to push this momentum. However, there is also a perception within this theme that without power, either from an organisation or socially, change cannot happen. Example quotes are presented in Figure 3.6.

Figure 3.6. Example quotes for 'momentum from others'.

Participant	Participant information	Quotes
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2	30-39, white female, doctorate, 2021	<i>"I think when there's energy for it around me like that, I think that. Um. Like. Boosts my energy for more erm. So it's a bit of like a virtuous cycle erm. And I think maybe when there's less interest. It kind of less value placed on it by the people around me. Then. That's really hard."</i>
3	30-39, white Irish male, doctorate, 2022	<i>"After the kind of 2020 killing of George Floyd, you know, I kind of re-examined my own. Um. My own cultural awareness, I guess, and tried to prioritise so thinking about it more and reading a little bit more around. Erm. Race and racism"</i>
4	30-39, mixed African female, stage 2, 2023	<i>"Protective characteristics, diversity can take a back step, and go on the back burner for some people. Erm. But I think I work in a place where, there are kind of messages from different angles because the system is trying to become more culturally competent".</i>
9	30-39, white female, doctorate, 2023	<i>"People need to be open to the idea of it as well. I think rather than getting their backs up and feeling like they're doing something wrong or being told that they're doing something wrong."</i>
10	25-29, white female, doctorate, 2021	<i>"We had a couple of staff members joined who are from a BAME background who I think also turned up and thought what is going on? Why is this not in anyone's mind? How are people not kind of considering this? And so they really pushed that agenda."</i>

Theme three: Self-directed learning

This theme considers alternative approaches to training, including independent learning, that Forensic Psychologists actively seek to improve their cultural competence. It emphasises that participants felt required to make a conscious choice to develop and implement cultural competencies and continue monitoring this to ensure active awareness and development of cultural competence.

Subtheme one: Awareness of my own culture

This subtheme links with the awareness factor in the tripartite model (Sue et al., 1982). It demonstrates that being aware of one's own culture is important when working with clients of a different culture, and a lack of awareness can lead to assumptions and bias. All participants named aspects of their culture and how this could impact their ability to understand and work with people of a different culture. It would also suggested that this awareness is an ongoing process, and there can be situations where it is forgotten or where more learning and experience about the aspects of one's own culture is needed to become culturally competent. These quotes also consider whether individual awareness is possible, as participant 10 described, feeling that without life experience, there will constantly be more learning. This could reduce motivation to engage in cultural competence because it feels unattainable. Example quotes are presented in Figure 3.7.

Figure 3.7. Example quotes for 'awareness of my own culture'.

Participant	Participant information	Quotes
2	30-39, white female, doctorate, 2021	<i>"Often miss out talking about things like spirituality and religion, faith, things like that erm. I think because my lens doesn't, it's kind of indifferent to that stuff. And so I have to keep in mind that it's important for many, many people, and I probably don't give, no definitely don't give it the attention that it needs."</i>
3	30-39, white Irish male, doctorate, 2022	<i>"If you're someone who is privileged, you know, as I consider myself privileged in relation to some groups of people, (...) I think it's possible to kind of have a bit of a blind spot to that. (...) I think you know, in order to be culturally competent, you actually have to reflect on your own experience in order to consider how it was different."</i>
4	30-39, mixed African female, stage 2, 2023	<i>"If I think about my kind of upbringing and where I came from, if someone is speaking about something quite similar</i>

		<i>to my upbringing, maybe I almost am like ohh, I understand that and maybe I don't necessarily query that as much as I potentially should because I have my own understanding"</i>
7	30-39, white female, stage 2, 2021	<i>"I think it's very rare that you would come across a client, particularly in forensic psychology, that has a similar background to the people that are, you know, like us essentially like as professionals"</i>
8	30-39, white female, stage 2, 2018	<i>"The point of being culturally competent as well, is to understand that it might not look normal to me, but in another person's culture it might well be."</i>
9	30-39, white female, doctorate, 2023	<i>"I think sometimes just long engrained like patterns of thinking, sometimes they still crop up or like I'll think something and then I'll take a moment to be like actually hang on I don't really think that anymore"</i>
10	25-29, white female, doctorate, 2021	<i>"As a white female, I'm not going to be culturally competent. I don't have that life experience and so I can have all the training in the world, but there is still a massive lack of understanding that I'm going to have"</i>

Subtheme two: Curiosity to learn

This was an area that every participant expressed as a need; participants demonstrated the importance of personal dedication, seeking out opportunities, and being curious and motivated to learn about different cultures. An element of intrinsic motivation was required, demonstrated by taking responsibility and learning independently rather than relying on structured training opportunities. Participant three expressed benefits of curiosity impacting relationships with clients, as they felt they were less likely to assume and more willing to learn. Participant nine also expressed that this needed to be at a client level, but also an individual level and with professionals. Participant two supported this, saying it

needed to be thought about systemically. This demonstrates an ecological model is needed to ensure curiosity is applied at every level of a Forensic Psychologist's practice. There also seemed to be an element of feeling disheartened; participants expressed not knowing 'anything' or experiencing frustration due to uncertainty about what and how to learn more about cultural competence, despite feeling responsible for developing their cultural competence. There was a perception that being responsible for seeking opportunities hindered the learning process, and it would be more beneficial to learn from and with others. Example quotes are presented in Figure 3.8.

Figure 3.8. Example quotes for 'curiosity to learn'.

Participant	Participant information	Quotes
2	30-39, white female, doctorate, 2021	<i>"I don't want to say the word invisible because these things aren't invisible, and I think saying it's invisible puts that on that thing out there rather than in me and actually it's in me. There's something about me not being able to see what's here."</i>
3	30-39, white Irish male, doctorate, 2022	<i>"I guess the sort of golden rule is to not assume. To be curious."</i>
5	30-39, white female, Cardiff, 2022	<i>"I think it's important to remember that it's my responsibility to kind of learn about that, find out"</i>
6	30-39, white female, Cardiff, 2023	<i>"It is a learning process, but in order to learn, we need to be willing to learn."</i>
9	30-39, white female, doctorate, 2023	<i>"So the consultation and then the work with the clients very much links for each other and you're going to be thinking about it at the client level. You're going to be thinking about it at your level. And then you also want to think about it with the professionals that you're then discussing."</i>
10	25-29, white female, doctorate, 2021	<i>"I think I started to actively seek understanding and that was a real kind of change in my own identity and who I was"</i>

Subtheme three: Mass media and research

Alternative learning opportunities outside formal training included individuals seeking out mass media such as podcasts, reading books, watching TV, and reading research articles. Participant one reported that self-directing learning, such as reading, would be a priority when wanting to learn something new and improve their knowledge of a different culture. Participant four also suggested that learning through mass media allowed them to build therapeutic alliances with their clients due to similar interests and available topics of conversation such as film and TV. Accessibility seemed important in this subtheme due to mass media and research being easily accessible for participants compared to structured training. Only four participants commented on this subtheme, which could suggest that it has less value than some of the other ways to develop cultural competence. Interestingly, the majority of these participants completed the doctorate route, which could suggest a lack of accessibility to other resources on this route. Although, there was one participant from stage two that also found these tools helpful. Example quotes are presented in Figure 3.9.

Figure 3.9. Example quotes for ‘mass media and research’.

Participant	Participant information	Quotes
1	25-29, white female, doctorate, 2023	<i>“I’m aware it needs improving and I need training on it and I suppose that probably for whatever reason wouldn’t be my first thing to do. It would be to kind of increase that knowledge through reading.”</i>
2	30-39, white female, doctorate, 2021	<i>“Listening to podcasts, watching TV, reading books”</i>
4	30-39, mixed African female, stage 2, 2023	<i>“I guess it almost gives you an in as well to have those conversations because say for instance, you’ve watched a documentary, you can be like ohh, so you know I’ve seen this here.”</i>

Theme four: Barriers to culturally competent practice

The final theme highlighted barriers individuals experienced in developing and engaging in culturally competent practice. These subthemes vary, considering individual barriers and concerns, limited training opportunities, and systemic challenges.

Subtheme one: Saying something wrong

Participants highlighted feeling shame and fear of judgment in interactions that mentioned culture. There was a fear of saying something wrong, which could lead to other colleagues thinking they were “silly” and unprofessional, as well as potentially causing others harm. These personal reflections led some individuals to avoid discussions to manage their reputations. Others perceived these discussions to be more important than how others perceived them. Interestingly, Participant four did not express concerns about saying the wrong thing. This could reflect their culture and experiences of being on the receiving end of difficult conversations, helping prepare them for difficult discussions. Power also seemed to contribute to avoiding difficult conversations; Participant two felt more pressure when they perceived themselves as having ‘social power’ in the conversation. Similarly, participant three expressed finding this conversation more challenging with staff than with residents. Participants also reflected on the experiences of their operational colleagues (i.e., prison officers) and felt that they often experienced serious consequences if they were perceived as racist. This may also impact a participants confidence to have conversations about culture, especially within an multi-disciplinary team (MDT). Example quotes are presented in Figure 3.10.

Figure 3.10. Example quotes for ‘saying something wrong’.

Participant	Participant information	Quotes
1	25-29, white female, doctorate, 2023	<i>“I probably was definitely more anxious about getting things wrong, using the wrong terminology and probably choosing just to be like, actually, let's</i>

		<i>just like stay away from it and which obviously is not the right thing to do at all."</i>
2	30-39, white female, doctorate, 2021	<i>"Stuff where I hold the social power, like then the fear becomes bigger (...) I guess one of the things is that no matter how big the fear is, not having the conversation is worse"</i>
3	30-39, white Irish male, doctorate, 2022	<i>"I think there is the kind of internal anxiety of not wanting people, you know, worrying that people might perceive me to be that way [ignorant or naive]"</i>
4	30-39, mixed African female, stage 2, 2023	<i>"I think as a mixed-race female, I understand that's. I've seen it myself, where people talk to me and I can see that they're like, kind of, like, tiptoeing around saying something"</i>
9	30-39, white female, doctorate, 2023	<i>"I've not been sure what to say or, kind of how to contribute to discussions. So probably take a bit more of a back seat."</i>
10	25-29, white female, doctorate, 2021	<i>"Here you're racist, because that's such a powerful word. I think it then makes them [prison officers] really retreat and get quite defensive because they don't want to be matched with that word. Especially in a prison setting, where I think that that word has been kind of used, especially against prison officers, in a way that's desensitised them to the actual impact of that experience."</i>

Subtheme two: Staff all one culture

Despite exposure to different cultures being cited as a way to learn and develop cultural competence, participants raised that psychology often had a 'westernised' approach, where staffing were frequently of the same culture. Participants expressed challenges in learning and developing their cultural competence when they were all working from the same lens, suggesting this could lead to a blinkered approach where psychologists can only have a westernised viewpoint. This could lead to psychologists from different

cultural backgrounds feeling isolated and helpless when promoting an understanding of diversity and culture, as demonstrated by participant four. This also links to the experiences of clients from different backgrounds who may feel isolated and unsupported due to the lack of diversity in staffing teams. Participant nine considered ways to alleviate this and incorporate more diversity within psychology as a progression. Example quotes are presented in Figure 3.11.

Figure 3.11. Example quotes for ‘staff all one culture’.

Participant	Participant information	Quotes
1	25-29, white female, doctorate, 2023	<i>“Training, it needs to be delivered by someone whose of a different culture”</i>
2	30-39, white female, doctorate, 2021	<i>“I still think it's a white system for white people” “I guess if you've only got two perspectives in the room, and they're quite similar. Yeah. You have to work a bit harder to do work and I think that's probably why I lack. That's something that I'm not doing that well.”</i>
4	30-39, mixed African female, stage 2, 2023	<i>“I guess if I look, if I think about my team, they're not necessarily a diverse team. I guess when you're in a room full of people that are, kind of, all singing from the same hymn sheet and you're there trying to encourage, you know, viewing things in a different way and like, well, what, what does this mean and what could have been going on for them?”</i>
6	30-39, white female, Cardiff, 2023	<i>“Practicing within the UK, my experience of people who are training to be or are psychologists, there's not a range of culture within that. And so when you don't have a broad culture within the profession, it's then difficult to then consider other people's cultural needs and the clients within that”</i>
7	30-39, white female, stage 2, 2021	<i>“It's a very kind of like seen as a white middle-class profession, you know, its a lot of white faces in psychology. And when I think about departments that I've</i>

		<i>worked in, predominantly everybody's been white, mostly female, not all female"</i>
9	30-39, white female, doctorate, 2023	<i>"Like having people from different backgrounds on interview panels and things like that, and even thinking about working class people in psychology as profession, which is typically always been quite a middle class profession."</i>

Subtheme three: Gap in the training being offered

This subtheme demonstrates the lack of training offered focused on culture and cultural competence. Participants suggest that further structured opportunities are needed for cultural competence and offered some examples of what that can include, such as skill building and increasing awareness. There was a sense that participants had a foundation level of understanding but were uncertain about how to apply this knowledge to practice. A lack of awareness and accessibility also seemed to link to gaps in training; participants expressed feeling stuck and uncertain about where to start. This likely reflects the lack of opportunity to develop their cultural competence before qualification. There was also a sense that participants felt cultural competence was unobtainable as there was constantly more to learn. Example quotes are presented in Figure 3.12.

Figure 3.12. *Example quotes for 'gap in the training offered'.*

Participant	Participant information	Quotes
1	25-29, white female, doctorate, 2023	<i>"I don't think there was a huge amount of anything really. There was no kind of direct lecture on. There was no discussion on it."</i>
2	30-39, white female, doctorate, 2021	<i>"I think because I've got lots of blind spots, I feel a bit stuck with where to start"</i>
4	30-39, mixed African female, stage 2, 2023	<i>"I haven't been offered anything about cultural competence prior to or after qualification"</i>
5	30-39, white female, Cardiff, 2022	<i>"I think I can work quite well at the kind of asking those questions in a sensitive</i>

		<i>way and like obtaining that information from them. But then I'm not sure how well I use that to inform their treatment"</i> <i>"Awareness that cultural competence is a thing that needs to be considered and to understand the importance of it and the rationale as to why it's important erm because I don't think people necessarily always reflect on that to begin with."</i>
6	30-39, white female, Cardiff, 2023	<i>"One training program wouldn't cover every single case that you have, so I think it's just that kind of recognition that continued professional development is just always going to be a thing."</i>
9	30-39, white female, doctorate, 2023	<i>"I guess the lectures within the forensic route are very much based on how to write your thesis. There's not loads around like practising psychology I don't think, you learn most of those skills within your placements."</i>
10	25-29, white female, doctorate, 2021	<i>"So I think the structured parts would have been helpful as a foundation and then definitely the reflective spaces I think should have been kind of throughout my doctorate and my training"</i> <i>"Space for it to be a topic for one thing. So whether that be well, I think formal spaces are helpful. I think informal spaces are also helpful because you feel a bit safer generally, so the space for it to be held"</i>

Subtheme four: Practical barriers

The final barrier to culturally competent practice is practical barriers. There was a sense that participants felt frustrated and helpless against the wider system, which acted as a barrier to cultural competence development. This seemed to impact interventions with clients as well as consultation. Practical barriers included time, funding and resources, as well as being constrained by the regulations within the criminal justice system (CJS).

Furthermore, it was deemed that psychology often has a ‘westernised’ standard, which results in assessment tools and interventions not being appropriate for all cultures.

Additionally, Forensic Psychologists have a risk-focused role, which can leave participants feeling unable to consider other learning needs, such as cultural competence, as risk takes priority, which can also impact therapeutic alliance, making it harder to talk about culture.

Participant seven did not raise any practical barriers, which could suggest different resources in their place of work. Example quotes are presented in Figure 3.13.

Figure 3.13. Example quotes for ‘practical barriers’.

Participant	Participant information	Quotes
2	30-39, white female, doctorate, 2021	<i>“I guess part of the kind of difficulties in that group is that we don't necessarily have a seat at the table that has the power. But then I guess that's part of the work. Like how do we do something in spite of that?”</i> <i>“We work in really overstretched, overworked services, so, often. Erm because there's so much to do and so much demand, you can only start to pay attention to something if it's becoming a problem”</i>
4	30-39, mixed African female, stage 2, 2023	<i>“It can be quite an intrusive experience because as a risk assessor, it's not like you kind of get weeks or months to develop a relationship. You kind of go in and you're expecting to get everything in quite a short space of time”</i>
6	30-39, white female, Cardiff, 2023	<i>“There's not always other options available, so then it's like you're almost doing that person a disservice because you can't apply an assessment tool to them”</i>
8	30-39, white female, stage 2, 2018	<i>“I think some barriers are obviously stress and pressure and risk and safety and those end up trumping being culturally or psychologically minded, when talking with colleagues.”</i>

9	30-39, white female, doctorate, 2023	<i>"It feels like within the criminal justice system, things are still very regressive rather than progressive"</i>
10	25-29, white female, doctorate, 2021	<i>"The focus was really more basic in terms of them actually completing work and being risk aware"</i>

Discussion

This chapter explored Forensic Psychologists' experiences of preparing for, and engaging in, culturally competent practices. Overall, the findings highlight four main themes: didactic training, learning from others, self-directed learning and barriers to engaging in cultural competence practice. The themes also demonstrate differences between cultural groups and training routes, suggesting that wider factors may influence participants' experiences and actions. Furthermore, using critical realism, these themes provide a holistic approach that allows us to gain a deeper understanding of Forensic Psychologists' cultural competence development.

The results demonstrated some contradictions when considering underlying causal mechanisms and social realities that created barriers to cultural development. For example, exposure to individuals from different cultures was determined to be beneficial. However, a barrier to this was the lack of different cultures among psychology staff, especially those delivering training. This demonstrates a systematic challenge through ethnocentric approaches in forensic psychology.

When considering similarities and differences, there appeared to be limited differences between the participants' training routes. Only one occasion was this considered within the didactic training theme, which implied that one participant on the Cardiff route had received more didactic training during qualification. However, this response did not align with the other participants who had completed the same route. There did appear to be

differences depending on ethnicity; for some themes, participant four offered different reflections to the rest of the participants. For example, they did not report concerns with saying something wrong. Champagne (2021) discussed racial/ethnic minority students being treated differently in class discussions; this could explain why this theme had different reflections for participants four.

Overall, the results of this thesis offer some links to the theoretical frameworks discussed in the introduction, particularly Sue et al.'s (2009) tripartite model and Pettigrew and Tropp's (2011) intergroup contact hypothesis. This demonstrates that whilst education is valuable and important, other external aspects can also have an impact on the development of cultural competence. For example, through exposure to individuals from different cultures.

There are some themes that have not previously been identified within the literature. This includes "fear of saying something wrong." It is noted that this can impact individuals' ability to engage, ask appropriate questions, expand their learning, and appropriately support the clients they are working with. This, in turn, results in cultural incompetence. Whilst it is important for individuals to improve their own awareness and knowledge (documented in Sue et al.'s tripartite model), without the skills and confidence to discuss difference and an eagerness to learn, individuals may continue to lack cultural competence.

Consideration of results in relation to literature

Didactic training

This theme highlighted a lack of formal training offered to Forensic Psychologists pre-qualification. This differs from previous findings with counselling and clinical psychologists, which have demonstrated an increase in cultural training opportunities that

are commonly didactic (Benuto et al., 2018). This suggests a difference in the dissemination of cultural training across psychology divisions. Although results demonstrated that Forensic Psychologists are willing to work cross-culturally, they expressed that they did not know how to do so due to a lack of experience, knowledge and skill. This aligns with Benuto et al. (2018), who reported that training increased participants' awareness, but there was no evidence of increased knowledge and skills. This is suggestive that further didactic training opportunities are required pre-qualification and that these opportunities need to consider knowledge and skill in addition to awareness. The current study demonstrated a variety of didactic training opportunities that had been offered to Forensic Psychologists, largely post-qualification.

This theme identifies the importance of the 'knowledge' component of Sue et al's (2009) tripartite model, suggesting the value of didactic training to increase participants knowledge. However, it also suggests that this component may not be considered widely enough in education, due to a lack of didactic training reported by some participants.

This theme also demonstrated that didactic training was often not the best approach when isolated. Instead, it was beneficial to offer opportunities for experiential learning as well. Research supports this, demonstrating that valuable cultural development could result from engagement in supervision, immersive cultural experience, self-reflection, and skills-based training (Benuto et al., 2018; Geerlings, 2018; Jones et al., 2013; Lee & Khawaja, 2013; Smith & Trimble, 2016). This reflection demonstrates that the 'knowledge' component cannot be considered independently, as 'skills' and 'awareness' are also crucial to cultural competence. This is demonstrated through the value of self-reflection and skills-based training which is also documented within research.

Learning from others

The second theme was learning from others. This demonstrated the value of reflective and discussion spaces, talking to clients about their culture, exposure to different cultures, and momentum from others. Research supports there being value in sharing with and learning from colleagues as this can lead to a reduction in intergroup stereotypes and implicit bias (Parham, 2020; Roysircar et al., 2010; Tadmor et al., 2012). It is suggested that implicit bias can contribute to decision making within the criminal justice system (Kang et al., 2011), highlighting the need to identify and implement measures that can help mitigate its impact. The theme 'learning from others' is an example of approaches that may be helpful to reduce implicit bias with Forensic Psychologists.

Park and Safer (2018) report shared learning to be more valuable than engaging in didactic training; this aligns with the current study, where participants reported exposure and reflective spaces to be more helpful than didactic education. Pettigrew and Tropp (2008) document that exposure to different cultures can improve an individual's knowledge, as well as their empathy for other cultures. This theme also links to the 'intergroup contact hypothesis', which identifies that contact between majority group individuals and minority group individuals can increase trust and empathy (Pettigrew & Tropp, 2011). Therefore, the results of this research appear to support the theoretical framework presented in Chapter One of this thesis, specifically the contact hypothesis.

This theme also discussed the value of discussion spaces. This is supported by Murray-Garcia et al. (2005), who report that discussing race can increase empathy and acknowledgement of power and privilege. Whilst the current study does not explicitly mention increased empathy, participants reflected on exposure and learning from others as beneficial to improve their understanding and awareness of the different cultural clients they were working with.

However, this theme raised concern when considering whose responsibility it was to educate Forensic Psychologists on culture and diversity. Participants raised the fact that they would often turn to colleagues who were from different cultural identities as a way to learn about different cultural experiences. This is supported by Hoskins (2003), who documents that individuals from diverse backgrounds can often feel pressure to be the 'expert' in cultural discussions. However, the current study demonstrated that some individuals did not want to take on this role, and in some circumstances, there was an expectation for people to learn more independently.

Self-directed learning

This theme considered participants' engagement in individual learning through their development of awareness around their own cultural biases, their own curiosity to learn, and learning from mass media and research.

Findings from this theme were consistent with other research that highlights the value of having an awareness of a professional's own culture to be able to work appropriately and not make assumptions about people from other cultures (Deardorff, 2009; Roysircar, 2004). Sue et al. (2022) described that awareness of our own cultures is the first step to becoming culturally competent. Furthermore, Day-Vines et al. (2007) report that having a developed sense of racial identity contributes to an increased willingness to discuss race and culture in therapeutic settings. Lee et al., (2020) expressed concerns that having an awareness of individual cultures was relatively low in Sports Psychologists. However, in the current study, awareness of the participant's own culture seems to be quite present. Participants were able to comment on the importance of not making assumptions and being aware of differences whilst also being able to reflect on understanding one's culture as an ongoing learning process.

Awareness of an individual's own culture is considered across various theoretical frameworks described in chapter one. Prominently, 'attitudes and beliefs', also known as awareness, is an individual factor of Sue et al.'s (2001) tripartite model. This factor considers the importance of understanding our own cultural biases and recognising how our culture may influence our personal beliefs, values, and attitudes. Therefore, this highlights the importance of this theme in contributing to cultural competence. However, this theme also highlighted that awareness on its own is not enough, but there also needs to be motivation and curiosity to learn. This is not considered within Sue et al.'s (2001) tripartite model and other models of cultural competence discussed within Chapter One of this thesis. Therefore, this theme could contribute to expanding the theoretical framework to also consider motivation and access to learning.

Some participants considered the curiosity to learn theme on a wider level rather than just an individual. This also relates to the tripartite model, in which Sue et al. (2009) documented the need to consider the provider, treatment, institutional, and systems levels. This could suggest that psychologists should be considering additional areas such as the institutional impact upon engagement and cultural competence, advocating for the impact of inequalities within the western system, considering the criminal justice system and the impact of cultural norms, politics and the media upon this.

Barriers to culturally competence practice

The final theme raised underlying realities that created barriers for the participants when engaging in training and culturally competent practices. The barriers identified in this study were largely at the provider level, although individual barriers were also noted, particularly fear of saying something wrong.

The research largely aligns with individual barriers, suggesting that psychology students in other divisions have also raised concerns about discussing race, voicing these as 'difficult dialogues' (Champagne, 2021). This is partially due to the fear of offending others, as well as the shame, guilt and defensiveness that white students experience related to their privilege and racial identity (Champagne, 2021). Venner et al. (2015) also reported increased emotional arousal when engaging in difficult dialogues, which can impact an individual's learning. These results are similar to those of this subtheme, where participants named fear of offending and experiences of shame. It also reflects differences among cultural populations due to the differences from participant four, which are already mentioned.

This theme suggests that individuals may experience fear and lack confidence which impacts their ability to discuss culture. Whilst exposure to others could link to the intergroup contact hypothesis, it may be that this hypothesis is impacted by an individual's lack of confidence, or fear of asking questions and engaging with individuals from different cultures to their own. Therefore, this suggests that the theoretical framework may need to be expanded to consider both fear and confidence. This has begun to be considered within research; Arruzza and Chau (2021) considered the importance of perceived confidence as an additional factor to Sue et al.'s (2001) tripartite model.

There is limited research that directly supports the impact of staffing being from one cultural background; Champagne (2021) reported that a minority of participants commented on the racial background of staff impacting cultural discussions. Champagne (2021) also discussed psychology as ethnocentric and having a 'westernised' approach to training. This highlights a need for further training in cultural competence (Geerlings, 2018). Furthermore, Blake, et al. (2016) suggested that racial/ethnic minority faculty was essential

in developing diversity skills among school psychology students as it can contribute to increased racial sensitivity and awareness in students. This relates to the intergroup contact hypothesis (Pettigrew & Tropp, 2011), which examines the benefits of engaging with cultures different from one's own. However, if everyone comes from the same background, this can limit learning and exposure.

The gap in training offered is not supported by some research, which determines that Clinical and Counselling Psychologists perceive their training to be of good quality and quantity (Benuto et al., 2019). Hamp et al. (2016) also concluded that 52.7% of psychologists felt that their education adequately prepared them to work with racial/ethnic minorities. However, other research deposits that psychology neglects diversity, resulting in psychologists having no information to guide their training and practice (Geerling, 2018). This theme is linked to the tripartite model (Sue, 2001), suggesting that training is offered to improve cultural knowledge. However, this often leaves participants uncertain about how to put this knowledge into practice through clinical skills (Benuto et al., 2019; Champagne, 2021; Deardorff, 2009). Similarly, Geerlings, (2018) reported that students lacked experience, knowledge and confidence in engaging in cultural practices. This supports the current study and highlights a need for further training focused on skill-based education.

Finally, limited research documents the practical barriers that impact cultural competence learning and development. These barriers may be linked to the structure of the Forensic Psychologist courses, the organisations and the wider systemic challenges of working within forensic settings. Fanniff et al. (2022) documented similar barriers when considering culture and forensic mental health assessment. Challenges included lack of time, lack of access to training opportunities, and a lack of resources. This concern is experienced within forensic settings and needs to be addressed.

Strengths and limitations

There are limitations within this study, including the sample; the homogeneity of the demographic characteristics of the sample impacts the depth and transferability of insights on cultural competence. The sample was predominately white female, and there may be different perspectives when considering a sample that includes more diversity. Therefore, the results may reflect a majority-group perspective, which could lead to biases in how cultural competence is perceived, especially since white forensic psychologists might have fewer first-hand experiences of racial or cultural marginalisation. Interviews with males and individuals from other ethnic minority backgrounds could have contributed to a broader range of perspectives. Of note, the demographics did not consider other cultural differences, such as sexuality and neurodiversity, which could have also potentially impacted participant perspectives. Furthermore, participants chose to participate in the study; thus, their motivations, may have impacted their perspectives. As such, this research could be impacted by self-selection bias.

There may also be limitations with social desirability bias impacting participants' response (Bispo, 2022). Participants may have felt unable to express challenges or lacked interest in cultural differences. However, it may be that these discussions felt more comfortable because the researcher was a white female. Therefore, participants may have felt less pressure than if they were interviewed by an individual from an ethnic minority.

The interviews were on Microsoft teams, and using an online platform may have impacted participants' willingness to disclose their perspectives on the topic. Alternatively, having an online platform may have also increased individuals' willingness to disclose due to an increased feeling of anonymity.

Another limitation links to potential researcher bias, which could have affected the data analysis process. Using a critical realism stance recognises the subjective impact of the researcher's lens on the data analysis. However, the researcher's experiences engaging in doctoral forensic psychology training as a white female may have impacted their interpretation of the interviews. Thus, the researchers saw themselves as both an insider and outsider of the research and attempted to mitigate this through reflexivity. A strength of this research was the use of peer input during the development of the interview schedule and during data analysis, which offered a different perspective and promoted reflection.

Implications and recommendations

Several implications for practice and training for Forensic Psychologists should be considered from the research findings. When considering implications for education there are three main considerations: cultural training needs to be incorporated more, there needs to be a focus on recruiting and retaining staff from different ethnic backgrounds, cultural competence needs to be viewed as a priority. These are discussed in more detail below.

There was a suggestion that more cultural training should be incorporated before qualification. However, it is suggested that experiential training and opportunities for reflection and discussion would be more beneficial than didactic training. Several participants expressed a desire for skills-based training; they reported having knowledge but uncertainty about implementing it. As such, Forensic Psychologists would benefit from experiential training programmes that offer opportunities to implement skills for working with cultural differences.

A theme within this thesis highlighted that there is a fear of saying something wrong. This can then impact Forensic Psychologists' ability to engage in culturally competent practices and may reduce their awareness of differing cultures due to limited opportunities

and a lack of confidence in discussing these differences. Therefore, it would be beneficial for Forensic Psychologists to be given opportunities to engage in reflective spaces to practice having difficult conversations about culture. This may contribute to increased confidence in engaging in difficult conversations, which could, in turn, enhance individuals' awareness and reduce their fear of saying something wrong. This also highlights the need for theoretical considerations to incorporate confidence as a helpful factor within cultural competence models.

Furthermore, it would be beneficial to focus on recruiting and retaining staff from various cultural backgrounds (Gregus et al., 2020). This would offer more exposure to different cultures while also reducing ethnocentric perspectives. It would be beneficial for this to be considered within the wider forensic psychology division.

Finally, cultural competence needs to be viewed as a priority; there needs to be more opportunities for this to be embedded throughout training and continuing after qualification, ensuring there is adequate time and resources to address this learning need.

When considering implications for practice, Forensic Psychologists need to be encouraged to discuss culture more openly in their practice. Cultural competence should be a priority and incorporated into every aspect of practice, with protected time allocated to allow Forensic Psychologists to engage in self-directed learning to increase their competencies.

Further implications for education and practice are discussed in the discussion chapter of this thesis, drawing on insights gained throughout the thesis.

Further research would benefit from including a more diverse sample (gender, ethnicity, social class, economic status, disability, and neurodiversity). A longitudinal study may be beneficial to determine whether there are changes to UK Forensic Psychologists'

cultural competence following the updated HCPC guidelines for psychologists. It may also be beneficial to explore the experiences and awareness of forensic psychology faculty, examining how their perspectives may influence cultural training.

Conclusion

In conclusion, this study demonstrated that Forensic Psychologists often feel unprepared to engage in culturally competent practices. This is impacted by westernised approaches within psychology, working within the wider CJS, personal confidence and lack of training opportunities. Participants highlighted several areas they felt were beneficial to increasing cultural competence, considering skills, awareness and knowledge (Sue, 2001) and alternative approaches external to education that can also contribute to increased cultural competence (intergroup contact hypothesis; Pettigrew & Tropp, 2011). This includes experiential learning (skill development), individual awareness (attitude/belief development), and learning from and exposure to other cultures (knowledge development, and contact hypothesis). However, the results of this study are also suggestive that the theoretical framework could be expanded and updated to include additional factors such as fear and confidence.

Implications include updating current curricula to incorporate more cultural training and offering spaces for discussion and reflection pre- and post-qualification.

Chapter Five: Psychometric Critique

The California Brief Multicultural Scale: A psychometric critique

The findings of the primary study in chapter three did not find a relationship between cultural competence and satisfaction with cultural training. To assess the extent to which cultural competence can be asserted in the primary study's findings, the present chapter sought to investigate the psychometric properties of the measure of cultural competence, used in the primary study.

Abstract

This chapter provides a critique of the California Brief Multicultural Scale (CBMCS; Gamst et al., 2004). It provides an overview of the CBMCS, including a critical review of the scale's psychometric properties, with comments on reliability and validity. The CBMCS has good construct validity, with the four subscales reflecting the current literature on cultural competence. Furthermore, it has good internal consistency with Cronbach's alpha ranging from .70 to .90 for three of the four scales. Content validity has also been addressed. However, there have been concerns raised with the reliability of this measure due to low Cronbach alphas scores ($>.52$) for one of the subscales (sensitivity and responsiveness to consumers). The convergent validity has also been identified as a limitation due to only low/moderate correlations (ranging from $r = -.01$ to $.6$) with a similar scale. Recommendations to develop this scale have been documented, including the need for the CBMCS to be updated to ensure the language used within the scale is appropriate to cultural advancements and to ensure it is normed with a larger minority ethnic population, which is necessary to provide more robust psychometric properties.

Introduction

As highlighted in chapter one, cultural competence is an important concept for healthcare practitioners. When considering cultural competence within mental health services, it is documented that when cultural competence is neglected, cultural groups may experience disparities such as misdiagnosis or assumptions of a patient based on clinical stereotypes (Ogundare, 2020). However, improved cultural competence can contribute to increased knowledge and improve the therapeutic process (Bishop et al., 2023; Edwards et al., 2017). This demonstrates the value of having a culturally competent workforce in mental health settings.

There are several ways to improve cultural competence; one example is developing and implementing cultural training (Shepherd et al., 2019). However, research has documented that cultural training is limited; this is demonstrated in chapter two. Examples include Anderson (2018) and Geerlings et al. (2018), who note that educational programmes often neglect to consider cultural training. As a result of reduced training, students have been left feeling less equipped to work with diverse populations. This highlights the need for improved cultural competence training and the importance of being able to assess cultural competence to ensure training is appropriate and effective.

The conceptualisation of cultural competence has evolved since its inception; this demonstrates the complexity of defining, enacting and assessing cultural competence. As a result, research often focuses on various models of cultural competence (Burchum, 2002). As defined in chapter one, the most frequently cited cultural competence model is Sue's (2001) tripartite model, which incorporates knowledge, attitudes and beliefs (also known as awareness) and skills. Cultural knowledge considers the ability to have an understanding and knowledge of culturally different individuals and groups. Cultural attitudes and beliefs

focus on professionals understanding their own cultural bias and how that may impact their practice. Finally, cultural skills consider appropriate intervention and communication in practice (Sue, 2001).

Several tools have been developed to measure cultural competence. However, there have been critiques that these tools often focus on beliefs rather than skills (Gamst et al., 2004). Furthermore, cultural competence measures were often developed for a broad healthcare population, including physical health professionals under the same umbrella: physicians, nurses, medical students, dentists, and occupational health professionals. This suggests that there are limited tools that explicitly focus on mental health professionals and adequately consider all three areas of Sue's (2001) tripartite model. Assessing cultural competence allows agencies to monitor professionals' capacity to provide culturally appropriate care and evaluate the effectiveness of cultural training (Geron, 2002). Thus, it demonstrates the importance of a valid and reliable measure specific to working with a mental health population.

Larson and Bradshaw (2017) conducted a systematic review focused on cultural competence and social desirability bias. This study highlighted several psychometrics developed for use within a mental health population. They named five scales to be least sensitive to social desirability. Two of these scales focused on teaching and student affairs (Multicultural Competence in Student Affairs-Preliminary 2; MCSA-P2; Pope & Mueller, 2005; the multicultural teaching scale; MTCS; Spanierman et al., 2011). One focused on racial diversity (multicultural counselling self-efficacy scale-racial diversity; MCSE-RD; Sheu & Lent, 2007), and the multicultural counselling knowledge and awareness scale (MCKAS; Ponterotto et al., 2002) was inaccessible. This resulted in the CMBCS being perceived as the most suitable for this thesis.

This chapter will review the CBMCS, a psychometric tool designed to measure cultural competence in mental health professionals. A unique contribution to the literature is presented by providing the first psychometric critique of the CBMCS. This is achieved by offering a comprehensive scale overview, a critical analysis of its psychometric properties, and implications and considerations for future research. This review aims to fill a significant gap in the current understanding of the CBMCS and its application in the field of cultural competence in mental health professionals in healthcare.

The CBMCS was selected for this critical review because it aligns with the study's theoretical framework on cultural competence, as outlined in the introduction section. Its use in prior studies and its design for assessing the self-reported cultural competence of mental healthcare practitioners makes it particularly suitable for addressing the research aims and contributing to the development of cultural training needs. This psychometric was also used within chapter three of this thesis.

Development and Overview of the CBMCS

The CBMCS (Gamst et al., 2004) is a 21-item self-report scale developed to measure the multicultural competencies of mental health practitioners (Gamst et al., 2004). The CBMCS measures cultural competence across race and ethnicity and addresses sexual orientation, disability, socio-economic status, age, and gender.

The CBMCS has four subscales and utilises the Sue (2001) tripartite model of cultural competence. This is demonstrated through three factors: (1) multicultural knowledge, (2) awareness of multicultural barriers, and (3) sensitivity and responsiveness to consumers, which align with attitudes/beliefs, knowledge and skills, respectively. However, an additional fourth factor emerged (non-ethnic ability) measuring self-reported ability to work with individuals from historically oppressed groups; this includes working with disabilities, low

socioeconomic status, older adults, and LGBTQ+ - namely focused on gay and lesbian individuals. Non-ethnic ability is not measured using other tools of cultural competence. It displays responsiveness to the expanding definition of cultural competence to include diversity beyond ethnicity (Fietzer et al., 2018), as well as a focus on skills highlighted as a limitation in previous psychometrics.

The scale uses a four-point Likert scale, ranging from 'strongly disagree' to 'strongly agree'. Each item is a statement, and participants indicate the degree to which they agree or disagree with the statement. Average scores are calculated from each subscale, ranging from 1 to 4. Higher scores indicate higher levels of cultural competence (Block et al., 2016). The 21 CBMCS items are detailed in the appendix (appendix U). The scale was developed alongside a user guide. However, the guide remains unpublished. The researcher attempted to contact the developer of the scale about this but received no response.

The rationale for the scale development followed the scrutiny of previous cultural competence scales due to a lack of uniformity and a heightened focus on beliefs rather than skills (Gamst et al., 2004). Furthermore, this scale was developed due to several studies documenting inadequate formal training in psychological programmes to prepare students for practice with multicultural clients (Gamst et al., 2004); thus, this scale was developed with the aim of cultural competence becoming an expectation of a quality-of-care model when working with ethnic minority populations.

The CBMCS content was derived from a range of psychometrics, including the Cross-Cultural Counselling Inventory-Revised (CCCI-R; LaFromboise et al., 1991), the Multicultural Awareness, Knowledge, Skills survey (MAKSS; D'Andrea et al., 1991), the Multicultural Counselling Awareness Scale-form b (MCAS-B; Ponterotto & Alexander, 1996) and the Multicultural Competency and Training Survey (MCCTS; Holcomb-McCoy, 2000), alongside

the Marlowe-Crowne social desirability scale (Crowne & Marlowe, 1960). Four studies were conducted to assess the validity and social desirability of the scale. Overall, this created a brief 21-item instrument that can be used to develop training programmes and evaluate efficacy in treatment settings.

The CMBCS has been used with a variety of populations and a range of contexts; the scale has been used to analyse whether professionals perceive themselves as culturally competent (Vespia et al., 2010) and compare individuals who had received training with those who had not (Jones et al., 2016; Smith & Avila, 2011). Furthermore, the subscales have been analysed to determine whether the non-ethnic ability factors account for variance in self-reported competence scores (Keyser et al., 2014; Smith, 2010). The only study that focused on forensic populations with the CBMCS, which was used to assess the construct validity of a different measure (York, 2021). These articles demonstrate the practical implications of the CBMCS, highlighting the value of the tool for understanding training experiences and cultural competence.

The characteristics of a good test

Psychometric properties

Necessary components to evaluate the quality of a psychometric include reliability, validity, and the appropriateness of normative data (Kline, 2013). Thus, these components will be considered to determine whether the CBMCS is a valid, replicable measure.

Levels of measurement

Kline (2015) refers to levels of measurement within psychometrics to try to use ratio scales where there is a true zero point. When this is not achievable, scales using interval-level data are desirable. Interval scales refer to when the differences of the scales at all points are equal. The CBMCS uses a four-point Likert scale; thus, whilst each item on the

scale has an ordinal level of measurement when the items are merged, the data can be treated as an interval (Allen & Seaman, 2007). When considering Kline's (2015) standards for a psychometric measure, this would suggest that the CBMCS has an acceptable level of data to be deemed a good test. However, it should be considered that Allen and Seaman (2007) discuss the five-point Likert scale as a recommended number of categories, reporting that it is recommended to use a wider scale as responses that could later be condensed, if appropriate, for analysis. This is supported by Kline (2000), who discusses the value of having a neutral category. It is suggested that reliability increases with more steps in the rating scale. Not having a neutral category can result in an inaccurate response because participants are forced to answer without a neutral option. The CBMCS has a 4-point Likert scale; this differs from the recommended larger scale as the 'neutral' option is removed. As discussed, this could impact the standard measure of a "good test".

Reliability of the CBMCS

Reliability considers the consistency and replicability of the scale; this looks at whether a measure can accurately produce the same results at different times and in different conditions. If a psychometric is reliable, it reduces the likelihood of random error, suggesting that the participant's scores can be attributed to the measured concept. Whilst there are other types of reliability, Kline (2015) recommends considering two important aspects of reliability: internal consistency and test-retest reliability.

Internal consistency reliability

Internal consistency looks at the importance of a psychometric being self-consistent; it measures whether items that propose to measure the same construct produce similar results. In practical settings, such as health care, internal consistency reliability can support informed decision-making and evaluate effective interventions and programme

effectiveness. Internal consistency is often measured using Cronbach's alpha, based on the average inter-item correlation, expressed as a number between 0 and 1 (Tavakol & Dennick, 2011). Kline (2013) highlights 'good' internal consistency when the alpha reliability coefficient is greater than .60, with .90 being the recommended maximum score for alpha.

The subscales in the CBMCS have been shown to have acceptable internal consistency reliability, and Cronbach's alpha ranged from .75 to .90 (Gamst et al., 2004). This is mostly supported by other studies (Fietzer et al., 2018; Keyser et al., 2014; Smith, 2010), which also reported good internal consistency for most of the subscales. Thus, adequate psychometric properties for most of the subscales were demonstrated. However, it should be noted that these studies have found unsatisfactory alphas for the sensitivity and responsiveness to consumers subscale (see Table 4.1).

Table 4.1. *Cronbach alpha scores for the CBMCS.*

	Non-ethnic ability	Knowledge	Awareness	Sensitivity
Gamst et al. 2004	.90	.80	.78	.75
Smith 2010	.88	.76	.85	.52
Keyser et al. 2014	.84	.80	.82	.53
Fietzer et al. 2018	.89	.79	.71	.52
Chapter Three of this thesis	.83	.70	.72	.66

This suggests that items may not correlate well within this scale. This is a limitation as it could impact the overall comparability and replicability of the scale, as well as the researcher's confidence that the psychometric is measuring what it aims to measure, with reduced measurement error and accurate findings. It may be that the sample size or population has impacted the internal consistency of this study, although Fietzer et al. (2018) and Gamst et al. (2004) both utilised a counselling population. Furthermore, response bias or situational factors may have impacted this analysis. To manage this, more studies are

needed to demonstrate CBMCS internal consistency so further comparisons can be made across populations, sample sizes, and research areas of interest. Social desirability should also be assessed; this will be discussed later in this review.

Within the empirical study in chapter three, the overall Cronbach's alpha level for the full-scale CBMCS was found to be .86. The Cronbach's alpha scores were higher or the same as those of previous research (table 4.1). Therefore, this suggests that within chapter three of this thesis, the CBMCS has good internal consistency.

Test-retest reliability

Test-retest reliability measures consistency when you repeat the same test on the same sample at different time points. This allows a psychometric to be assessed to determine whether there have been no significant changes over time that may impact the stability and reliability of the measured concept. It is recommended that the time gap be over three months and that it be obtained from the same sample group (Kline, 2013); for the CBMCS, it would be mental health professionals.

Gamst et al. (2004) do not report on test-retest reliability. This indicates no statistical support for the CBMCS's good test-retest reliability. There are several limitations for test-retest reliability not being measured; for example, this could imply a lack of evidence for stability, limited generalisability, and potential for measurement error. Assessing for test-retest reliability offers further evidence to support the measure's validity. Therefore, to improve the reliability and validity of the CBMCS, a test-retest analysis should be conducted.

Smith and Avila (2011) have assessed the CBMCS's test re-test reliability, focusing on the training programme developed using the CBMCS as a template. The results of this study demonstrated that the CBMCS was ineffective for providing long-lasting cultural competence changes, specifically regarding the awareness factor. This is suggestive that the training

programme and the CBMC scale need further evaluation and refinement to demonstrate improved outcomes.

Validity of the CBMCS

Validity is demonstrated when a psychometric measures what it claims to measure (Kline, 2015) and when the scores on the measure capture what is intended (Messick, 1995). Thus, for a psychometric to be valid, it must ensure accurate application and interpretation of results. Validity is an overarching term that considers several concepts, including construct validity (including convergent and divergent validity), criterion validity (including concurrent and predictive validity), content validity and face validity.

The CBMCS was developed with a focus on construct validity, content validity and criterion validity. However, it is worth noting that predictive validity and face validity have not been discussed in the literature, which could be a potential area for further exploration.

Construct validity

Construct validity measures whether a test can reasonably be considered to reflect the intended construct – the characteristics being examined – considering the theoretical integrity of the tool. For the CBMCS, this considers whether the items on the scale link to the theoretical understanding of cultural competence in mental health professionals. Construct validity can be assessed through factor analysis, which indicates how the items on the scale contribute to the whole scale. This can be further assessed in future studies through confirmatory factor analysis (Kline, 2000).

Prior to factor analysis, the CBMCS consisted of 116 items derived from previous psychometric measures (as discussed above). Using a sample of 1,244 Californian public mental health workers, Gamst et al. (2004) conducted an exploratory factor analysis. The aim of this analysis, initially, was to reduce the number of items. This analysis resulted in four

factors consisting of a total of 27 items. A further item elimination approach was utilised following this; this was based on experts assessing the “appropriateness” of each item. This resulted in a 21-item scale with four factors; the Cronbach’s coefficient alpha is also reported and documented in the reliability section. Having a reduced number of items is likely to impact the reliability of the factor (Field, 2013). Thus, the scale's robustness should be considered, given that one factor only had three items; despite this, Cronbach's alpha is within the accepted range to suggest “good” internal consistency (Kline, 2013).

Construct validity was further confirmed by a confirmatory factor analysis, which assessed the degree to which the factor model can effectively reproduce the item covariances. The results demonstrated that the items were shown to measure their respective hypothetical constructs (Gamst et al., 2004), thus suggesting that the scores of the CBMCS achieved construct validity. Furthermore, their intercorrelations demonstrated discriminant validity.

Divergent validity

Divergent validity refers to the amount a measure differs from other measures that should not be theoretically related (Campbell & Fiske, 1959). Smith (2010) documented that divergent validity was assessed using the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) as a covariate. The social desirability scale did not significantly correlate with any of the four subscales, suggesting there is divergent validity. Therefore, the scale accurately measures cultural competence without being influenced by other irrelevant factors.

Convergent validity

Convergent validity is when items are theoretically connected when they should be (Kline, 1986). Within the CBMCS, this was demonstrated by the correlations between the

Multi Counselling Inventory subscales (MCI) and the CBMCS subscales, considering internal consistency for each subscale (Gamst et al., 2004). The pattern of intercorrelations showed that the CBMCS subscales all had low positive intercorrelations (ranging from $r = -.01$ to $.6$), with the exception of the MCI-relationship subscale (ranging from $r = -.01$ to $.08$), which they document was due to difficulties interpreting resulting from the unreliability of scores on that subscale. A positive correlation indicates convergent validity, however, the low/moderate correlations suggest only some evidence for convergent validity.

The CBMCS and the MCI were also examined for correlations between the two subscales named the Multicultural Knowledge, and Awareness of Cultural Barriers subscales. The knowledge subscales yielded a low positive correlation of $r = .21$. Whereas the awareness subscale $r = .45$, indicating a moderate positive relationship. These scores suggest low convergent validity. However, it is documented that there is often a lack of consistency between the same-named subscales, which impacts their correlation (Gamst et al., 2004).

Criterion validity

Criterion validity refers to how accurately the psychometric measures what it is intended to measure. To measure this, it must be validated against a “criterion”, which can be other tests that are accepted as valid measures of the construct (Kline, 2013). Within the CBMCS article, “criterion-related validity” is addressed by comparing the four subscales with demographics (gender, age, ethnicity and education). Whilst this offers interesting research about the variations of the subscales depending on demographics, this is not reflective of the definition of criterion validity. The original article also does not discuss concurrent or predictive validity.

Content validity

Content validity examines whether the elements within the measurements are relevant and represent what they will be used to measure (Haynes et al., 1995). Content validity is necessary when constructing a new measurement to minimise potential error variations. This study's content validity was achieved using experts, including community mental health practitioners. Experts were individuals who had worked with mental health multicultural populations in the community for at least five years. Experts' ethnicity demonstrated more variation than the original sample, which had a larger proportion of white individuals: Asian American (30%), Latino American (25%), White American (25%), African American (15%), and Native American Indian (5%). There were 20 experts who were sent a 27-item questionnaire and asked to rate the "appropriateness" of each item. This meant the experts had to rate whether they believed the item to be a suitable statement to indicate cultural competence within a mental health delivery setting. If more than half of the experts deemed an item inappropriate to some degree, it was removed from the questionnaire. Based on these results, items were deleted, leaving the 21-item CBMCS scale. The use of experts demonstrates good construct validity.

Item performance

Smith and Avilla (2011) document challenges with the individual items on the CBMCS. They report a limitation of the scale due to the language used, specifically the word "excellent" when asking questions related to specific group cultures. Smith and Avila (2011) report three items on the CBMCS that use this word; however, clients from various cultures have not confirmed whether the individuals in this study have 'expert' ability or understanding when delivering services to individuals of different cultures. Therefore, this is suggestive that assumptions are being made about the individual's perceived cultural competence, compared to how clients may perceive their cultural competence.

Additionally, it should be considered that language and understanding of culture have developed since this scale was published in 2004. Despite the scale utilising terminology that is still commonly used (e.g., “gay and lesbian”; Bamberger & Farrow, 2021), some participants may find the terminology outdated and that it does not incorporate inclusive language (Huang et al., 2022). Furthermore, the scale fails to consider other advancements in sexual orientation and gender identity. For example, this scale does not consider transgender, gender non-conforming, and people with intersex traits, which have been documented as an important need to consider due to large gender-related inequalities in self-reported mental health outcomes (Watkinson et al., 2024). Some guidelines suggest utilising inclusive language in academic writing (Ashwell et al., 2023), and the CBMCS could benefit from being updated to include advancements in cultural understanding and terminology.

Social desirability

It should be noted that this is a self-report psychometric, this means that the test relies on the individuals’ own interpretations of their experiences, attitudes, and behaviours. Whilst this allows for a quicker and cheaper approach to research, there are also negative consequences to using self-report tests (Salters-Pedneault, 2023). It allows for inferences; one participant may interpret the question differently from another participant, they may find the rating scales restrictive and rely on an extreme or middle response, and the participants may not be able to assess themselves correctly (Demetriou et al., 2015). As a result, there is an increased risk of social-desirability bias; participants may be more likely to put a socially acceptable answer than the truth of their opinion. There is an increased risk of social desirability when talking about a “taboo” topic such as culture and race, participants may feel uncomfortable or judged if they were to give a truthful answer and

instead answer according to what they think the researcher wants to hear (Constantine & Ladany, 2000).

Social desirability was measured using the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). This is a 33-item scale used to assess a participant's need for social approval. It is reported that the four subscales did not correlate significantly with Marlowe and Crowne's social desirability scale. This suggests that the CBMCS is unlikely to be impacted by social desirability, which differs from previous self-report cultural competence scales (Gamst et al., 2004). Larson and Bradshaw (2017) systematically compared cultural competence scales and social desirability. They documented that the CBMCS was one of the six scales least sensitive to social desirability bias. Jones et al. (2013) recommended that questionnaires, such as the CBMCS, could be used as a framework to facilitate discussion and self-reflection to understand trainee skills and inform programme development. This is supported by York (2021), who documented the challenges of using self-report measures for cultural competence and recommended utilising measures such as the CBMCS in conjunction with coding manuals, evaluators and supervisors to compare reported practice with how others view an individual's practice.

Cultural variation

The CBMCS has been translated into Korean, which appears to have good reliability and validity (Lim & Kim, 2020). This suggests a level of robustness about the scale due to the questions being relevant to cultural competence across different cultures. However, the factor analysis supported a three-factor model instead of the original four factors: multicultural ability, multicultural knowledge, and multicultural awareness.

Furthermore, all of the studies that have used this psychometric have been predominately white female samples. This is suggestive that this psychometric may not be

generalisable across different gender and ethnic samples. Echeverri et al. (2011) conducted a confirmatory factor analysis on a modified version of the CBMCS. The original factor structure was not confirmed in this study, however, this could be due to this being a modified version of the tool with a different sample population. The sample consisted of pharmacy students, with only 17% identifying as white and 78% of the population identifying themselves as African American or Asian American, in comparison to the original CBMCS study, where the population consisted of 52% white participants. This could suggest that racial differences in the target population could impact the factor structure. Instead, a modified factor structure was developed with five factors, including an additional racial dynamics factor.

Appropriate norms

Normative data is data from a specific, defined sample of respondents. Kline (2000) reported that this includes the sample representativeness of the target population and the sample size, documenting that this needs to be at least 500 to ensure standard errors are reduced. Since its development, there have been a several studies that have utilised the CBMCS. However, the published data shows that the sample size of 500 has only been met once by Gamst et al. (2009). Thus, only normative data for mental health staff can be determined as 'good' in regard to its psychometric value. This scale has only been used once within a forensic professional population (York, 2021). Therefore, more research is needed to determine the applicability and generalisability to populations external to mental health professionals.

Comparisons with other measures

Within chapter two of this thesis, the most common psychometrics included the MAKSS (D'Andrea et al., 1993) and the multicultural environment inventory-revised (MEI-R;

Pope-Davis et al., 2000). The MEI-R is a 27-item self-report scale that was developed to assess students' perceptions of how well cultural issues are addressed in clinical training and the program climate. This measure does not explicitly measure cultural competence. Therefore, it cannot be used as a comparison measure for the CBMCS. As such, the MAKSS was chosen as a comparison measure.

The MAKSS development and initial validation report was not accessible. Therefore, the MAKSS-CE-R (Kim et al., 2003), an updated version, was compared to the CBMCS. The MAKSS-CE-R is a 33-item self-report scale developed to measure the three domains of competence, as Sue (2001) proposed for a counselling professional population. The MAKSS-CE-R has three subscales: knowledge, awareness and skill. The MAKSS-CE-R demonstrates some better attributes than the CBMCS; the Cronbach's alpha scores across each subscale (.71 for the Awareness-R subscale, .85 for the Knowledge-R subscale and .87 for the Skills-R subscale). Furthermore, this scale was also normed on a larger ethnic population, which may increase its generalisability, although there was still an overrepresentation of female participants. This suggests that alternative measures to the CBMCS may also be more appropriate for measuring psychology and mental health professionals. However, accessibility to psychometrics should be taken into account; whilst the initial development and validation report for the MAKSS-CE-R was available, the actual scale was not easily accessible. This is a limitation as a lack of accessibility impacts valid and reliable scales being used within cultural competence research.

Discussion

This chapter aimed to critically review the psychometric properties of the CBMCS, a 21-item self-report measure of cultural competence. The CBMCS was developed because Gamst et al. (2004) noticed a lack of consistency in cultural competence measures,

especially regarding measuring training. The review highlights good evidence for some aspects of the CBMCS validity, particularly construct validity, where most of the subscales align with Sue's (2001) concept of cultural competence. However, this psychometric has some limitations; for example, to the author's knowledge limited published research documents the CBMCS's test-retest reliability. These limitations impact the reliability of the psychometric and whether it accurately measures cultural competence each time and in different conditions.

Whilst the CBMCS was translated for use in South Korea (Lim & Kim, 2020), future research looking at the differences between cultures in relation to the cultural competence of health professionals using the CBMCS will provide more insight into its psychometric properties within these samples and provide evidence about its external validity. This is reinforced by the CBMCS being normed on a predominantly white population; as Echeverri et al. (2011) highlighted, the factor structure could be impacted by racial differences. Furthermore, this research has only been used in one study on forensic evaluators. Further research focusing on a variety of demographics and settings would be beneficial, specifically forensic settings.

Gamst et al. (2004) introduced a new factor that addressed various cultural contexts, such as socioeconomic status, a development from previous cultural competence measures. However, it was noted that this is likely now outdated, and an updated measure could be developed to incorporate cultural developments, such as considerations for LGBTQ+, including transgender and non-binary individuals. Further areas that could be addressed within an updated CBMCS include the impact of individuals' personalities; scores may be impacted by one's lack of awareness and arrogance rather than actual ability (Gozu et al., 2007). Whilst the CBMCS measured for social desirability, alternative approaches such as

using the CBMCS as a framework for qualitative approaches (Jones et al., 2016) or using “expert raters” to compare scores with the counsellor's self-reported scores (Kim, 2003), would offer a more accurate understanding of the counsellor's culture competence.

It should be noted that this scale focuses on cultural competence. The definition of cultural competence has expanded to consider cultural sensitivity and humility (Greene-Moton & Minkler, 2019). The CBMCS may be valuable for measuring cultural competency; however, depending on the context, other tools might offer advantages. A comprehensive comparison and understanding of other tools are necessary to select the most appropriate one, thus, a further review that focuses on this may be helpful.

Conclusion

Overall, the CBMCS has the potential to effectively measure cultural competence in health care professionals. However, it could benefit from updating the language, being normed on a wider ethnic population, and ensuring test-retest reliability. Furthermore, it could be used alongside an in-depth interview to gain an increased understanding of professionals' competence and reduce the risk of social desirability. Additional research is needed about cultural competence measures for psychologists and mental health professionals to determine the most valid and reliable tool.

As documented, the CBMCS was chosen for this thesis due to its ability to manage for social desirability and psychometric length. It is documented as the best scale to measure cultural competence and training (Larson & Bradshaw, 2017), from the scales that were accessible. This scale was developed using the Marlowe-Crowne social desirability scale (Crowne & Marlowe, 1960).

Furthermore, the CBMCS only has 21 items compared to other, much longer psychometrics discussed in this critique. This means that it is more user-friendly and quicker to complete. Furthermore, this was an easily accessible tool compared to other appropriate psychometrics that did not have their questionnaires or development reports available. These features made it the most practical and appropriate tool for this research compared to longer or less accessible alternatives.

Chapter Six: Discussion

Overview

Cultural competence is essential to the work of psychologists, particularly Forensic Psychologists, due to the increase in ethnic minorities engaging in and being sentenced for criminal activities (House of Commons Library, 2020), as demonstrated in this thesis's introduction. A lack of cultural competence may reduce client engagement and potentially increase the risk of implicit and explicit bias, which could result in unethical practice (Day et al., 2022). Furthermore, guidance from the Health and Care Professionals Council (HCPC; 2023; 2024) and the British Psychological Society (BPS; 2021) document the importance of considering culture within psychological practice.

Throughout this thesis, cultural competence has been defined using Sue's (2001) tripartite model, which considers cultural knowledge, attitudes/beliefs and skills. One way to develop cultural competence is through cultural training (Shepherd et al., 2019). However, it is reported that training for UK healthcare professionals is inadequate, and having a dedicated diversity syllabus is important to ensure that trainees acquire appropriate skills for practice (Bentley et al., 2008). This thesis looks at Forensic Psychologists' cultural competence and experiences of cultural training.

The following broad research objectives were explored:

- 1) To explore psychologists' perceptions, needs and satisfaction with their current cultural competence training (Chapter two – systematic review)

- 2) To explore whether Forensic Psychologists receive cultural training, and whether satisfaction with the quality and quantity of this training has an impact on cultural competence and its development (Chapter three – quantitative study)
- 3) To explore how Forensic Psychologists' experiences of training prepare them for culturally competent practice (Chapter four – qualitative study)
- 4) To explore how cultural competence is currently measured (Chapter five – psychometric critique)

Four chapters consisting of interrelated pieces of work were undertaken to investigate these objectives. A systematic review explored current literature on cultural training and psychologists' and psychology students' needs, perceptions and satisfactions. Conclusions highlighted a limited focus on cultural training within psychology training programmes and no research on forensic psychology training. As a result, a quantitative study was conducted to determine Forensic Psychologist's self-reported cultural competence and satisfaction with the quality and quantity of the training they received, pre- and post-qualification. A qualitative study was also conducted to determine Forensic Psychologists' training experiences, considering challenges and success in developing cultural competence. Finally, a measure of cultural competence was critically evaluated in chapter five. The findings of this thesis contribute to the existing field of cultural competence literature within psychology, offering implications for future practice and research.

Chapter two presented a systematic literature review aimed at exploring current literature on psychology and cultural training. Seven databases were searched, alongside manual screening, from which 12 studies were extracted and included in the review. The

quality scores indicated that, on average, the research was of good quality ($M = 79.8\%$). The included studies focused on the needs, satisfaction, and perceptions of psychologists and psychology students' cultural training. The findings were analysed using a narrative synthesis, which led to six themes: training sufficiency, cultural topics, training styles, discussions with peers, student perceptions of staff, and personal development.

Training sufficiency demonstrated a lack of cultural training within psychology programmes, and culture was deemed a supplementary topic despite students' determination of it as important. This is linked to the second theme of cultural topics, demonstrating that cultural training that is offered often focuses on race/ethnicity, gender, and sexual orientation with limited training considering other cultural topics. This theme aligns with the literature on mental health professionals, where a systematic review highlighted that curricula were less focused on cultural categories, including religion, immigration status and socioeconomic status (Chu et al., 2022).

Training styles, discussions with peers and student perceptions of staff were also themes derived from chapter two's literature review. Results aligned with a previous systematic review, which demonstrated the value of having a variety of training styles, including cultural immersion and didactic approaches, to ensure the inclusion of both skills-based training and increased knowledge through formal structured training (Benuto et al., 2018). However, there is also evidence for challenges in applying various training styles, demonstrated through 'discussions with peers', which highlighted discomfort, anger and shame when discussing culture in class. Furthermore, 'perceptions of staff' highlighted students feeling unsupported by staff or perceiving staff to lack knowledge about culture, further exacerbating a sense of feeling unsafe discussing culture. These themes demonstrate

that it is necessary to understand further what psychologists perceive as helpful training approaches to improve their cultural competence.

Finally, personal development was identified as a theme in chapter two. This emphasised the need for psychologists to feel confident in their ability to engage in cultural competence, which could be developed through increased self-awareness of their own biases and assumptions.

Overall, chapter two emphasised varying perceptions and satisfaction with current cultural training in psychology curricula. This review concludes that a lack of focus on cultural training results in a need to improve training and opportunities for psychologists to develop their knowledge, skills, awareness and confidence in working with clients from different cultures. Chapter two also emphasised a need for more research from varying psychological fields, particularly highlighting that there is no research in forensic psychology.

The conclusions from chapter two, informed the development of an empirical study to examine Forensic Psychologists' perceived satisfaction with the cultural training they had received compared with their self-reported cultural competence. Using a cross-sectional quantitative approach, 95 Forensic Psychologists completed an online survey using the California Brief Multicultural scale (CBMCS; Gamst et al., 2004) and questions about their perceived satisfaction with their cultural training both before and after qualification.

The CBMCS has four subscales: multicultural knowledge, awareness of multicultural barriers, sensitivity and responsiveness to consumers and non-ethnic ability. Subscales are aligned with Sue's (2001) tripartite model: attitudes/beliefs, knowledge and skills. These subscales were compared to satisfaction levels to determine whether there was a significant

relationship between cultural competence factors and satisfaction with training. One hypothesis was accepted due to there being some evidence that perceived satisfaction with quality and quantity predicated non-ethnic ability and knowledge. This could suggest that combined training contributes to the development of these subscales. This is partially supported by some research which suggested that training improved cultural knowledge but left participants uncertain about how to put the knowledge into practice with clinical skills (Benuto et al., 2019; Champagne, 2021). Interestingly, these results differ from other research, highlighting a need for training to focus on cultural attitudes compared to knowledge and skills (Chu et al., 2022). This difference may be due to the first two studies focusing on psychologists, whereas Chu et al. (2022) studied mental health providers.

In addition, the results in chapter three show no individual relationship between satisfaction with the quality and quantity before and after training and the cultural competence subscales. Instead, the results highlight that other factors external to training may impact cultural competence. This aligns with other research, which suggests that opportunities external to training, such as supervision and exploration of personal biases, can contribute to satisfaction with the quality and quantity of cultural training (Benuto et al., 2019).

The results of this quantitative study reported that, on average, Forensic Psychologists were 'dissatisfied' with the cultural training they had received pre-qualification and reported being between "dissatisfied" and "neither satisfied nor dissatisfied" after qualification. This differs from previous research, for example, Benuto (2019) reported that 81% of participants were satisfied or very satisfied with the quality of cultural training, and 80% were "satisfied" or "very satisfied" with the quantity of cultural training. However, this study was conducted

in America which could explain the differences. Within a different study on forensic evaluators, the training was perceived as “good” to “fair” (Kois & Chauhan, 2016). Additionally, qualitative studies documented in chapter two reported that a shortage of attention was paid to cultural training and a lack of training in graduate programmes (Anderson, 2019). This demonstrates discrepancies between psychology fields and quantitative and qualitative research, demonstrating the value of a mixed methods approach.

A qualitative study (chapter four) was conducted to examine the results of chapter three further. This complements the results of the quantitative study by offering the opportunity to further examine the factors external to training that could contribute to the satisfaction of cultural training, as well as consider some of the challenges for cultural training and cultural competence development for Forensic Psychologists. A qualitative approach addresses gaps in the quantitative findings, for example further examining training opportunities that participants received and found valuable, rather than a general overview of satisfaction. Additionally, as documented in the introduction to this thesis, it is recommended that qualitative approaches are also important when analysing and understanding cultural competence due to the impact of personal bias and social desirability (Larson & Bradshaw, 2017; Jones et al., 2013).

Within chapter four, 10 Forensic Psychologists engaged in online semi-structured interviews. The data was analysed using an exploratory qualitative approach using thematic analysis informed by critical realism. Four themes and eleven subthemes were generated from the data: didactic training, learning from others, self-directed learning, and barriers to culturally competent practice.

The didactic training theme demonstrated limited opportunities for training, explicitly focused on cultural competence. This theme also suggested that Forensic Psychologists who receive didactic training expressed a need for more experience, knowledge, and skill to apply this training to practice. Overall, this theme demonstrates that whilst didactic training is important, participants suggested there was more value in engaging in other training styles, including experiential learning and talking to others. This theme correlates with chapter two, as well as additional research which also documented limited cultural training opportunities and a need for alternative training styles (Graf, 2004; Park & Safer, 2018).

The second theme was 'learning from others', which incorporated discussion and reflective spaces, exposure to different cultures, talking to clients, and momentum from others. This theme links to the systematic review in chapter two, which, on the one hand, documented the value of personal interest and learning from the experiences of others; but, on the other hand, documented the challenges of classroom discussion within the 'discussion with peers' theme. Chapter four focused on the benefits of discussions and reflective practice spaces as a way of learning from others rather than focusing on their own assumptions. It was also suggested that these spaces are comfortable due to the importance of reflection within Forensic Psychologists' training, which differed from chapter two. This may be due to the papers in chapter two largely utilising a clinical/counselling psychology population. It should be noted that research supporting "learning from others" highlights this factor to improve psychologists' empathy and acknowledgement of power and privilege (Murray-Garcia et al., 2005; Pettigrew & Tropp, 2008). This thesis did not identify this; however, comparing this theme to research demonstrates the value of conducting a more in-depth study to

understand why 'learning from others' is identified as important for Forensic Psychologists. This depth could be addressed more in future research.

The third theme, self-directed learning, focused on participants feeling they must consciously choose to develop and implement their cultural competence. This theme highlighted participants actively seeking their learning, for example, through mass media and research. Independent learning was less frequently cited in chapter two and within research. This is possibly due to differences in forensic psychology doctoral programmes compared to other psychology fields. However, it highlights a need for further research in this area as it may be that other articles did not consider self-directed learning to be important when assessing cultural training.

A subtheme in self-directed learning was 'awareness of my own culture'. This largely links to chapter two, where the theme of personal development highlighted the importance of self-awareness; having more knowledge of their own biases was important to be able to provide culturally competent service. Awareness links directly to the attitudes and beliefs factors of Sue's (2001) tripartite model, and Sue et al. (2022) document awareness to be the first step to becoming culturally competent, demonstrating its importance. Chapter three demonstrated no statistically significant links between this subscale and quality/quantity of training. While chapters two and four highlight the importance of awareness, thus factors external to training might relate to its development. Previous research has reported that forensic evaluators often lacked recognition of their own bias (Zappala et al., 2018). This differs from chapter four, which demonstrates that participants were reflective and considered the importance of being aware of their own biases. This may be due to previous research focusing on forensic evaluators rather than Forensic Psychologists. This thought is

demonstrated by participants in chapter four, highlighting that their course prepared them to be reflective. This emphasises the importance of researching this particular population, rather than grouping forensic evaluators as previous research has done.

The final subtheme for chapter four was 'barriers to culturally competent practice'. Again, this theme is related to chapter two; the 'fear of saying something wrong' links to experiences of shame documented in group discussions, which was supported by research in chapter two. However, this thesis considered whether there was a difference depending on an individual's cultural background which was not documented in chapter two. Due to this thesis largely having a homogenous sample, further research is needed to support this result.

'Staff all one culture' highlights the lack of staff knowledge or training in culture, resulting in a lack of enthusiasm or avoidance of the topic in education. Again, this is supported in chapter two, which demonstrates that staff will often avoid diverse topics and rely on students from an ethnic minority to share their experiences. Although one study (Gregus et al., 2020) in chapter two reported that staff avoided participating in cultural activities and students felt unsupported, other students reported feeling safe talking about diversity without fear of retribution and feeling that staff listened. It is uncertain why this difference arose, although it may be because this study focused on perceptions of the quality of the programme's climate and cultural training rather than explicitly cultural training.

The 'gap in training' links to a lack of satisfaction with the current training. This was not supported by some research which suggested that Clinical and Counselling Psychologists perceived their training to be of good quality and quantity (Benuto et al., 2019). However, other research deposits that psychology neglects diversity, resulting in psychologists having

no information to guide their training and practice (Geerling, 2018). This is also documented in research on forensic evaluators, which reported a shortage of cultural training (Kois & Chauhan, 2016).

The 'practical barriers' subtheme has had limited focus in previous research. A separate study has supported the practical barriers discussed in chapter four (Fanniff et al., 2022). This study focused on the forensic population, which could suggest that barriers to cultural competence differ across psychological fields. A specific example of this is the impact of risk; chapter four highlighted that risk is a key component in Forensic Psychologist practice and can be a priority. As a result, discussions on culture can become secondary.

Overall, chapter three suggested that factors external to training may contribute to improving satisfaction with the quality and quantity of training and increased cultural competence. Meanwhile, chapter four offers insight into these possible external factors that could contribute to increasing the development of cultural competence. Furthermore, chapter four demonstrates the barriers to culturally competent practices, specifically in forensic psychology, some of which differ from other psychological fields. This adds to the current field of research on cultural competence and cultural training within psychology.

Finally, the CBMCS was reviewed and critiqued in chapter five. This psychometric was chosen because it is used in chapter three of this thesis, and its development is specifically related to cultural training and competence. This chapter highlights evidence for the validity of the CBMCS. Although, there were some limitations to the psychometric reliability, particularly due to the lack of published research documenting the test-retest reliability. Three subscales align with the literature on cultural competence, and a new factor ensures

that a larger variety of cultural contexts are addressed. Recommendations for developing the CBMCS included updating some of the outdated language and cultural contexts. The conclusions of this review determined that cultural competence is best measured using a variety of approaches; Jones et al. (2016) suggested that the CBMCS could be used as a framework work for qualitative approaches rather than standalone measures. This further supports this thesis' use of both qualitative and quantitative approaches.

Theoretical considerations

This thesis has utilised Sue's (2001) tripartite model. Throughout this thesis, it is demonstrated that the three factors of knowledge, attitudes/beliefs and skill are directly linked to the findings of this thesis. For example, chapter four documents awareness as a specific theme. This chapter highlights that participants felt they had the knowledge but were uncertain about the ability to practically use it, suggesting they did not feel they had the appropriate skills. Skills was a particular component that Forensic Psychologists wanted to focus more on within their education. Furthermore, this chapter also highlights that awareness was regarded as crucial to ensure Forensic Psychologists challenged biases and improved their understanding and efficacy when working with individuals from diverse cultures.

However, portions of this thesis suggest other factors are also applicable in addition to the tripartite model. For example, in chapter two, it was highlighted in some of the studies that participants felt they had an increase in competence but not confidence. This links with Arruzza and Chau (2021) who considered confidence as an additional factor to the tripartite model. Furthermore, chapter five documents that definitions of cultural competence have

expanded to consider other areas, such as cultural sensitivity and cultural humility (Greene-Moton & Minkler, 2019). It is suggestive that cultural competence is unachievable and, if not achieved, implies that an individual must be incompetent. This idea is supported by the results in chapters two and four, in which participants felt it was almost impossible to be culturally competent. Greene-Moton and Minkler (2019) considered whether 'cultural humility' and 'cultural competence' should be used jointly, aiming for expertise in understanding and working with different cultures (cultural competence), whilst also recognising that culture is a vast topic that individuals will constantly be learning about. Thus, they should recognise limits in their knowledge and strive to expand their awareness and self-reflection (cultural humility).

This research thesis has also focused on the provider level of the tripartite model. Chapter four highlights that research should examine how larger systems can more widely impact cultural identity. This may be especially effective within a forensic population due to the impact of the expectations of the criminal justice system, which results in practical barriers to cultural competence (chapter four). This is demonstrated by Sue et al. (2009), who consider that cultural competence encompasses three levels: provider and treatment level, institutional level, and systems level. Thus, this thesis supports the importance of the three levels and considering the impact of inequalities within the wider system, particularly within a forensic setting.

Furthermore, this thesis considers other theoretical frameworks, including the 'intergroup contact hypothesis' (Pettigrew & Tropp, 2011) and the implicit bias theory (Greenwald & Krieger, 2006). The 'intergroup contact hypothesis' suggests that direct contact between minority and majority groups is effective for reducing prejudice and

implicit bias (Pettigrew & Tropp, 2011). Within this thesis, it is suggested that Forensic Psychologists find value in working with and learning from individuals from cultures different from their own. It is proposed that meaningful intergroup contact, which considers equal status between the groups within the situation, common goals, cooperation between the groups, and authority sanction for the contact (Paluck et al., 2019), is important to ensure that contact with individuals from different cultures is effective (Pettigrew & Tropp, 2011). Although this was not explicitly explored within this thesis, it is documented that Forensic Psychologists found value in working with staff and clients who come from different cultures. This suggests that equal status may not be crucial to reducing cultural bias through intergroup contact. This is supported by Pettigrew et al. (2006) who suggests that it is not essential to have the set conditions for this theory to be effective. However, this theory does reinforce the importance of Forensic Psychologists having opportunities, both during their training and within their workplace, to engage with individuals from different cultures. The incorporation of this theory also highlights that education is not the only way to improve an individual's cultural competence.

Furthermore, the 'intergroup contact hypothesis' highlights the value of friendships and intimate relationships to be able to improve intergroup attitudes (Pettigrew & Tropp, 2006; Davies et al., 2011). Although, it is noted that spending time with and self-disclosing with outgroup friends has a greater impact on improved intergroup attitudes. This is linked to 'actual engagement' and links to an increase in trust which, in turn, generalise to others in the wider outgroup (Davies et al., 2011). Within this thesis, it was highlighted that value of discussion and reflective spaces and exposure to individuals from different backgrounds (chapter four). This links with the theoretical considerations about the value of these interactions. Thus, this reinforces that literature on the intergroup contact hypothesis is

similar to the results identified within this research thesis. Although, it is highlighted that individuals who have higher levels of prejudice may be less likely to actively engage in cross-group relationships. Furthermore, fear, miscommunication and misunderstandings can be barriers to intergroup contact hypothesis. These are similar to the barriers identified within this thesis. However, it is suggested that cross-group interactions may still occur for reasons other than forming friendships, which can then, over time, alleviate some of these fears (Davies et al., 2011). It is highlighted that this is a gradual process (Davies et al., 2011) and positive experiences in cross-group relationships can reduce anxiety and threat, which in turn, reduces prejudice (Pettigrew & Tropp, 2006). Suggesting that even with barriers to cultural competence, 'intergroup contact hypothesis' can still be effective.

Implicit bias theory (Greenwald & Kriger, 2006) has also been considered throughout this thesis, particularly in chapter four, which links to the theme 'learning from others' as an approach that may help reduce implicit bias among Forensic Psychologists. It is documented that implicit bias likely impacts decision-making within the criminal justice system (Kang et al., 2011), and an awareness of this theory can highlight the value of researching and developing an understanding of cultural competence. However, implicit bias alone is insufficient without structural and systemic changes. It is highlighted that further research is needed to understand the impact of implicit bias theory upon working with individuals with mental health needs and considerations on how to manage these difficulties in practice (Merino et al., 2018).

Overall, there is value in combining these theoretical frameworks to provide a strategy for addressing cultural bias and enhancing cultural competence among Forensic Psychologists. The 'intergroup contact hypothesis' (Pettigrew & Tropp, 2011) promotes the

value of meaningful interaction to increase cultural competence and reduce prejudice. The implicit bias theory (Greenwald & Krieger, 2006) helps explain unconscious barriers that may be present, leading to inequality and unfairness. Finally, Sue et al.'s (2001) model offers a structure for approaching the development of cultural competence, providing a useful foundation for the learning and development of this competence. Integrating these theories can help to reduce discrimination and foster culturally responsive professionals.

While a helpful theoretical foundation exists for considering cultural competence, further adaptations may also be beneficial. This thesis highlights additional contributions to the theoretical framework, including factors such as fear serving as a barrier to cultural competence, and the recognition that awareness alone is insufficient. Thus, the value of skills and confidence in discussing differences, as well as an eagerness to learn, could be incorporated within the theoretical framework. Thus, it may be helpful for these cultural competence models to be developed or combined to ensure these additional factors are captured within the cultural competence theoretical framework.

Limitations of this thesis

This thesis has added to an important area of forensic psychology research by providing insight into cultural training and cultural competence development. However, this thesis has limitations, which have been documented throughout each chapter. In chapter two, the studies were from Clinical, Counselling and Educational psychologists. Furthermore, the demographics within these studies largely used white female participants, which limits the generalisability of the research. A similar limitation arose in chapter three, where, again, the majority of participants were white females. Whilst this study attempted to compare the

impact of ethnicity, the results of this analysis were likely impacted by the limited number of individuals from an ethnic minority group. In addition to this, the study in chapter three was unable to moderate for gender due to the majority of the participants being female. Chapter four was also a predominately white female sample, thus, the sample's homogeneity should be considered a limitation when generalising results to a wider population of Forensic Psychologists. Consequently, the results of this thesis can only be applied to a white female population.

Chapters three and four and several of the studies in chapter two utilised self-report approaches. This offers a limitation due to perceived cultural competence potentially being impacted by social desirability (Jones et al., 2013). This was managed by utilising a mixed methods approach. However, this limitation should be considered when understanding the results of this thesis, as the results may not accurately represent the reality of an individual's practical application of their knowledge and skills. Although, Bandura (1986) reported that perceptions might be better predictors of future behaviour as self-perceptions are more directly linked to what people do with their knowledge and skills.

An ongoing limitation is the definition of cultural competence. This thesis focused on Sue's (2001) tripartite model due to it being one of the most cited and frequently discussed models. It has also been used for the accreditation of diversity-related course syllabi (Pieterse et al., 2009). Chapter two linked to awareness, knowledge and skills which were considered throughout the themes identified in that narrative synthesis. Similarly, chapter four addressed the tripartite model, highlighting areas of this model that needed to be developed. In chapter five, cultural competence was defined within the measurement tool being critiqued, which also included the tripartite model. However, there are a number of other

models that could have been used. Furthermore, suggestions of alternatives to cultural competence should be considered, including 'cultural humility'. This should be considered in future research.

Implications for clinical practice and future research

As highlighted, limited research considers the impact of cultural training and Forensic Psychologists' engagement in culturally competent practice despite this being crucial to their role. Therefore, understanding the current opportunities for Forensic Psychologists' training and the success and challenges of cultural competence practice is critical to ensure that Forensic Psychologists meet their required standards and support individuals from various cultural backgrounds. This thesis aims to add to the knowledge base on the training experiences and cultural competence of Forensic Psychologists, with the hope that their findings can be utilised within clinical practice and education.

The conclusions from this thesis should be disseminated to forensic psychology programmes and services that Forensic Psychologists work for (e.g., the Criminal Justice System and the National Health Service). This thesis has demonstrated that there are several barriers to learning about and engaging in culturally competent practice; thus, it is important that the information is disseminated appropriately.

The findings of the systematic literature review demonstrate additional areas that need to be addressed across psychological fields to improve cultural competence. It also highlights a need for further research within a UK population and psychology fields that differ from clinical and counselling psychology. It highlights that the knowledge, motivation, and diversity of faculty in psychology programmes and those of budding psychologists must be

addressed. The results of the systematic review and the qualitative study highlight a need to focus on recruiting and retaining staff from various cultural backgrounds; chapter four documents that opportunities to learn from individuals from different cultures benefit their learning and development.

This thesis's empirical study (chapter three) demonstrates the perceived reduced quality and quantity of the training offered, specifically in forensic psychology, therefore demonstrating a need to focus directly on improving current curricula. Chapter four offers ideas about achieving this, such as cultural immersion, didactic training and discussions. However, this research has highlighted that there are not always opportunities within education, expert knowledge and experiences, a safe environment or time to learn and engage in culturally competent practice. It is recommended that more cultural training should be incorporated in forensic psychology training programmes, before qualification. It also highlights the importance of curricula focusing on opportunities for discussion and reflection, with participants expressing a desire for skills-based training.

The findings of the systematic review highlight the need to expand current cultural training that is being offered, to incorporate an increased breadth of cultural topics. Additionally, chapter two and the research in this thesis demonstrated in chapters three and four, highlight that cultural competence is not considered a priority. There is a need for cultural training to be embedded throughout training programmes, ensuring there is adequate time and resources for this training to be implemented. This research has highlighted that cultural competence is ongoing, and psychologists must be supported to have the time and resources to continue their cultural learning after qualification. Thus, it is important for services to offer substantial time for continued professional development,

focusing on cultural competence both pre- and post-qualification. This is due to a barrier often being a lack of time and resources, especially in environments that are promoting a risk focused approach.

Finally, it may be helpful to consider measuring cultural competence of psychologists throughout their learning to ensure this is being embedded appropriately within curricula. Chapter five may be able to direct educational programmes to the best measurement tool to assess this, potentially through the use of a self-report tool, as well as expert ratings or qualitative approaches (Jones et al., 2013).

Overall, this thesis documents a need for increased cultural training within forensic psychology training programmes, a focus on a breadth of topics, and training styles that contribute to the implementation of knowledge, attitudes and beliefs as well as skills. Cultural training must be viewed as a priority rather than supplementary information and incorporated into all areas of a Forensic Psychologist's practice. Within services, there should be a momentum to consider culture regularly in practice and have the time to engage in independent learning. It is important to note that when these things are achieved, they can lead to increased awareness of personal bias, increased perceived competence and reduced avoidance of discussing culture. As a result, increasing confidence and improved clinical skills (Arruzza & Chau, 2021).

Additionally, forensic organisations need to ensure there is specific time and resources to allow staff to read, discuss and attend training related to cultural competence practice. Cultural learning and development must be seen as a priority. These opportunities should encompass all areas of Sue et al.'s (2001) tripartite model, offering staff opportunities to

develop their own understanding of their own culture and biases. This could be through reflective practice and supervision spaces. Knowledge should be distributed through mandatory training that is frequently repeated to ensure staff are continuously educated on changes in cultural learning. Staff should be given the opportunity to practice engaging with individuals from different cultures to improve their skills in this area. When considering the contact hypothesis (Pettigrew & Tropp, 2011), it would also be helpful for staff to have the opportunity to interact with individuals from different cultures than their own. This should occur when there is not a power imbalance (eg prisoner compared to a staff member). Instead these interactions should occur on equal grounds. Forensic organisations could manage this by focusing on recruitment for individuals from cultural minorities. Furthermore, it is important that there are systemic changes within forensic organisations, rather than just focusing on individual practice. Further research is needed to consider the best approaches to address the systemic challenges within forensic organisations.

Cultural competence needs to be considered a priority despite other important factors within a Forensic Psychologist's job role, such as the consideration of risk. Chapter four discussed the difficulties in achieving cultural competence, as risk often takes precedence. Therefore, Forensic Psychologists need to be provided with adequate time to enhance their knowledge and skills in working with diverse cultures. There should be opportunities for discussion and reflection (as discussed in chapter four) to learn about reconciling risk and cultural competence. Additionally, this would provide individuals with the opportunity to discuss any challenging experiences related to the complexities of balancing risk and cultural considerations.

Forensic psychologists should be encouraged to consider cultural competence in all aspects of their practice. This includes conducting risk assessments and using risk assessment tools, as some assessments may be inappropriate for ethnic minorities (Day et al., 2022), or the results may be influenced by an individual's culturally subjective interpretation (Hogue & Dernevik, 2022). An increased understanding of a client's culture and the ability to consider this when assessing risk can aid in creating an accurate formulation of the individual. Therefore, within assessments, it is also beneficial to consider how culture may influence an individual's risk. This can be achieved by considering the impacts of cultural norms linked to authority, eye contact, and visual cues, as some examples. This may reduce misinterpretations of an individual's risk.

Forensic psychologists should also consider their own biases when conducting risk assessments. When assessing an individual from a different cultural background than the assessor, professionals may demonstrate a Western stereotype which could result in professionals villainising individuals from a different culture to their own (Day et al., 2022). Therefore, it is important for Forensic Psychologists to actively consider how their own culture may impact their interpretation of risk.

Finally, Forensic Psychologists should be encouraged to consider the implications of this research and have an awareness of the challenges of working within a system where cultural bias is ingrained. Chapter four considers the potential systemic issues within the criminal justice system that may foster a culture of cultural bias. This is supported by Kang et al. (2011) who spoke about how implicit bias can inform decision-making within the CJS. It is possible that these environments normalise one culture (often Westernised), leading to discrimination and bias. It is important for Forensic Psychologists to be mindful of this possibility and

recognise that they may be working in a system where cultural bias is deeply ingrained. Awareness of these challenges is crucial, and Forensic Psychologists should be encouraged to apply the implications within this thesis to their practice to ensure cultural considerations are integrated into every aspect of their work. However, cultural bias in forensic settings is likely a systematic issue that extends beyond individual practitioners. Further research with other professionals working in the criminal justice system would be beneficial to gain a deeper insight into this culture of cultural bias and identify effective strategies to address this.

To summarise, these are some ways educational programmes and services that Forensic Psychologists work in could adapt their focus to increase cultural competence:

- Cultural training, focusing on reflective spaces and skill building, including learning from individuals from a different culture, must be embedded throughout undergraduate and graduate programmes to improve the forensic psychology curriculum (chapter two, three and four).
- Training programmes should encourage opportunities for reflection about an individual's own culture and how that may impact their engagement with clients from different cultural groups. This could be through structured reflective spaces (chapter two and four).
- There should be opportunities for students and those in a qualified role to critically reflect on culture in all aspects of their practice. For example, formulation, evidence base for theories and models, considering the impact of culture when choosing a risk assessment or psychometrics (chapter four).
- Training should cover a broader range of cultural topics, beyond ethnicity and race, such as socioeconomic status and neurodiversity (chapter two and four).

- Training programmes should focus on increasing recruitment of faculty from diverse cultural backgrounds to enable more opportunities for students to learn from individuals that may have a different cultural background to their own (chapter two and four).
- There should be support through continuing professional development (CPD) opportunities to ensure continued cultural competence development in practice (chapter three and four).
- Training programmes and forensic services should use tools like CBMCS to measure cultural competence but combine them with qualitative methods for better assessment (chapter five).
- There should be protected time for those in a qualified role to be able to research risk assessment tools and violence/offending behaviour and different cultures. This will enable Forensic Psychologists to have the appropriate knowledge to reduce misinterpretations of risk and ensure the appropriate tools are being used (Chapter four).

The findings and conclusions throughout this thesis provide some suggestions for future research. Future research would benefit from a broader sample, including individuals from various cultural backgrounds considering gender, race/ethnicity, sexuality, etc. Secondly, the quantitative study was cross-sectional. Thus, future research may benefit from a longitudinal design that considers developments throughout a psychologist's training. This would help track changes in cultural competence over time, providing insights into how training, reflective practices and other interventions impact cultural competence development. Whilst also exploring the progression and long-term effects of these factors

This current thesis focuses on qualified Forensic Psychologists. As such, it may be beneficial to consider students' perspectives during training rather than retrospectively. This could include expert ratings to manage for social desirability in self-report studies. Additionally, it could be helpful to consider the perspectives of psychology faculty to examine whether they influence cultural training. This could be assessed by measuring the perceived cultural competence of faculty, compared to whether psychology students perceive the faculty as culturally competent. This could also be expanded to include whether individuals who facilitate training on cultural competence (or even other training that considers aspects of cultural competence, such as training in specific therapeutic models) and training providers perceive themselves as culturally competent. This is relevant as results throughout this thesis have considered faculty and training providers to lack cultural competence, which can, in turn, impact students' learning. Thus, having a greater understanding of faculty knowledge could highlight whether there are any limitations within faculty education that could impact students learning.

This could be further expanded to look at services that Forensic Psychologists work in to examine the opportunities and barriers for culturally competent practice, such as the prioritisation of which has been documented in chapter four to hinder culturally competent practices. This would expand cultural competence research with Forensic Psychologists from focusing on the provider level to also considering the institutional and systems levels (Sue et al., 2009). Furthermore, statistical analysis could also consider the different training styles to help determine what participants perceive as most beneficial rather than focusing on training more broadly.

It may also be beneficial for future research to consider clients' perspectives on whether they perceive Forensic Psychologists as more effective depending on their cultural competence. This could involve assessing client satisfaction to determine whether the self-reported cultural competence of Forensic Psychologists enhances client satisfaction. This could be compared to expert ratings to ascertain whether perceived cultural competence has a greater impact, or whether professionally assessed cultural competence has a more significant effect on client satisfaction. This would help highlight the value of cultural competence in relation to client satisfaction; however, it will also illustrate whether there is a difference between self-reported cultural competence and 'actual' cultural competence, as determined by expert ratings.

Furthermore, it would also be helpful for further research to consider other staff working in forensic settings. Whilst this research has focused on Forensic Psychologists, the introduction to this thesis highlights the increased number of minority groups known to the criminal justice system. This highlights the importance of the wider forensic staff considering cultural competence in their practice. This research could initially follow a similar structure to this thesis, considering other professionals working in forensic settings as participants. This could include operational roles (prison officers), non-operational roles (healthcare, psychology, chaplaincy) and probation officers.

Conclusion

Cultural competence is important in forensic psychology due to the increasingly diverse populations; for example, ethnic minorities appear to be overrepresented compared to white groups within the CJS (House of Commons Library, 2020). Despite, this it is suggested that current psychological approaches are related to a "white" epistemology and often do not

consider the person and their lived experiences during assessment and treatment (Bansal et al., 2022). This is demonstrated across various cultural areas; for example, individuals with neurodiversity needs experience barriers due to therapist' lack of knowledge or an "unwillingness" to tailor their approaches to the needs of the client (Adams & Young, 2021). Furthermore, it is suggested that therapists who are unable to consider cultural contexts are more likely to apply heteronormative assumptions, which may not be appropriate for the clients they are working with (Bishop et al., 2022). These findings demonstrate the importance of cultural competence within Forensic Psychologists. However, no research has considered how Forensic Psychologists develop and engage in cultural competence practice. Thus, the aim of this thesis was to add to the current understanding of psychologist cultural competence training due to a gap in the research with a focus on Forensic Psychologists.

Due to a lack of research both within the UK and focusing on a Forensic Psychologist population, this thesis explored a UK sample of Forensic Psychologists. This thesis used four main research objectives to explore Forensic Psychologist' current experiences of cultural training, satisfaction with training and how this training prepares them for culturally competent practice. As well as considering valid and reliable tools for measuring cultural competence. To achieve this, this thesis systematically reviewed the literature to create a foundation understanding of psychologists' experiences of cultural training. Then, the thesis expanded on this to focus on Forensic Psychologists' satisfaction with their cultural training and the link between training and cultural competence. Thirdly, the thesis expanded on these results to determine the success and barriers to cultural training in forensic psychology and its link to culturally competent practice. This thesis highlighted the importance of cultural

training embedded throughout forensic psychology curricula and barriers to facilitating culturally competent practice.

Overall, the findings support the need for improvements in Forensic Psychologists' training and further exploration of psychologists' cultural competence to ensure continued development in practice. Implications include more embedded cultural training within forensic psychology programmes, with a focus on reflective spaces and skills building. Training should span a wider number of cultural topics for example socioeconomic status and neurodiversity; Forensic Psychologist should be supported to engage in CPD opportunities to improve their cultural practice and tools like the CBMCS should be used alongside qualitative measures for better assessment of cultural competence. Finally, further research may address conducting longitudinal studies to address the limitations of cross-sectional study data. Research could also explore barriers in forensic settings, such as prioritisation of risk, that hinder culturally competent practices.

To conclude, it is hoped that psychology programmes will consider this thesis and the recommendations for practice to improve forensic psychology curricula and opportunities to develop Forensic Psychologists' cultural competence and applicability in practice. This will support Forensic Psychologists in receiving appropriate cultural training that considers knowledge, attitudes/beliefs, and skills, resulting in increased cultural competence within Forensic Psychologists' practice.

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Appendix

Appendix A: Full search strategies, including syntax, for each database searched on 31st January 2024.

Medline (OVID) – 261 references

<input type="checkbox"/> # ▲ Searches	Results	Type	Actions	Annotations
<input type="checkbox"/> 1 psychologist.mp. or Psychology/	30121	Advanced	Display Results More ▼	
<input type="checkbox"/> 2 ((practi#ing or practi#e or practitioner* or trainee* or "in training") adj2 psycholog*).mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]	7362	Advanced	Display Results More ▼	
<input type="checkbox"/> 3 1 or 2	37051	Advanced	Display Results More ▼	
<input type="checkbox"/> 4 Cultural Competency/	6622	Advanced	Display Results More ▼	
<input type="checkbox"/> 5 ((cultur* or multicultural* or intercultur* or crosscultur* or "cross cultur*") adj2 (competen* or sensitiv* or humility or aware* or respect* or consideration* or appropriate* or differen* or bias*)) .mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]	68844	Advanced	Display Results More ▼	
<input type="checkbox"/> 6 exp Social Discrimination/	13474	Advanced	Display Results More ▼	
<input type="checkbox"/> 7 ((reduc* or eliminat* or identif* or recogn*) adj2 (discriminat* or "unconscious bias*" or "inequalit*")) .mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]	9982	Advanced	Display Results More ▼	
<input type="checkbox"/> 8 exp Cultural Diversity/	13283	Advanced	Display Results More ▼	
<input type="checkbox"/> 9 ((intersectional* or "protected characteristic*") .mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]	4842	Advanced	Display Results More ▼	
<input type="checkbox"/> 10 (diversity or diverse or inclusi* or "non-discriminat*") adj3 (practi#e or approach* or method*) .mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]	17280	Advanced	Display Results More ▼	
<input type="checkbox"/> 11 4 or 5 or 6 or 7 or 8 or 9 or 10	122612	Advanced	Display Results More ▼	
<input type="checkbox"/> 12 (training or course* or educat* or development or learn* or workshop*) .mp. [mp=title, book title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms, population supplementary concept word, anatomy supplementary concept word]	5855357	Advanced	Display Results More ▼	
<input type="checkbox"/> 13 3 and 11 and 12	261	Advanced	Display Results More ▼	

Combine with:
 Contract

Applied Social Sciences Index and Abstracts (ASSIA; ProQuest) – 330 references

<input type="checkbox"/> Set ▼	Search	Databases	Results	Save search/alert	Other actions
<input type="checkbox"/> S12	<input type="checkbox"/> [S9] AND [S10] AND [S11]	Applied Social Sciences Index & Abstracts (ASSIA)	330	Save search/alert ▼	Other actions ▼
<input checked="" type="checkbox"/> S11	<input type="checkbox"/> summary((training or course* or educat* or development or learn* or workshop*))	Applied Social Sciences Index & Abstracts (ASSIA)	366,882	Save search/alert ▼	Other actions ▼
<input checked="" type="checkbox"/> S10	<input type="checkbox"/> summary(Cultural Competence) OR summary(((cultur* or multicultural* or intercultur* or crosscultur* or "cross cultur*") n/2 (competen* or sensitiv* or humility or aware* or respect* or consideration* or appropriate* or differen* or bias*)) OR summary(social discrimination) OR summary(((reduc* or eliminat* or identif* or recogn*) n/2 (discriminat* or "unconscious bias*" or "inequalit*")) OR summary(cultural diversity) OR summary(((intersectional* or "protected characteristic*") OR summary(((diversity or diverse or inclusi* or "non-discriminat*") n/3 (practi#e or approach* or method*))	Applied Social Sciences Index & Abstracts (ASSIA)	27,172	Save search/alert ▼	Other actions ▼
<input checked="" type="checkbox"/> S9	<input type="checkbox"/> summary(psychologist) OR summary(((practi#ing OR practi#e OR practitioner* OR trainee* OR "in training") NEAR/2 (psycholog*))	Applied Social Sciences Index & Abstracts (ASSIA)	13,691	Save search/alert ▼	Other actions ▼

















PsychInfo OVID – 1153 references

(exp Psychologists/OR ((practi#ing or practi#e or practitioner* or trainee* or "in training") adj2 psycholog*))).mp. AND (exp Cultural Competence/ OR ((cultur* or multicultural* or intercultur* or crosscultur* or "cross cultur*") adj2 (competen* or sensitiv* or humility or aware* or respect* or consideration* or appropriate* or differen* or bias*))).mp.OR exp social discrimination/OR ((reduc* or eliminat* or identif* or recogn*) adj2 (discriminat* or "unconscious bias*" or "inequalit*")).mp. OR exp Cultural Diversity/OR ((intersectional* or "protected characteristic*").mp. OR ((diversity or diverse or inclusi* or "non-discriminat*") adj3 (practi#e or approach* or method*))).mp. AND (training or course* or educat* or development or learn* or workshop*).mp (1806-31/01/2024)

EMBASE OVID – 269 references

<input type="checkbox"/>	# ▲ Searches	Results	Type	Actions	Annotations
<input type="checkbox"/>	1 exp psychologist/	18454	Advanced	Display Results More ▾	
<input type="checkbox"/>	2 ((practicing or practice or practitioner* or trainee* or "in training") adj2 psycholog*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	2198	Advanced	Display Results More ▾	
<input type="checkbox"/>	3 1 or 2	20185	Advanced	Display Results More ▾	
<input type="checkbox"/>	4 exp cultural competence/	8193	Advanced	Display Results More ▾	
<input type="checkbox"/>	5 ((cultur* or multicultural* or intercultur* or crosscultur* or "cross cultur*") adj2 (competen* or sensitiv* or humility or aware* or respect* or consideration* or appropriate* or differen* or bias*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	86032	Advanced	Display Results More ▾	
<input type="checkbox"/>	6 exp social discrimination/	36599	Advanced	Display Results More ▾	
<input type="checkbox"/>	7 ((reduc* or eliminat* or identif* or recogn*) adj2 (discriminat* or "unconscious bias*" or inequalit*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	11673	Advanced	Display Results More ▾	
<input type="checkbox"/>	8 exp cultural diversity/	4170	Advanced	Display Results More ▾	
<input type="checkbox"/>	9 (intersectional* or "protected characteristic").mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	5256	Advanced	Display Results More ▾	
<input type="checkbox"/>	10 ((diversity or diverse or inclusi* or "non-discriminat*") adj3 (practice or approach* or method*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	27046	Advanced	Display Results More ▾	
<input type="checkbox"/>	11 4 or 5 or 6 or 7 or 8 or 9 or 10	166071	Advanced	Display Results More ▾	
<input type="checkbox"/>	12 (training or course* or educat* or development or learn* or workshop*).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword heading word, floating subheading word, candidate term word]	8146798	Advanced	Display Results More ▾	
<input type="checkbox"/>	13 3 and 11 and 12	269	Advanced	Display Results More ▾	

CINAHL EBSCO – 417 references





<input type="checkbox"/> Select / deselect all		Search with AND	Search with OR	Delete Searches	Refresh Search Results
Search ID#	Search Terms	Search Options	Actions		
<input type="checkbox"/> S5	 S2 AND S3 AND S4	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	 View Results (417)  View Details  Edit		
<input type="checkbox"/> S4	 training or course* or educat* or development or learn* or workshop*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	 View Results (1,750,027)  View Details  Edit		
<input type="checkbox"/> S3	 cultural competence OR ((cultur* or multicultural* or intercultur* or crosscultur* or "cross cultur*") N2 (competen* or sensitiv* or humility or aware* or respect* or consideration* or appropriate* or differen* or bias*)) OR social discrimination OR ((reduc* or eliminat* or identif* or recogn*) N2 (discriminat* or "unconscious bias*" or inequalit*)) OR cultural diversity OR (intersectional* or "protected characteristic*") OR ((diversity or diverse or inclusi* or "non-discriminat*") N3 (prac ...	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	 View Results (92,015)  View Details  Edit		
<input type="checkbox"/> S2	 psychologist OR ((practi?ing or practi?e or practitioner* or trainee* or "in training") N2 psycholog*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	 View Results (14,474)  View Details  Edit		

British education index – 60 references

Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/> S4	S1 AND S2 AND S3	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (60) View Details Edit
<input type="checkbox"/> S3	training or course* or educat* or development or learn* or workshop*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (335,910) View Details Edit
<input type="checkbox"/> S2	cultural competence OR ((cultur* or multicultural* or intercultur* or crosscultur* or "cross cultur*") N2 (competen* or sensitiv* or humility or aware* or respect* or consideration* or appropriate* or differen* or bias*)) OR social discrimination OR ((reduc* or eliminat* or identif* or recogn*) N2 (discriminat* or "unconscious bias*" or inequalit*)) OR cultural diversity OR (intersectional* or "protected characteristic*") OR ((diversity or diverse or inclusi* or "non-discriminat*") N3 (prac ...	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (6,687) View Details Edit
<input type="checkbox"/> S1	psychologist OR ((practi?ing or practi?e or practitioner* or trainee* or "in training") N2 psycholog*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (2,995) View Details Edit

ERIC (EBSCO) – 849 references

Search terms:

<input type="checkbox"/> Select / deselect all <input type="button" value="Search with AND"/> <input type="button" value="Search with OR"/> <input type="button" value="Delete Searches"/> <input type="button" value="Refresh Search Results"/>			
Search ID#	Search Terms	Search Options	Actions
<input type="checkbox"/> S4	 S1 AND S2 AND S3	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (849) View Details Edit
<input type="checkbox"/> S3	 training or course* or educat* or development or learn* or workshop*	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (1,751,331) View Details Edit
<input type="checkbox"/> S2	 cultural competence OR ((cultur* or multicultur* or intercultur* or crosscultur* or "cross cultur*") N2 (competen* or sensitiv* or humility or aware* or respect* or consideration* or appropriate* or differen* or bias*) OR social discrimination OR ((reduc* or eliminat* or identif* or recogn*) N2 (discriminat* or "unconscious bias*" or inequalit*) OR cultural diversity OR (intersectional* or "protected characteristic*") OR ((diversity or diverse or inclusi* or "non-discriminat*") N3 (prac ...	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (74,946) View Details Edit
<input type="checkbox"/> S1	 psychologist OR ((practi?ing or practi?e or practitioner* or trainee* or "in training") N2 psycholog*)	Expanders - Apply equivalent subjects Search modes - Boolean/Phrase	View Results (17,213) View Details Edit

Appendix B: References for excluded articles and the rationale for exclusion. Please note these references will not be repeated in the full reference list.

Number	Article title	Reason for exclusion
1.	Abbott et al., (2023)"Sexuality Training in Counselling Psychology: A Mixed-Methods Study of Student Perspectives."	Not focused on cultural competence
2.	Allison, K. W., et al. (1996). "Predicting cultural competence: Implications for practice and training."	Focuses on experiences rather than perceptions
3.	Anhalt, et al., (2003). Student perspectives on training in gay, lesbian, and bisexual issues: A survey of behavioral clinical psychology programs.	It does not consider perceptions of training and focuses on the comparison between training types.
4.	Argyriou, K. (2023). "Psychologists' representations of gender identity between Spain and Greece: A qualitative cross-cultural study."	Mentions training but not the direct focus
5.	Bahamonde, M. M. (2018). "Examining cultural competence in school psychology practice."	Unable to access
6.	Bensusan, E. (2012). "Heterosexism and school psychologists: Conflicts, multicultural sensitivity, and preferred professional responsibility when working with lesbian, gay, bisexual and questioning youth."	Unable to access
7.	Benuto, L. T., et al. (2021). "Culturally sensitive clinical practices: A mixed methods study."	Does not focus on training
8.	Bishop, J., et al. (2023). ""We are better and happier if we are inclusive." Therapist perspectives on the importance of LGB cultural competence in a mental health setting."	Does not consider perceptions of psychologist training
9.	Chen, C. (2017). "Cultural competence of school psychologists working with Asian American youth: Enhancing accessibility of school psychology services."	Unable to access
10.	Chiodo, L. N., et al. (2014). "Implementing an intercultural psychology undergraduate unit: Approach, strategies, and outcomes."	Focuses on a stand-alone training course
11.	Edwards, L. M., et al. (2017). "A mixed-method study of psychologists' use of multicultural assessment."	Focused on experiences eg whether they received training and supervision rather than perceptions, satisfaction and needs.
12.	Edwards, T. A. (2021). "The dispositions of three school psychologists regarding cultural responsiveness."	Does not consider psychologist training
13.	Estrada, Y. G. (2022). "Cultural competence in the field of neuropsychology: A need for advocacy."	Unable to access
14.	Grapin, S. L., et al. (2023). "Preparing Social Justice Advocates through Undergraduate Service Learning in School Psychology."	Does not consider training

15.	Harlem, A. D. (2003). "The making of the 'culturally competent' psychologist: A study of educational discourse and practice."	Unable to access
16.	Hutchison, A. N., et al. (2020). "Counseling psychology trainees' knowledge of cultural display rules."	Training is not an explicit focus
17.	James, C. C. (2010). "Impact of cultural immersion experience on school psychologists' cultural competency."	Unable to access
18.	Johnson, J. L. (2014). "School psychology and cultural responsiveness: Re-forming identities."	Unable to access
19.	Johnston, E. R. (2019). "South African clinical psychologists' multicultural clinical and supervisory experience."	Focused on challenges rather than training
20.	Jones, J. M. and L. H. Lee (2021). "Multicultural competency building: A multi-year study of trainee self-perceptions of cultural competence."	Focuses on a stand alone training course
21.	Kaplan, D. A. (2001). "Towards an examination of multicultural competency training in clinical psychology doctoral programs."	Unable to access
22.	Kauth, M. R., et al. (2016). "Trainees' perceptions of the Veterans Health Administration interprofessional psychology fellowships in lesbian, gay, bisexual, and transgender health."	Focused on a new/standalone course
23.	Kluger, J. (2017). "The relationship between non-traditional instructional strategies and the multicultural competence of school psychologists."	Unable to access
24.	Knoetzke, T. (2008). "Cross-cultural competence and school psychology: A qualitative study."	Does not focus on training
25.	Lawley, J. S. (2008). "Multicultural training, experience, and competence in counseling center and hospital settings."	Unable to access
26.	Lee, A. and N. G. Khawaja (2013). "Multicultural training experiences as predictors of psychology students' cultural competence."	Does not consider perceptions, satisfaction and needs of training.
27.	Lee, S. M., et al. (2020). "Cultural competence in applied sport psychology: A survey of students and professionals."	Focused on confidence working with diverse clients due to lack of training rather than perceptions of training in general.
28.	Magaldi-Dopman, D. (2014). "An "Afterthought": Counseling Trainees' Multicultural Competence Within the Spiritual/Religious Domain."	Does not consider training
29.	McConnochie, K., et al. (2012). "Working in indigenous contexts: Self-reported experiences of non-indigenous Australian psychologists."	Does not consider training
30.	McLennon, S. M. (2013). "Knowledge, attitudes and skills related to disabilities among psychologists---are we competent to practice in this multicultural domain?"	Does not consider perceptions
31.	Melnikova, N. M. (2020). "Intercultural competence of psychologists: Problems and prospects of study and development."	Only available in Russian
32.	Menke, K. A. (2017). "Counseling psychology doctoral trainees' satisfaction with clinical methods training."	Focuses more generally on clinical practice rather than cultural competence
33.	Miloti, A. (2008). "Exploring multicultural counselling competencies."	Unable to access

34.	Malone, C. M. and K. Z. Ishmail (2020). "A snapshot of multicultural training in school psychology."	Focused on staff members
35.	Mollen, et al., (2020). Sexuality training in counseling psychology. "	Focused on faculty
36.	Newell, M. and J. Looser (2018). "Does context matter? An analysis of training in multicultural assessment, consultation, and intervention between school psychologists in urban and rural contexts."	Focuses on what training they have received rather than perceptions, satisfaction and needs for training.
37.	O'Driscoll, S., et al. (2016). "A discursive analysis of White trainee counselling psychologists' experience in racial difference."	Unable to access
38.	Parker, J. S. (2019). "Spiritual and religious multicultural practice competencies: A partial replication study with school psychologists."	Thinks about perceived competence, not perception of training
39.	Quinn, M. T. (2000). "School psychologists' assessment and views of culture in the special education process"	Unable to access
40.	Quintana, S. M. and M. E. Bernal (1995). "Ethnic Minority Training in Counseling Psychology: Comparisons with Clinical Psychology and Proposed Standards."	Unable to access
41.	Ramirez, S. Z. and M. A. Alghorani (2004). "School Psychologists' Consideration of Hispanic Cultural Issues During Consultation."	Not specifically focused on training
42.	Rice, J. (2021). "Training in substance use disorders among Black American emerging adults: Examining relationships among knowledge, training, and comfort."	Unable to access
43.	Rodriguez-Menendez, et al., (2017). Faculty and student perceptions of clinical training experiences in professional psychology."	Focused on comparison between roles rather than perceptions of training.
44.	Ruelas, S. R. (2001). "Multicultural counselling competencies."	Unable to access
45.	Rukert, S. H. (2007). "Views of the poor and explanations for poverty among professional psychology trainees."	Unable to access
46.	Sagun, J. N. (2015). "Psychologists' multicultural training on racial/ethnic minority issues and multicultural competency"	Does not consider perceptions of training
47.	Shen-Miller, D. S., et al. (2012). "Contextual Influences on Faculty Diversity Conceptualizations when Working with Trainee Competence Problems."	Staff were participants
48.	Singh, S. (2011). "Understanding the relationship of multicultural case conceptualization, multicultural counseling self-efficacy and ethnocultural empathy in psychology trainees."	Unable to access
49.	Sirmans, M. (2004). "Culturally relevant consultation among school psychology practitioners: A nation-wide study of training and practice"	Unable to access
50.	Speight, S. L., Thomas, A. J., Kennel, R. G., & Anderson, M. E. (1995). Operationalizing multicultural training in doctoral programs and internships."	Does not focus on psychologists
51.	Sweeney, S. C. (2013). "Early career school psychologists' perception of multicultural competence development: A grounded theory study."	Unable to access
52.	Treichler, E. B. H., et al. (2020). "Diversity and Social Justice Training at the Postdoctoral Level: A Scoping Study and Pilot of a Self-Assessment."	Not focused on training

53.	Tyler, J. J. (1997). "Psychologists who work with Native American clients: Development of cross-cultural awareness and competence"	Unable to access
54.	Vega, D., et al. (2018). "Multicultural School Psychology Training: An Examination of Students' Self-Reported Course Outcomes."	Standalone training
55.	Washington, K. (1998). "Dimensions of perceived importance for African Americans' clinical and counseling psychology doctoral training"	Unable to access
56.	Wynn, J. (2021). "Coping on the fly: School psychologists' perceptions of cultural competence"	Unable to access
57.	Yarrington, J. S., et al. (2023). "Evaluating training needs in clinical psychology doctoral programs."	Does not focus on cultural competence
58.	Quartiroli, A., et al. (2023). "Cultural competence in a multinational group of sport psychology professionals."	Does not focus on cultural competence training.

Appendix C: Quality assessment checklist.

	Design	Question	Yes	No	Don't know
Introduction					
1	Both	Were the aims/objectives of the study clear?			
Methods					
2	Qual	Is a qualitative methodology appropriate?			
3	Both	Was the study design appropriate for the stated aims?			
4	Quant	Was the sample size justified?			
5	Both	Was the target/reference population clearly defined (is it clear who the research is about)?			
6	Both	Was the sample taken from an appropriate population base so that it closely represented the target/reference population under investigation?			
7	Both	Was the selection process likely to select subjects/participants that were representative of the target/reference population under investigation?			
8	Qual	Was the data collected in a way that addressed the research issue?			
9	Quant	Were measures undertaken to address and categorise non-responders?			
10	Quant	Were the risk factors and outcome variables measured appropriate to the aims of the study?			
11	Quant	Were the risk factor and outcome variables measured correctly using instruments/measurements that had been trialled, piloted or published previously?			
12	Quant	Is it clear what was used to determine statistical significance and/or precision estimates (e.g., <i>p</i> values, confidence intervals)?			
13	Quant	Were the methods (including statistical methods) sufficiently described to enable them to be repeated?			
14	Qual	Has the relationship between the researcher and participants been adequately considered?			
Results					
15	Quant	Were the basic data adequately described?			
16	Quant	Does the response rate raise concerns about non-response bias?*			
17	Quant	If appropriate, was information about non-responders described?			
18	Quant	Were the results internally consistent?			
19	Quant	Were the results presented for all the analyses described in the methods?			
20	Qual	Was the data analysis sufficiently rigorous?			
21	Qual	Is there a clear statement of findings?			
Discussion					

22	Quant	Were the authors' discussions and conclusions justified by the results?			
23	Both	Were the limitations of the study discussed?			
Other					
24	Both	Were there any funding sources or conflicts of interest that may affect the authors' interpretation of the results?*			
25	Both	Was ethical approval or consent of participants attained?			
26	Qual	Is the research valuable?			
Mixed methods					
27	Mixed	Is there an adequate rationale for using a mixed methods design to address the research question?			
28	Mixed	Are the different components of the study effectively integrated to answer the research question?			
29	Mixed	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?			
30	Mixed	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?			
31	Mixed	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?			
Yes = 1 No = 0 Don't know = 0 *reverse scored			Maximum score for quantitative studies = 40 Maximum score for qualitative studies = 28 Maximum score for mixed methods studies = 62		

Appendix D: Breakdown of quality assessment scores and percentages.

Study		Quality assessment item																															Total score	%
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16*	17	18	19	20	21	22	23	24*	25	26	27	28	29	30	31		
1	Anderson, A. (2018).	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y	?	?	Y	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	Y	Y	Y	53/62	85%
2	Benuto et al., (2019)	Y	Y	Y	N	Y	Y	Y	Y	N	Y	N	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y	Y	?	?	Y	N	Y	Y	Y	N	44/62	71%
3	Champagne, A. (2021).	Y	Y	Y	N	Y	Y	Y	N	Y	Y	N	N	N	N	Y	N	?	Y	Y	Y	Y	N	Y	?	Y	Y	Y	N	N	N	N	36/62	58%
4	Fitterman-Harris, H. F., et al. (2022).	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-	-	-	Y	Y	-	Y	?	Y	Y	-	-	-	-	-	27/28	96%
5	Freeman, C. N. (2020).	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	?	?	Y	Y	Y	Y	Y	Y	?	Y	Y	N	N	N	N	Y	45/62	73%
6	Geerlings, L. R. C., et al. (2018).	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	N	-	-	-	-	-	Y	Y	-	Y	?	Y	Y	-	-	-	-	-	25/28	89%
7	Geerlings, L. R. C., et al. (2018).	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	?	?	Y	Y	Y	Y	Y	N	?	Y	Y	N	N	N	N	Y	43/62	69%
8	Geerlings, et al., (2017).	Y	Y	Y	-	Y	?	?	Y	-	-	-	-	-	N	-	-	-	-	-	Y	Y	-	Y	?	Y	Y	-	-	-	-	-	23/28	82%
9	Green, D., et al., (2009).	Y	-	Y	Y	-	Y	Y	-	Y	?	Y	Y	Y	-	Y	N	?	Y	Y	-	-	Y	Y	?	Y	-	-	-	-	-	-	35/40	88%

10	Gregus, S. J., et al. (2020).	Y	Y	Y	N	Y	Y	Y	Y	N	Y	Y	Y	Y	N	Y	?	?	Y	Y	Y	Y	Y	Y	?	Y	Y	N	Y	N	N	Y	47/62	76%
11	Hayward, M. and G. J. Treharne (2022).	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	N	-	-	-	-	-	Y	Y	-	Y	?	Y	Y	-	-	-	-	-	25/28	89%
12	Sammons, C. C. and S. L. Speight (2008).	Y	Y	Y	-	Y	Y	Y	Y	-	-	-	-	-	N	-	-	-	-	-	Y	Y	-	Y	?	N	Y	-	-	-	-	-	23/28	82%

*reverse scored

Key

Y = yes (2)

N = no (0)

? = don't know (1)

- = N/A (not included in total score)

Appendix E: Data extraction form.

Data Extraction		
1) Study Information:		
Paper title		
Author(s)		
Year published		
Article type (e.g., journal, doctoral thesis, etc.)		
Country research completed		
2) Study Characteristics:		
Quantitative <input type="checkbox"/>	Qualitative <input type="checkbox"/>	Mixed <input type="checkbox"/>
Study design (e.g., cross sectional etc.)		
Study aims		
Study Factors	Perception of and satisfaction with cultural training:	
	Needs for future training:	
Cultural focus		
3) Participant characteristics:		
Age information		
Gender		
Ethnicity breakdown		
Other demographics, eg sexuality		
Sample size		
4) Study results (only those relevant to the review question noted):		
Analysis used		
Findings		
5) Conclusion/Summary:		

6) Limitations	
7) Quality assessment score:	
Quantitative	
Qualitative	
Mixed	
8) Any other significant/relevant information:	

Appendix F – Ethical approval

7th October 2022

National Research Committee
Email: National.Research@Justice.gov.uk

FINAL APPROVAL

Ref: 2022-228

Title: The experiences of Forensic Psychologists training upon their engagement in culturally competent practices: A mixed methods approach

Dear Chelsea James,

The National Research Committee (NRC) is pleased to provide final approval for your research project. The terms and conditions below will continue to apply to your research project.

Following NRC approval, the decision to grant access to prison establishments or Probation Service regions (and the offenders and practitioners within these establishments/regions) ultimately lies with the Governing Governor/Director of the establishment or the Probation Service Regional Probation Director of the region concerned.

If establishments/regions are to be approached as part of the research, a copy of this letter must be attached to the request to prove that the NRC has approved the study in principle. The decision to grant access to existing data lies with the Information Asset Owners (IAOs) for each data source and the researchers should abide by the data sharing conditions stipulated by each IAO.

Please note that a MoJ/HMPPS policy lead may wish to contact you to discuss the findings of your research. If requested, your contact details will be passed on and the policy lead will contact you directly.

Please quote your NRC reference number in all future correspondence.

Yours sincerely,

Katie Hughes
National Research Committee

Appendix G – Information sheet

Participant Information Sheet

You are being invited to take part in a research study. The information below will explain the aim of the research and what taking part in this study will involve. We would be grateful if you could take a few minutes to read this information sheet to help you decide whether you would like to take part in this project. If you have any more questions about this research, please feel free to ask the researcher by contacting the researcher on the email address below.

What is the purpose of the study?

The experiences of Forensic Psychologists training upon their engagement in culturally competent practices. Therefore, you will be asked about your training and education as well as the implications of this upon your practice.

What will I do if I take part?

If you are happy to take part in this study, you will be asked to consent to take part in the research by signing a consent form. After this you will be invited to participate in an online questionnaire where you will be asked demographic questions followed by questions about training and experiences in practice working with various cultures. This will take approximately 15 minutes to complete.

Do I have to take part?

Participation in this study is completely voluntary. If you do not wish to complete the questionnaire, there will be no negative consequences for you. If after reading this information you do not wish to take part, then you may no longer proceed with the rest of the questions.

What if I want to withdraw?

You can stop participating at any point during completion of the study. As data is anonymised you will be asked to create a participant's number. If you complete the questionnaire but later decide you don't want your data to be included in the study then you can withdraw your data any time before X (as this is when data analysis will begin). To do this, let the researcher know by contacting them on the email below to remove your data by telling them your participant number. There will not be any negative consequences and you don't have to give a reason.

What are the benefits of taking part?

There will be no direct benefits to you for taking part. However, the data has the potential to help tailor support for individuals working with Psychologists to ensure they are trained to deliver culturally competent practice.

What are the possible disadvantages and risks of taking part?

If you find any of the questions upsetting and wish to talk to someone then please contact the researcher on the email address below. Your responses will be kept

confidential at all times. The only time something you say will not be treated as confidential would be if you were to say something that indicated that you or other people are at risk of harm.

Will all the information I give be anonymous?

All data will be anonymised. Any identifiers will not be revealed in reporting on the project. Only the researcher will have access to your participant number. All data (consent forms and interview recordings) will be analysed on a secure drive. No other individuals will be informed that you have taken part in the research. This is in line with the Data Protection Act 2018.

What will happen to the results of the study?

The data will be analysed and written up in a report which will be seen by the University of Nottingham. The write-up might also be reported in a further publication. As mentioned, no personal information will be put in the report.

Who is organising the research?

The research is being organised by Dr Mohsen Tavakol, and Chelsea James.

What if I have questions?

If you have any questions regarding the research, then please ask the researcher by contacting Chelsea.james@nottingham.ac.uk

Appendix H - Participant Consent Form

Participant consent form

Study title – Forensic Psychologist's perceptions of satisfaction with cultural training and its impact on cultural competence and its development.

Please tick each box if you agree with the following statements:

☐

I have read the information sheet, and have understood the information I have been given. I have been given the opportunity to ask further questions regarding my participation in this study.

☐

I understand that I can withdraw from the study up until X (to be decided when ethics is approved) without having to explain my reasons. I have taken note of my participant number.

☐

I understand that the decision to withdraw from the study will have no negative consequences for me.

☐

I understand that my name, workplace or any information by which I could be identified will not be reported in this study or any publications.

☐

I understand and agree that information on my demographics will be taken for data analysis, but these details will remain anonymous when being recorded.

☐

I wish to participate in this study under the conditions explained in the information sheet.

Signed _____

Date _____

Appendix I – Participant Questionnaire

What is your age in years?

- 25-29
- 30-39
- 40-49
- 50-59
- 60+

How do you currently identify?

- Male
- Female
- Other
- Prefer not to say

What is your ethnicity?

- White: English/ Welsh/ Scottish
- Mixed: White and Black Caribbean White and Black African White and Asian Other
- Asian/ Asian British: Indian Pakistani Bangladeshi Chinese Other
- Black/ Black British: African Caribbean Any other

What was your route into qualification? eg doctorate, BPS stage 2?

What year did you complete your training?

What is your current place of work?

- Prison
- Secure hospital
- Probation
- Community
- Other

Participant code

This will be used to anonymously distinguish your responses from those of other participants. Please make a note of your participation code for your own records. Please create your unique identification code from: your mother's initials - your house number - your year of birth. For instance, if your mother is named Jane Jones, your address is 21 Parkwood Road, and you were born in 1983, your participation code would be JJ-21-83.

How satisfied are you with the quantity of training you received during your training focusing on cultural competence?

- Extremely dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Extremely satisfied

How satisfied are you with the quality of training you recieved during your training focusing on cultural competence?

- Extremely dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Extremely satisfied

How satisfied are you with quantity cultural competence training since qualifying as a Forensic Psychologist?

- Extremely dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Extremely satisfied

How satisfied are you with quality cultural competence training since qualifying as a Forensic Psychologist

- Extremely dissatisfied
- Dissatisfied
- Neither dissatisfied nor satisfied
- Satisfied
- Extremely satisfied

CMBC scale

Appendix J – Participant debrief form

Participant Debrief Form

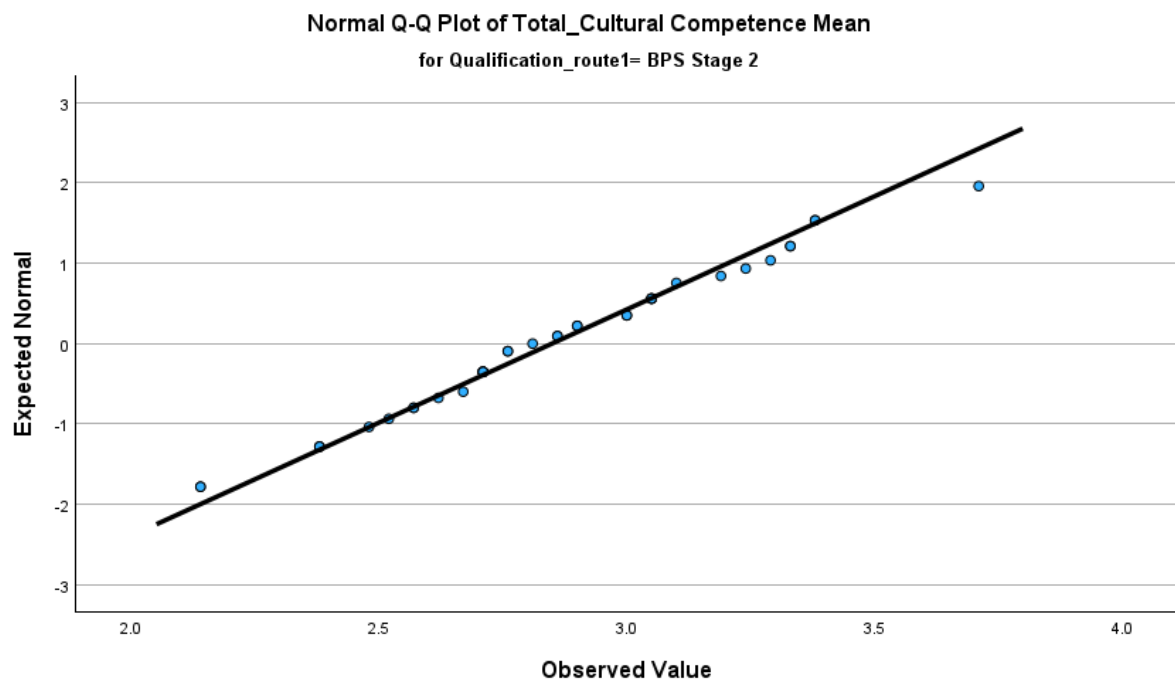
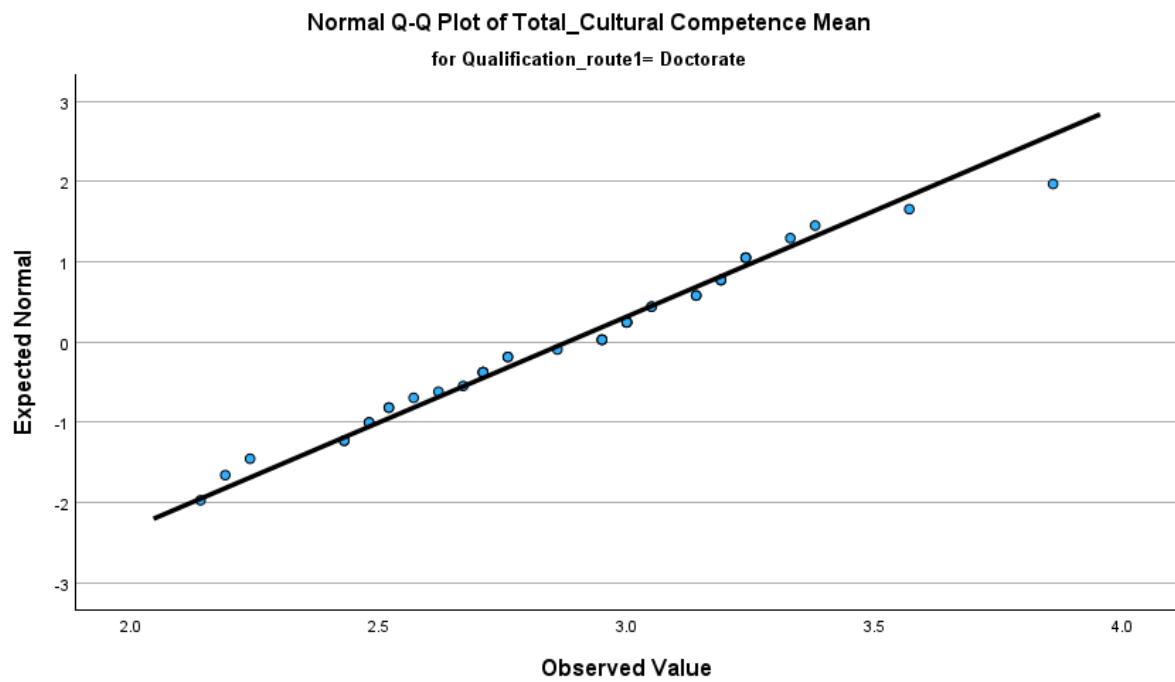
Thank you for taking part in the study. Your involvement in the study has been very helpful.

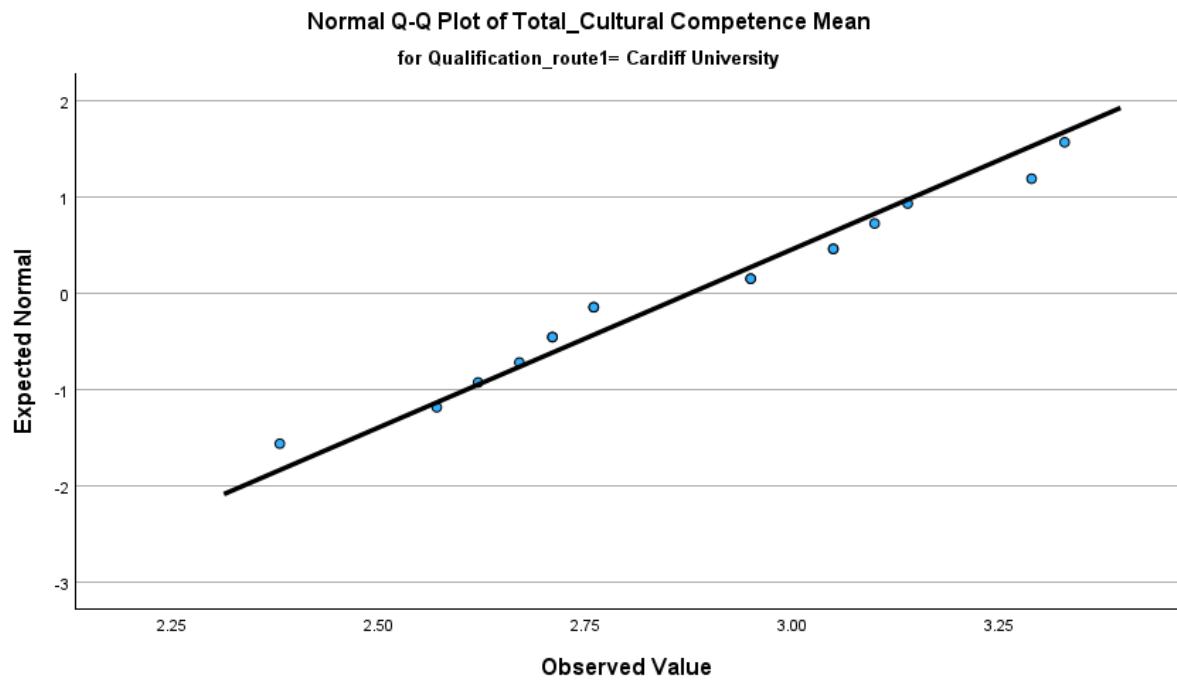
The aim of this study is to research the experiences of Forensic Psychologists training upon their engagement in culturally competent practices. This was measured using a quantitative approach. This is the first part of a two-part study, please contact the researcher if you are interested in the second part.

If you have any questions or concerns about the study, please contact Chelsea James on Chelsea.james@nottingham.ac.uk

Again, thank you for your time and co-operation.

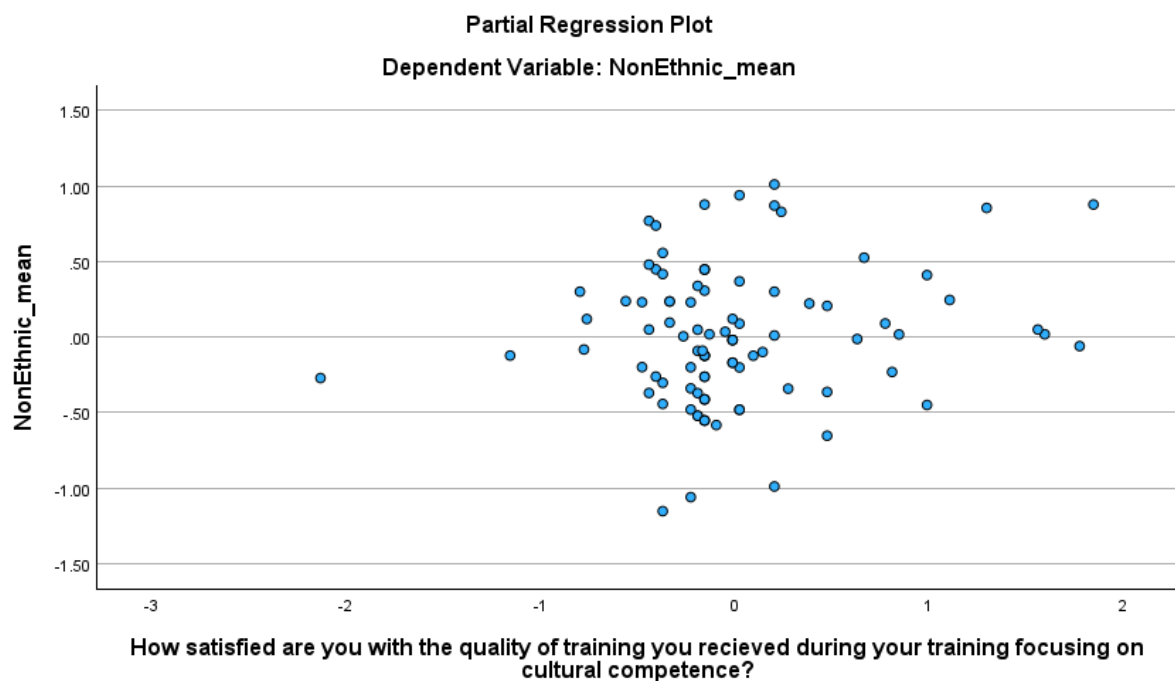
Appendix K: Normality testing for qualification routes

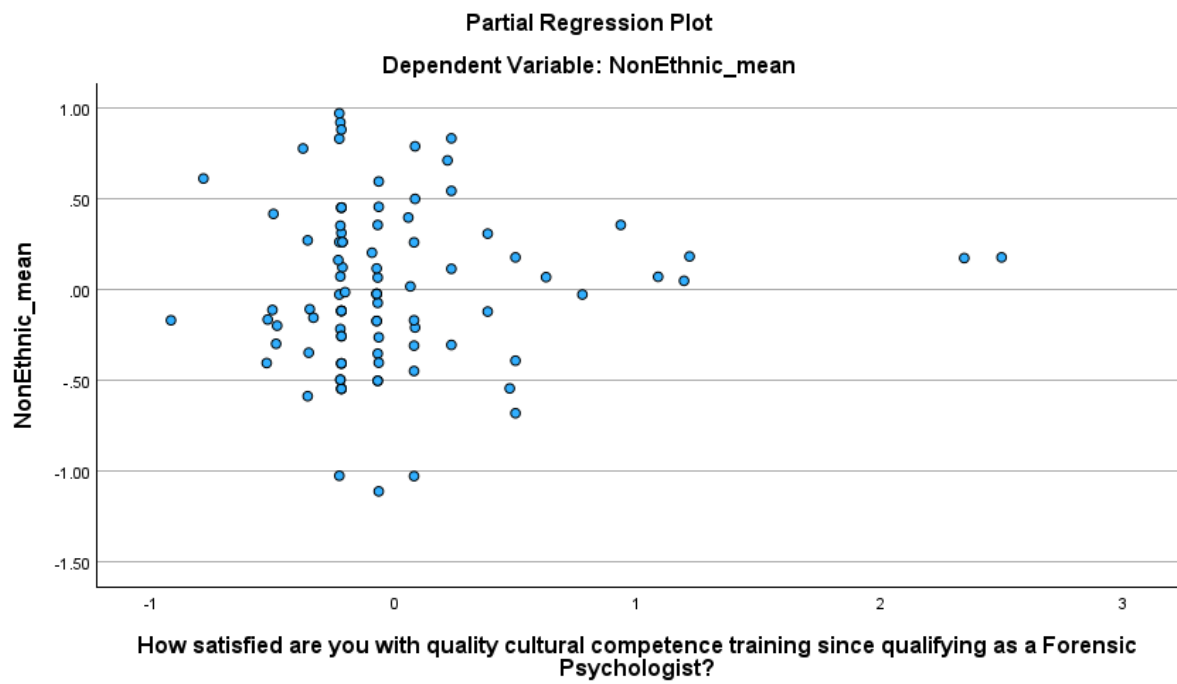
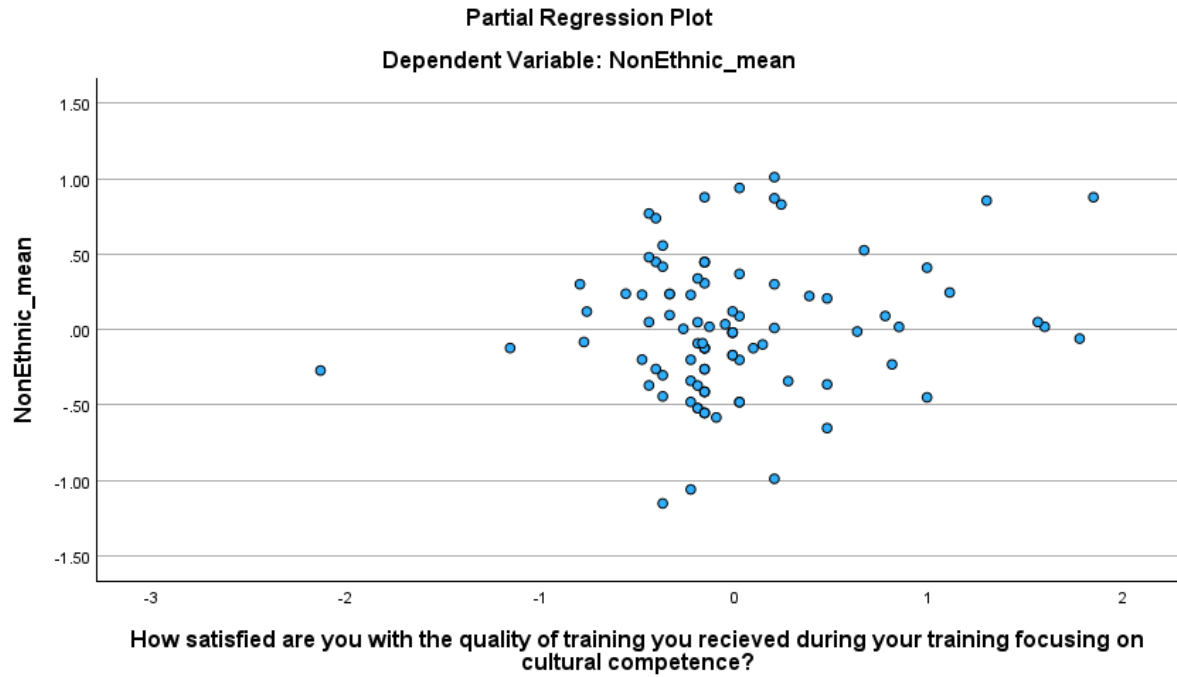




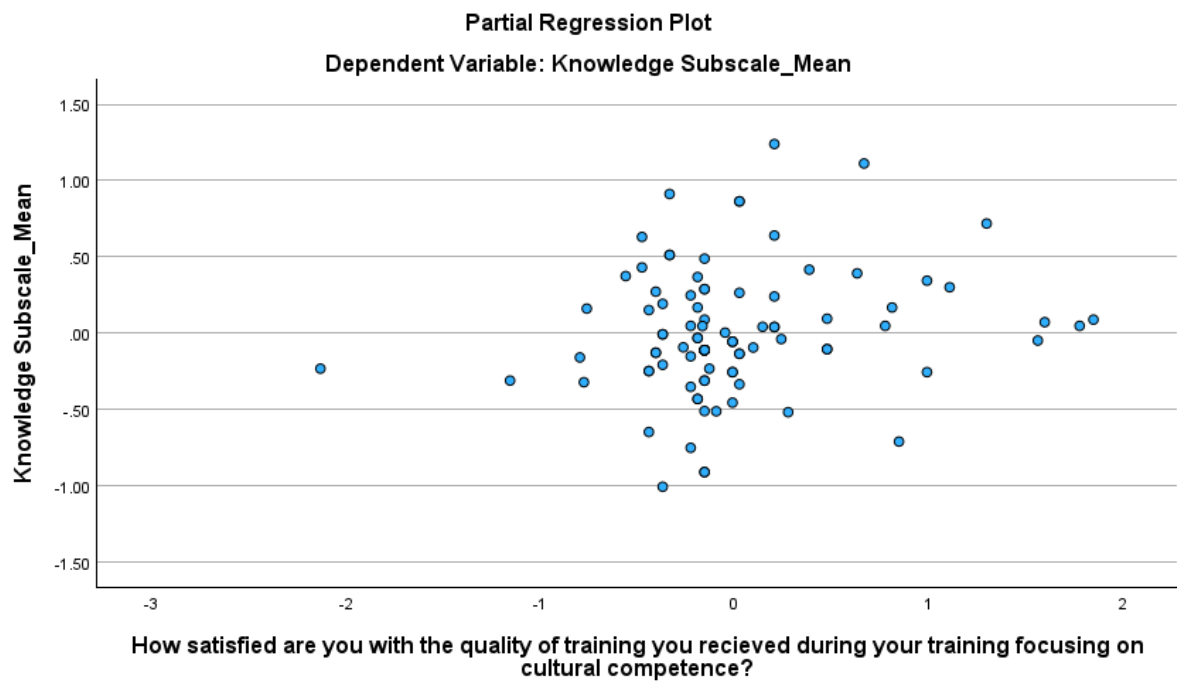
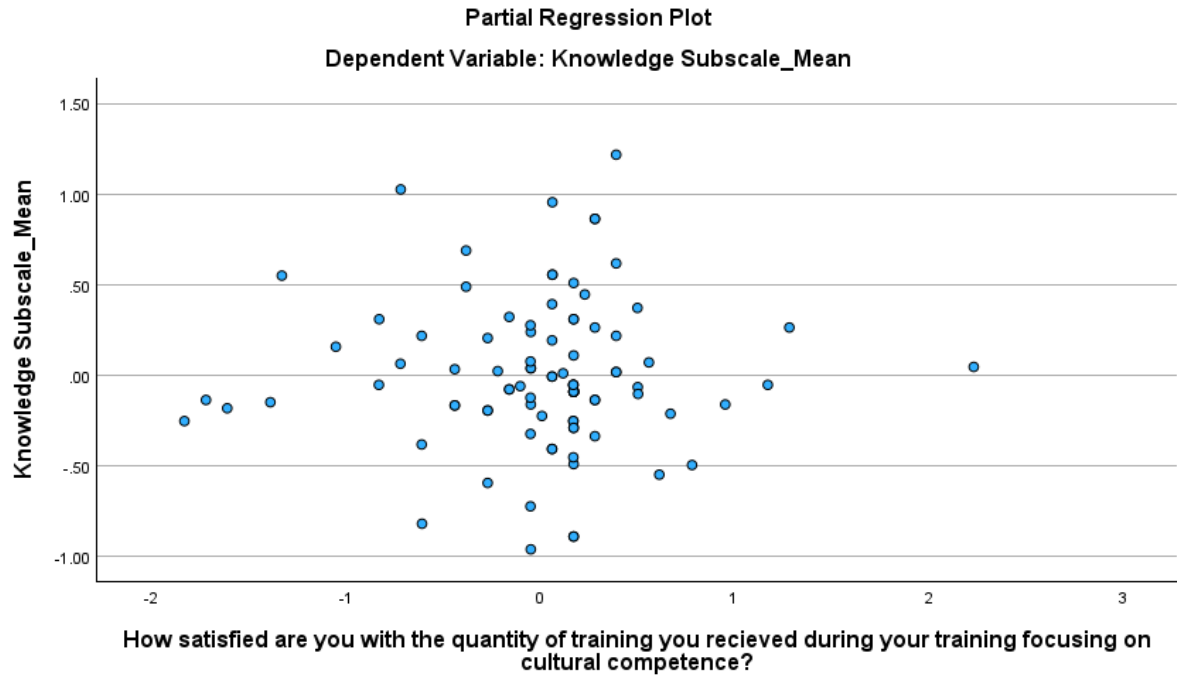
Appendix L – Scatter plots subscales

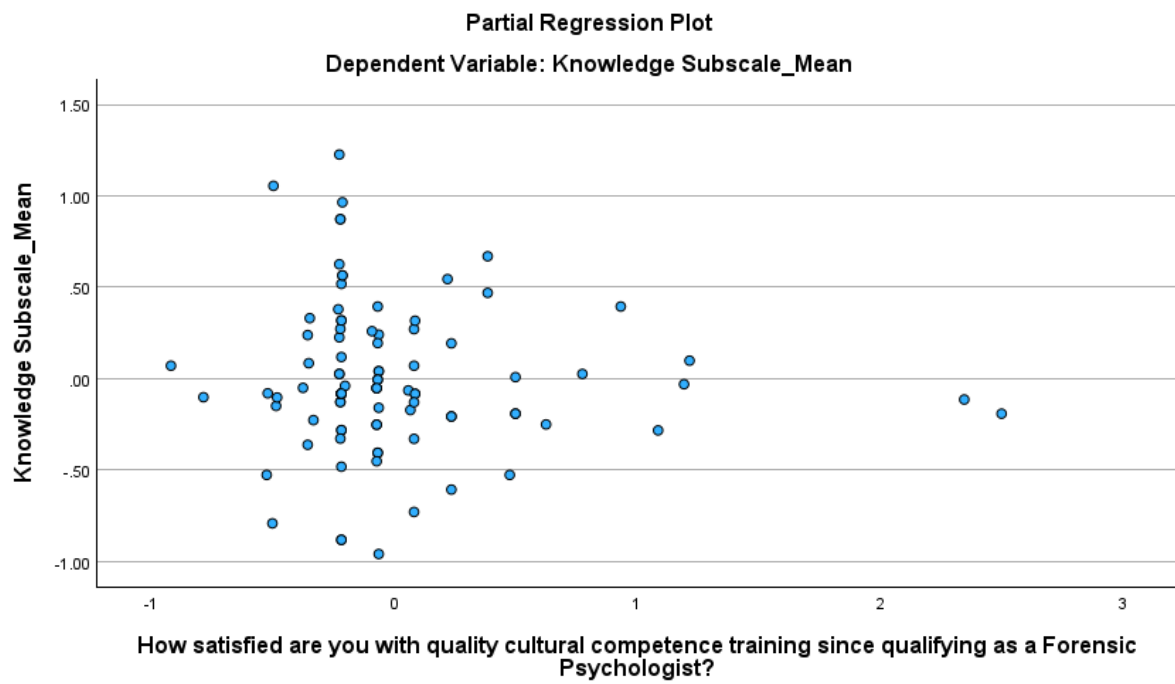
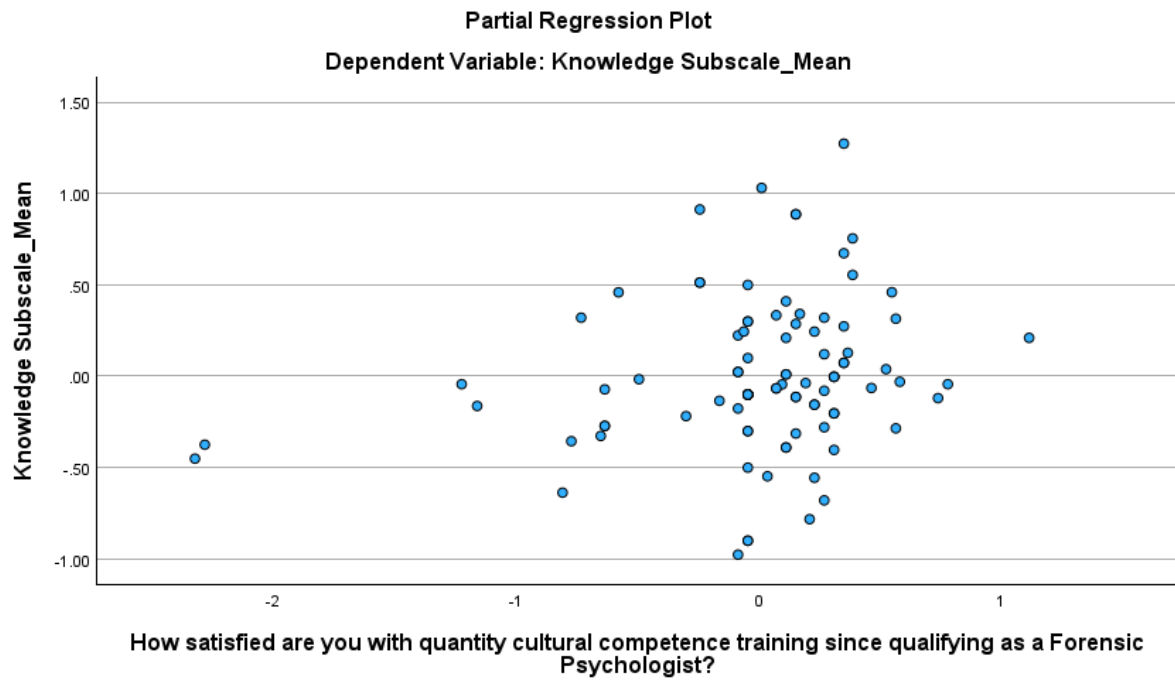
Partial regression plots for the non-ethnic subscale



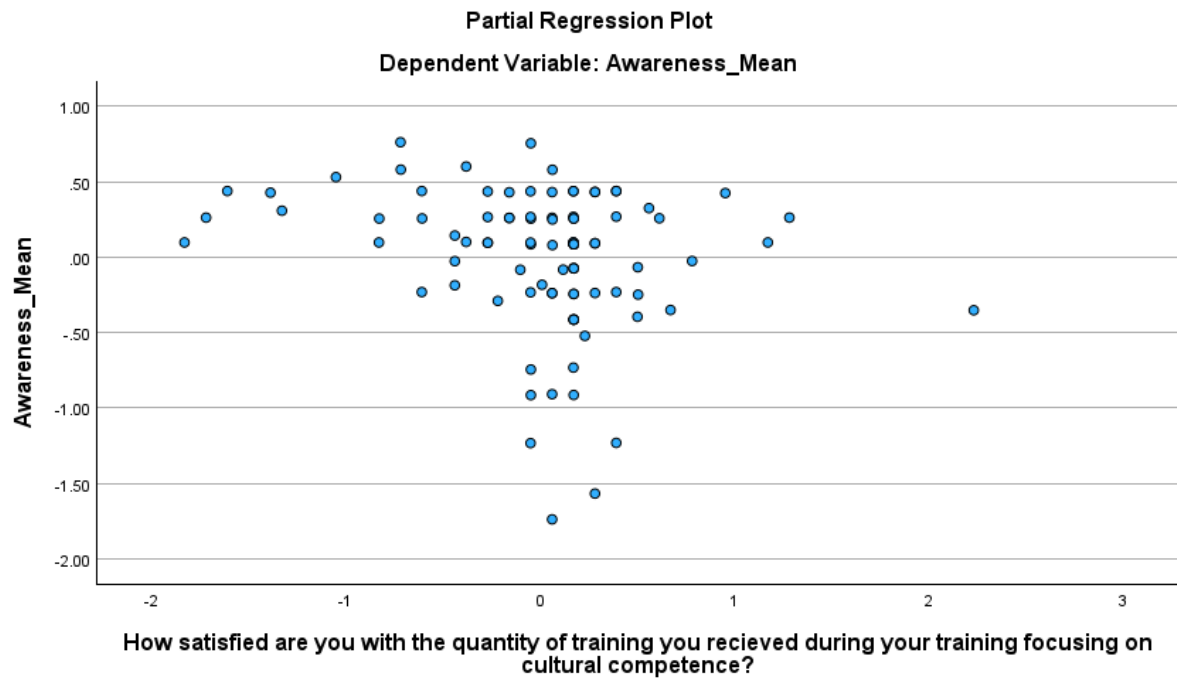


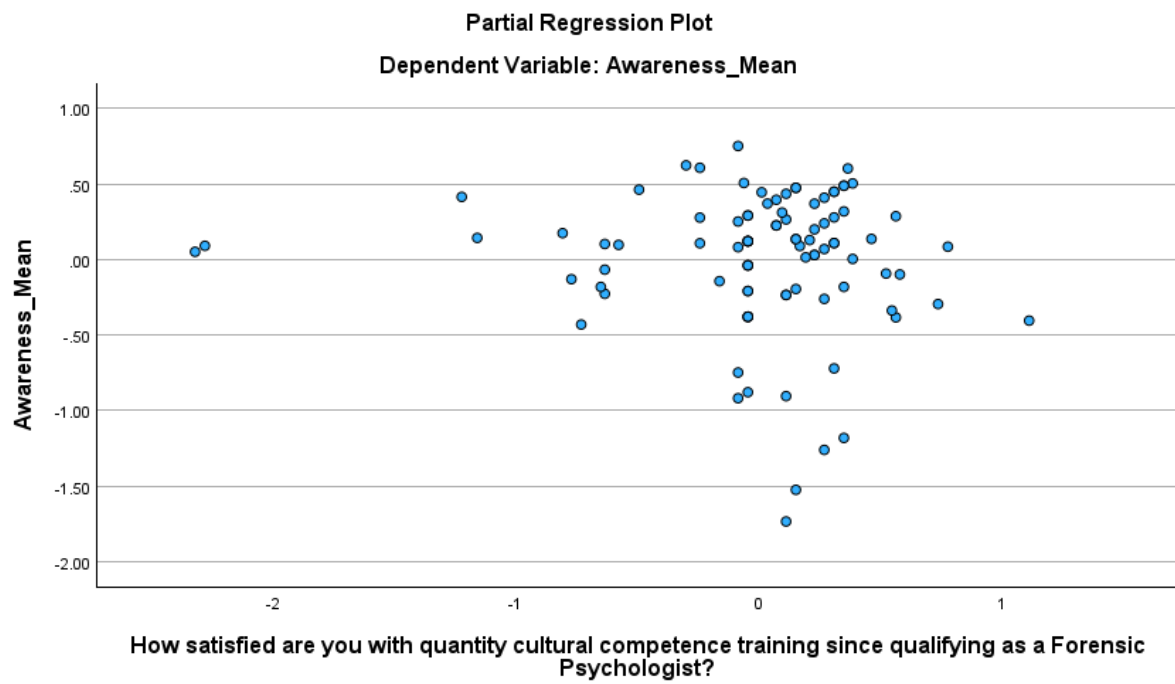
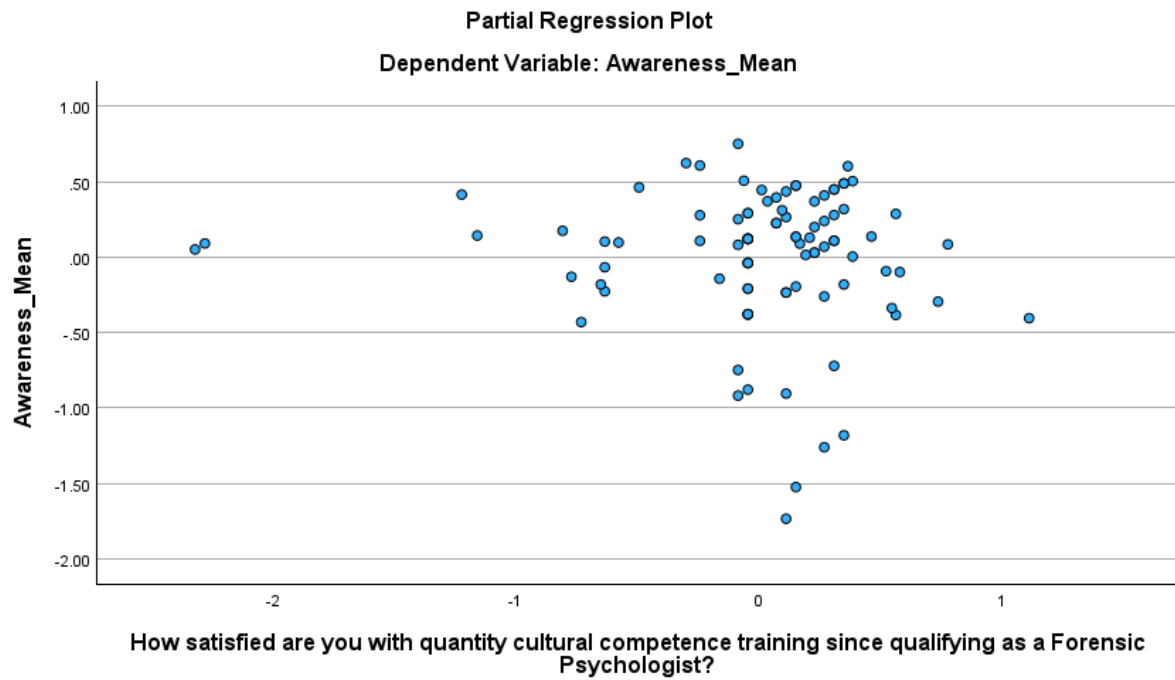
Partial regression plots for the knowledge subscale



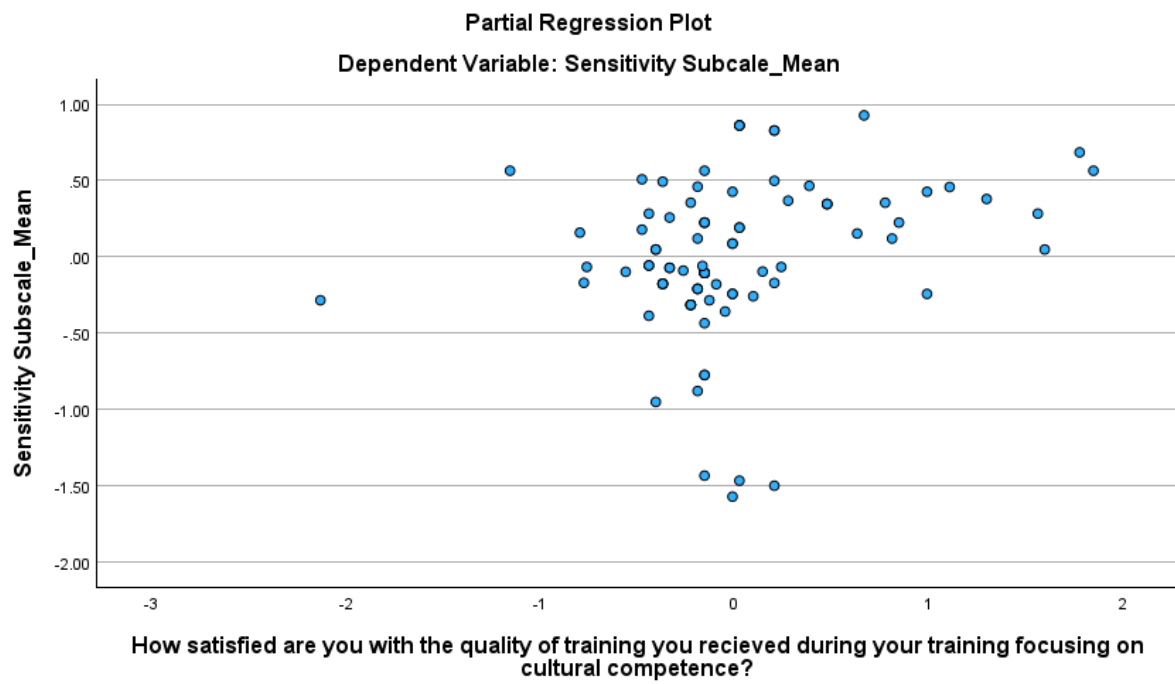
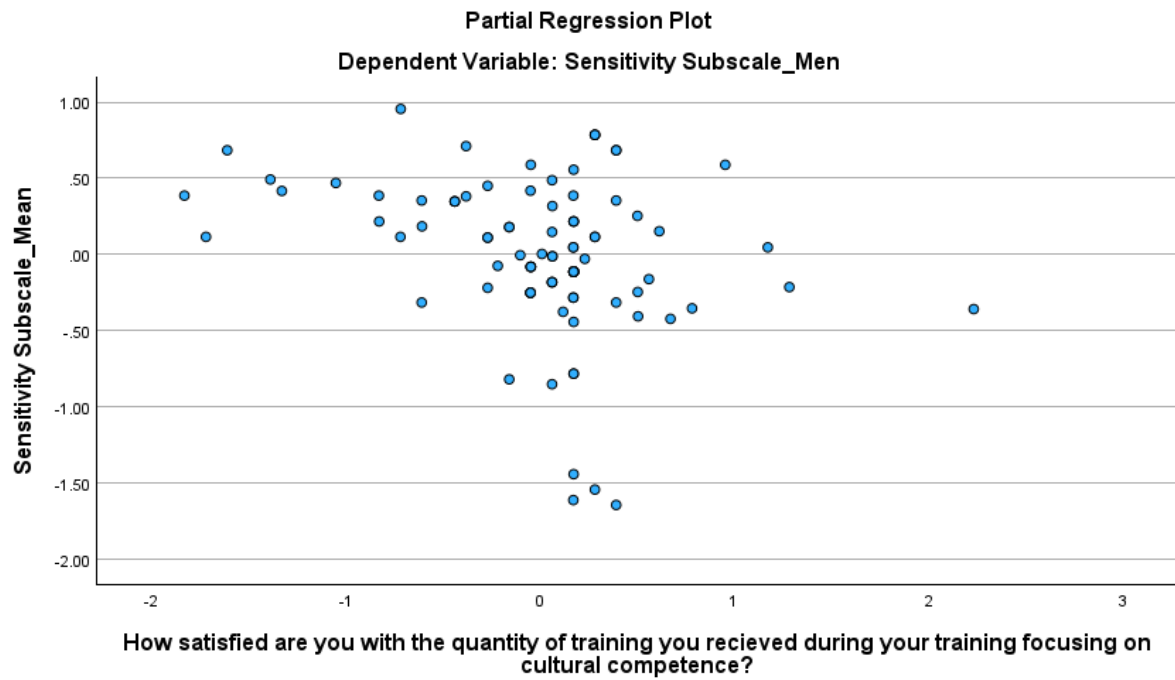


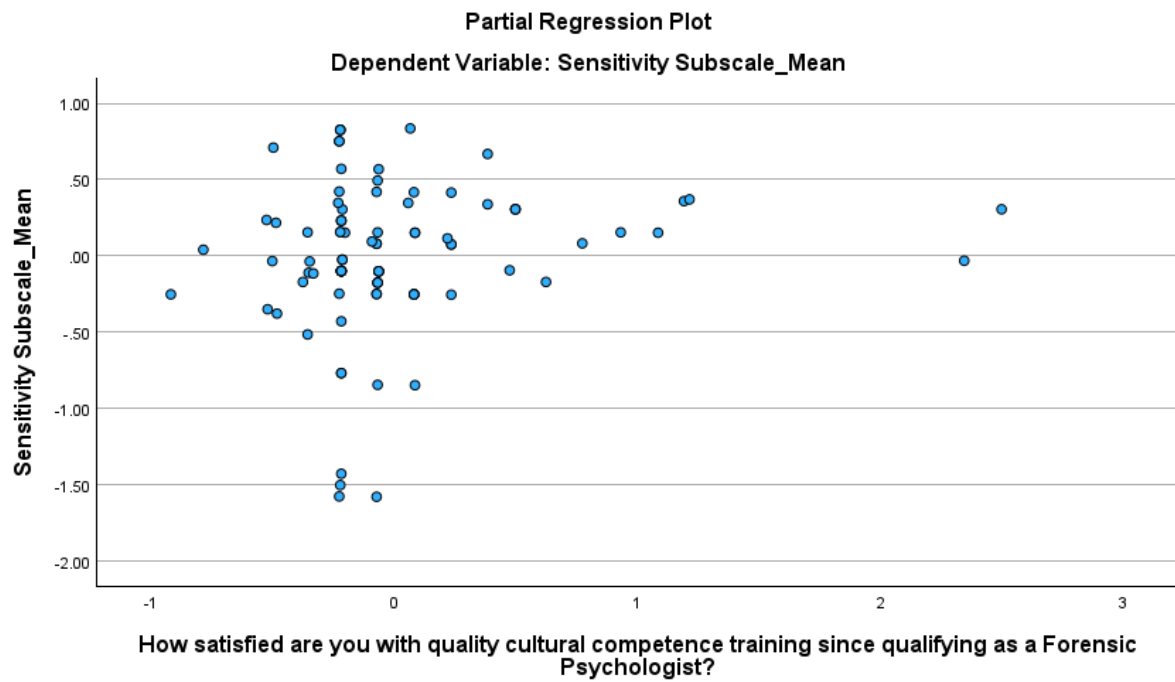
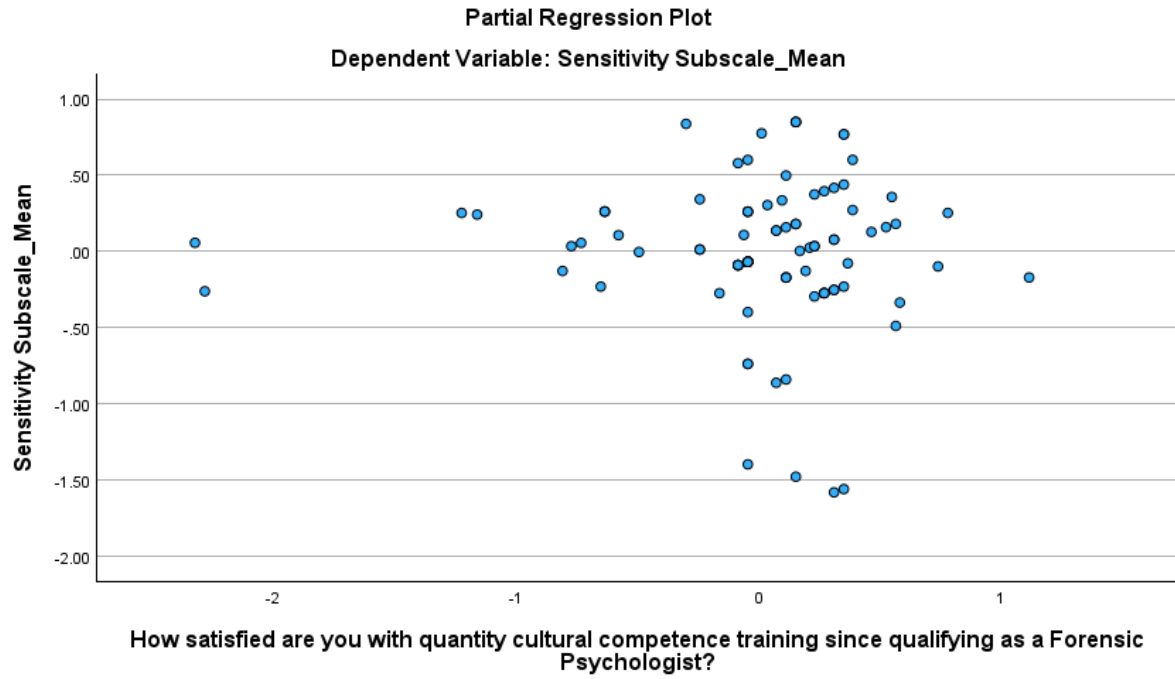
Partial regression plots for the awareness subscale





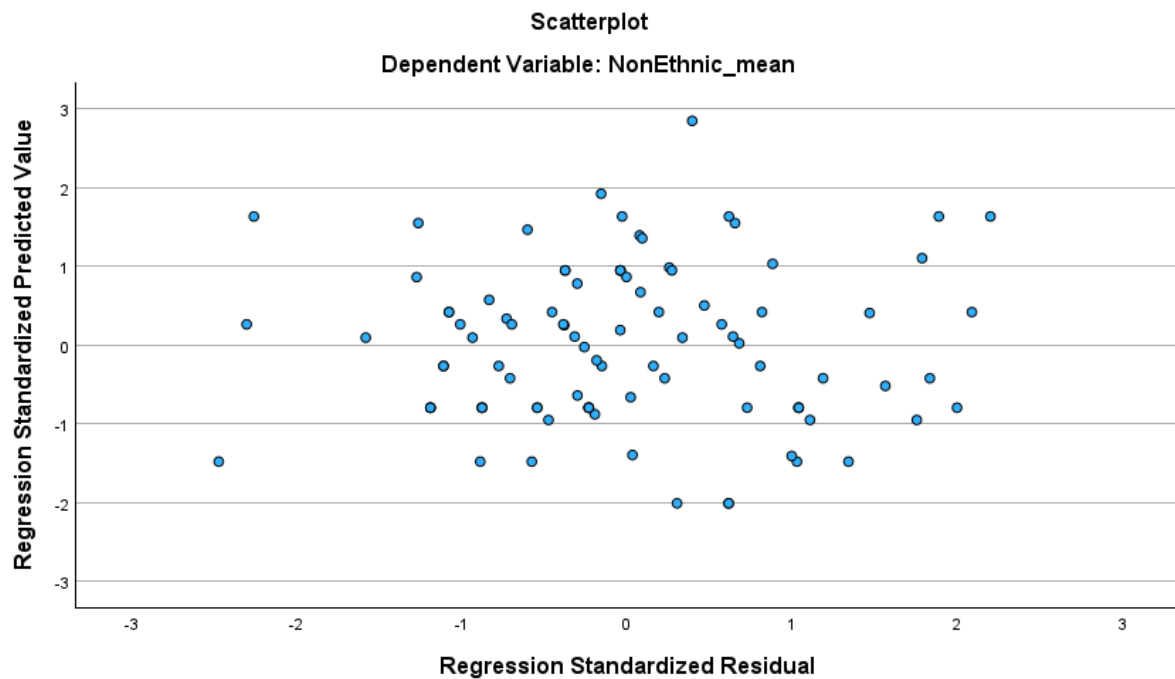
Partial regression plots for the sensitivity subscale



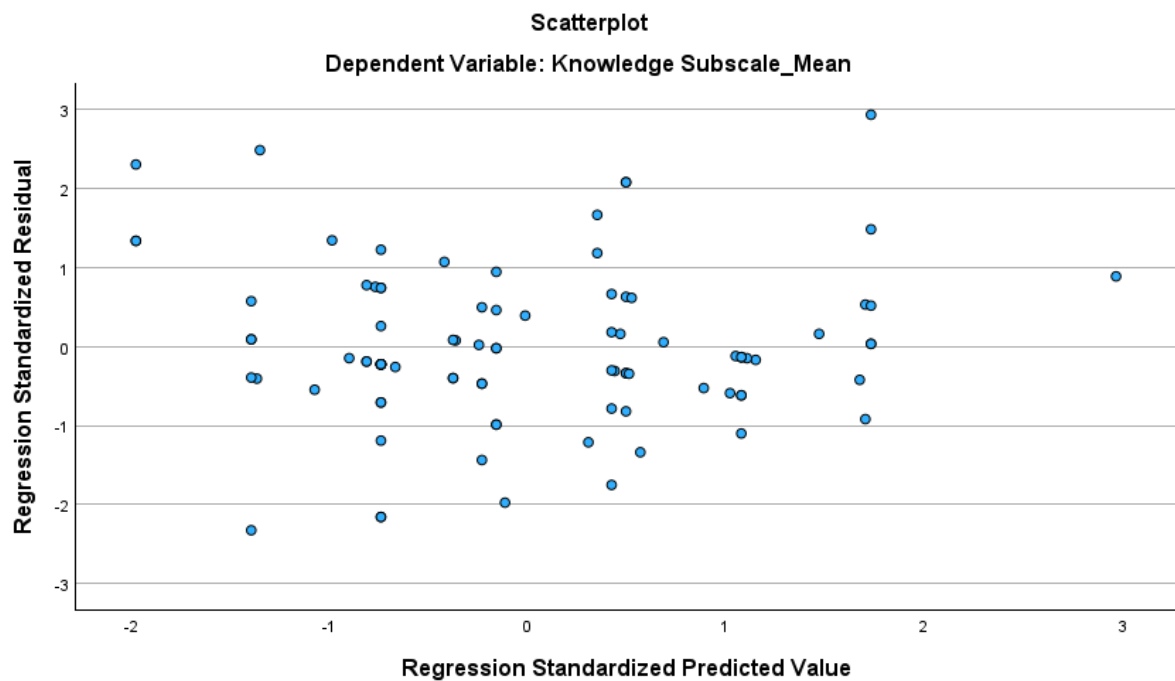


Appendix M - The assumption of homoscedasticity for the four subscales

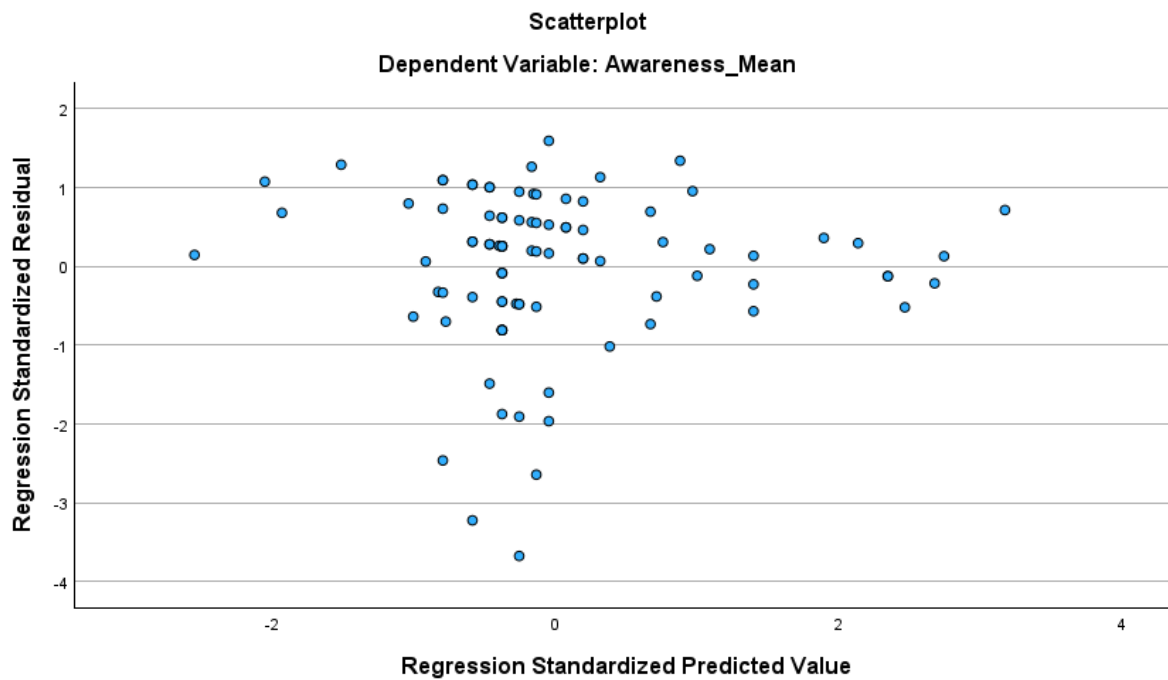
Scatterplot for the non-ethnic subscale



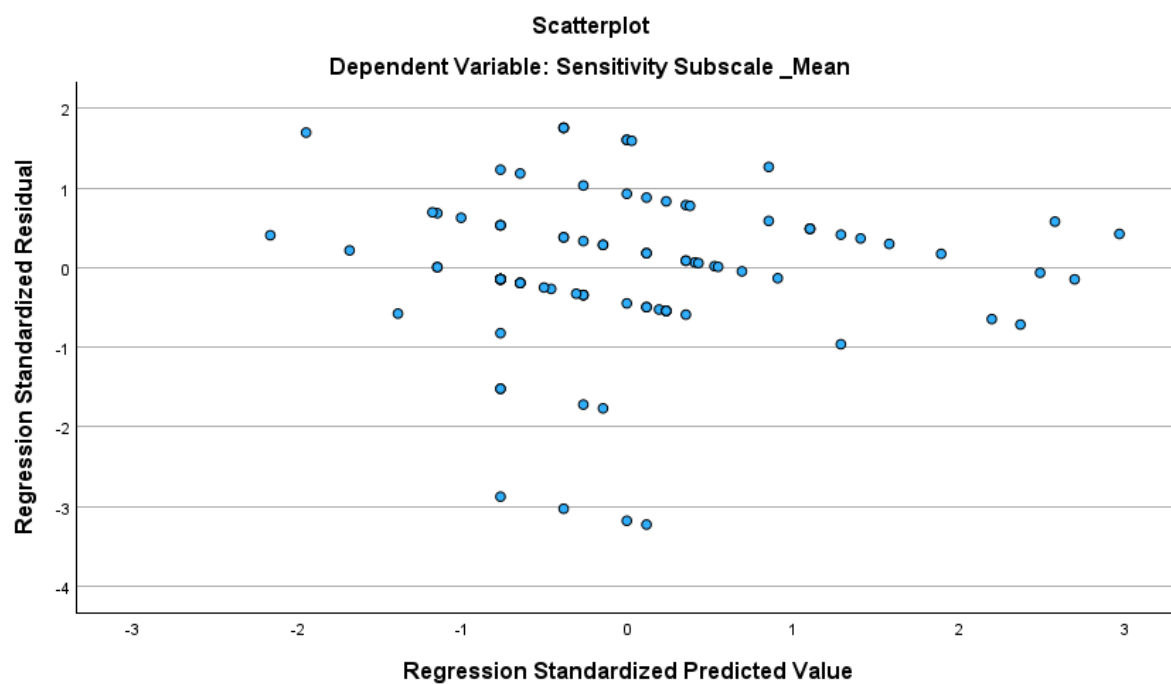
Scatterplot for the knowledge subscale



Scatterplot for the awareness subscale

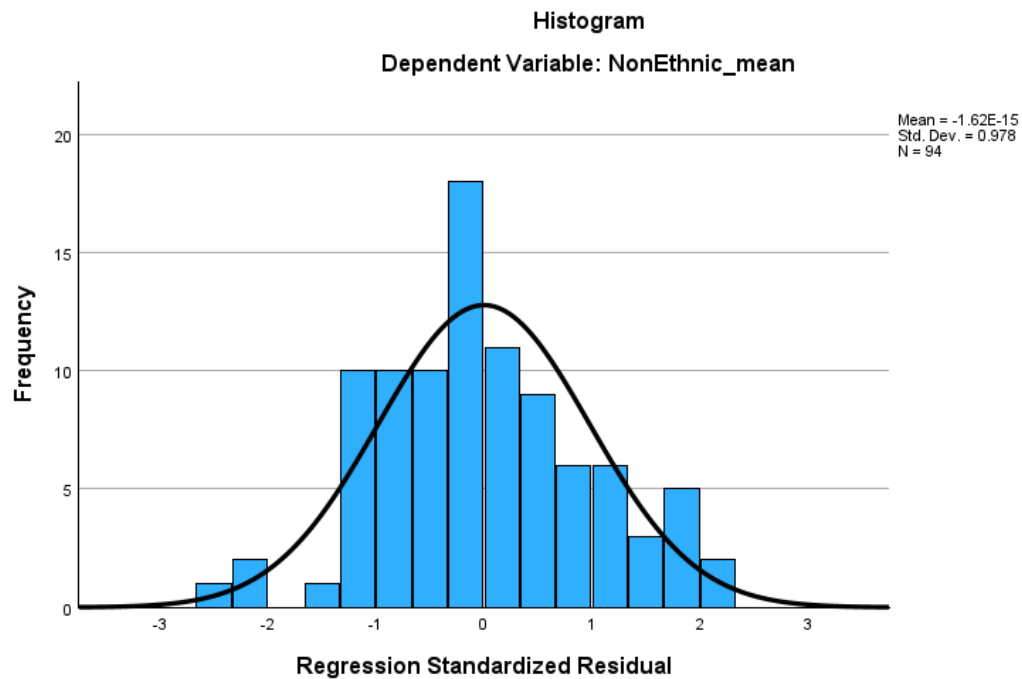


Scatterplot for the sensitivity subscale

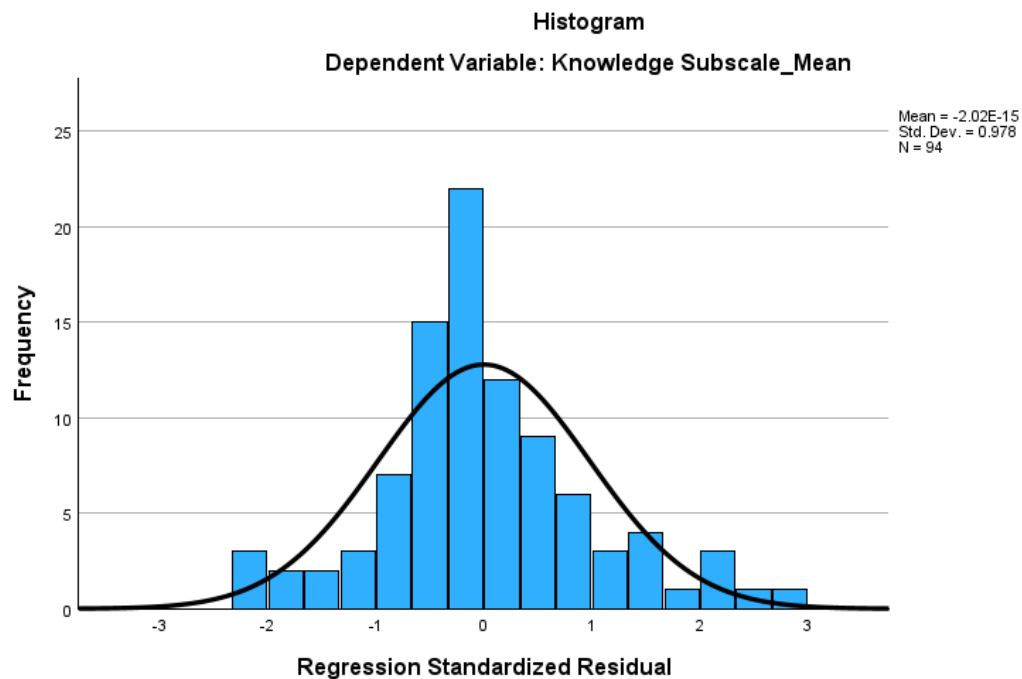


Appendix N – Test of normality for the four subscales

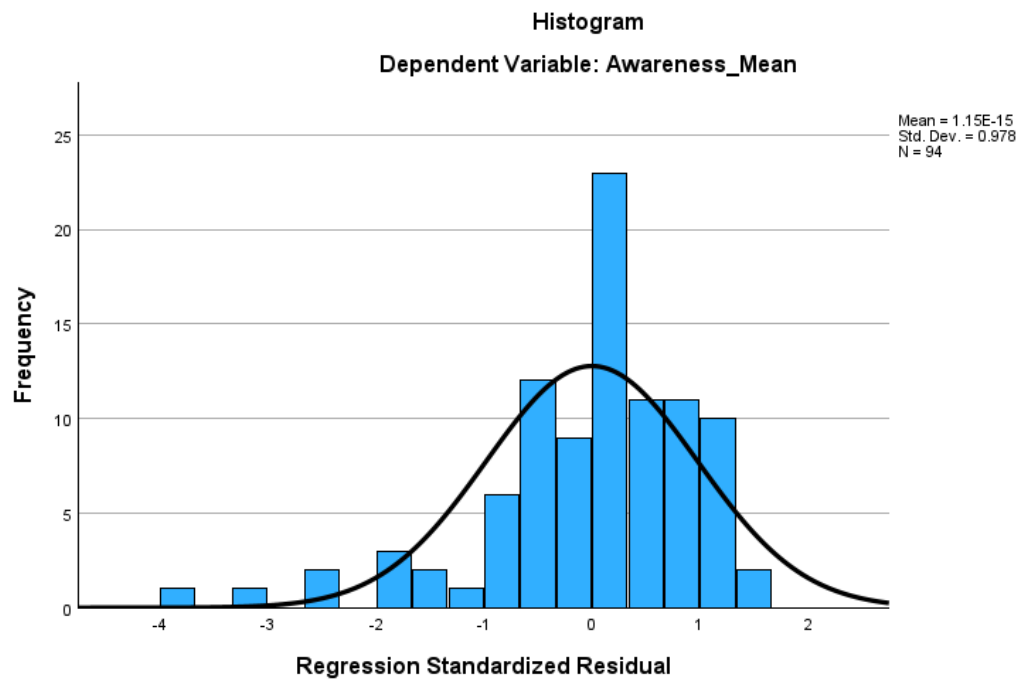
Histogram for the non-ethnic subscale



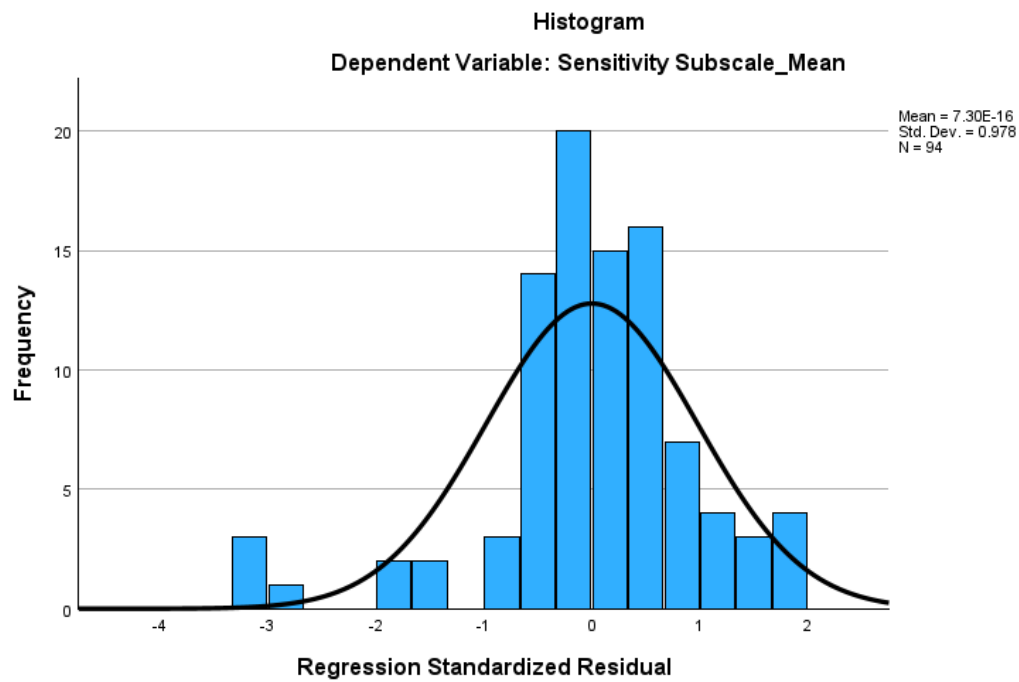
Histogram for the knowledge subscale



Histogram for the awareness subscale

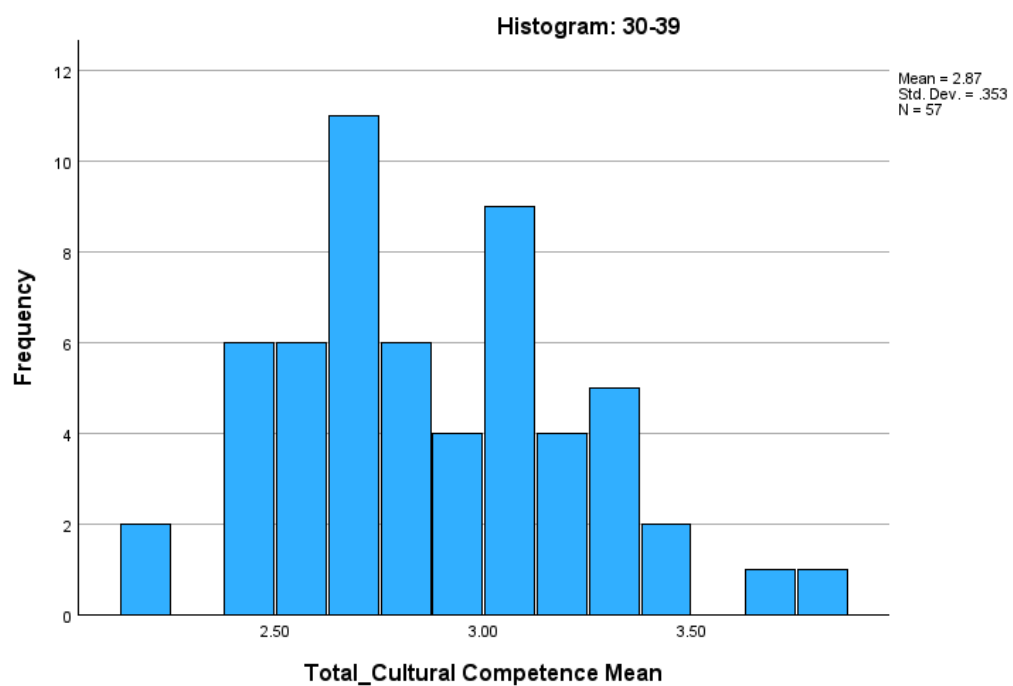
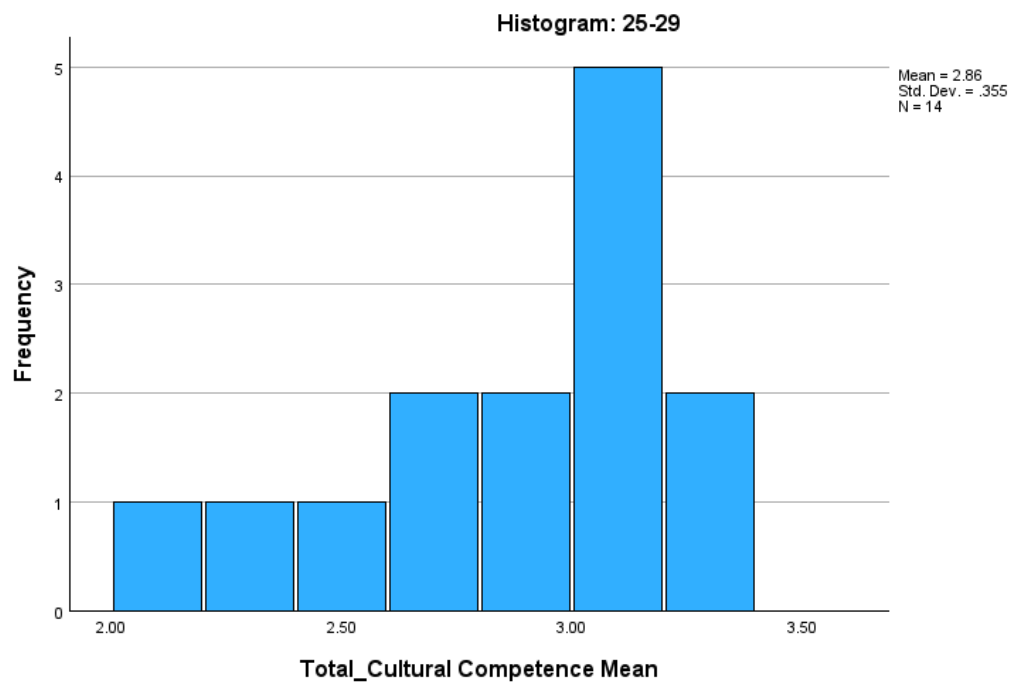


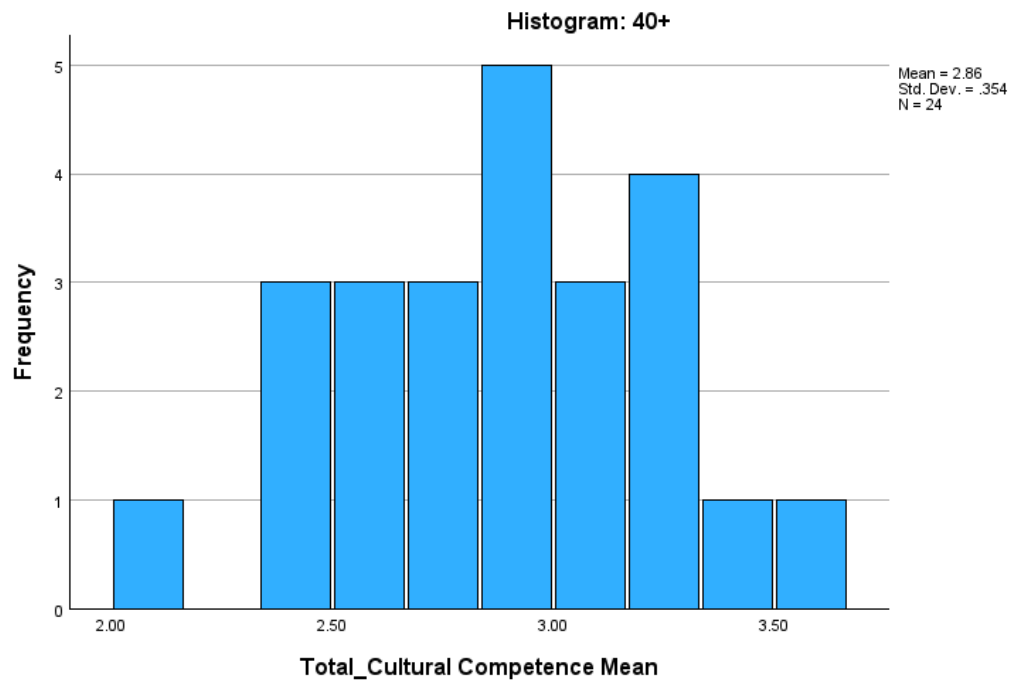
Histogram for the sensitivity subscale



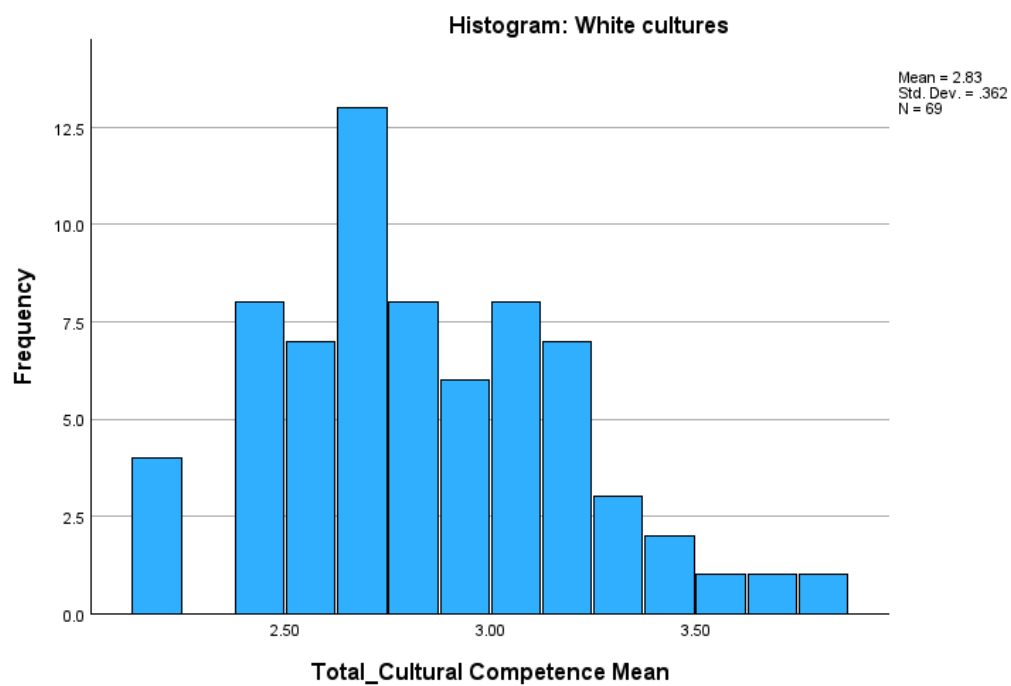
Appendix O: Test of normality for demographic variables

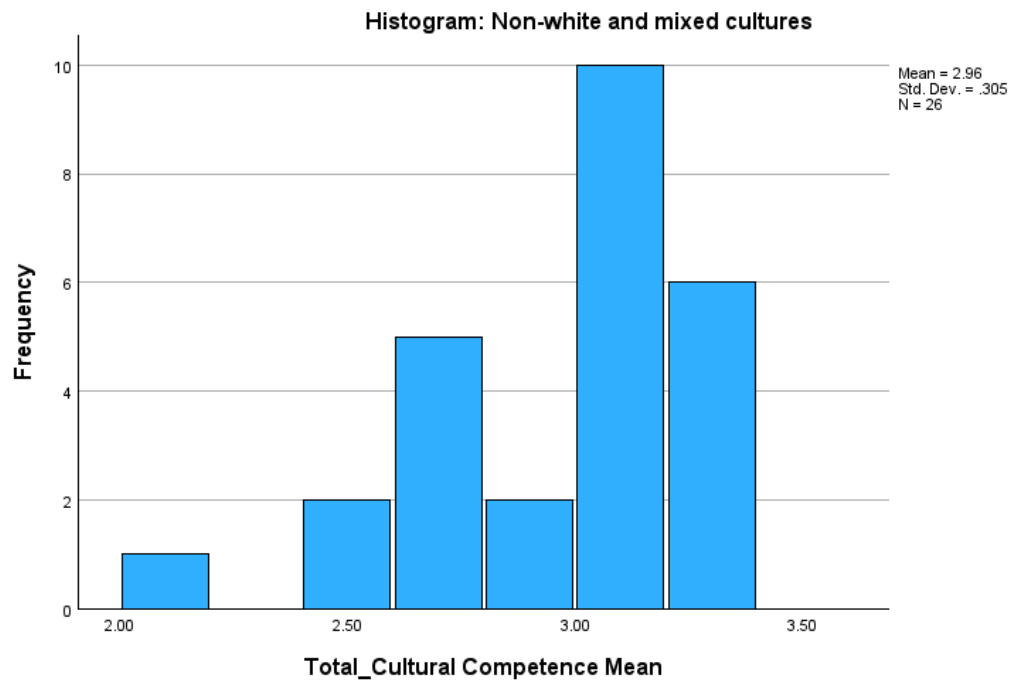
Test of normality for age



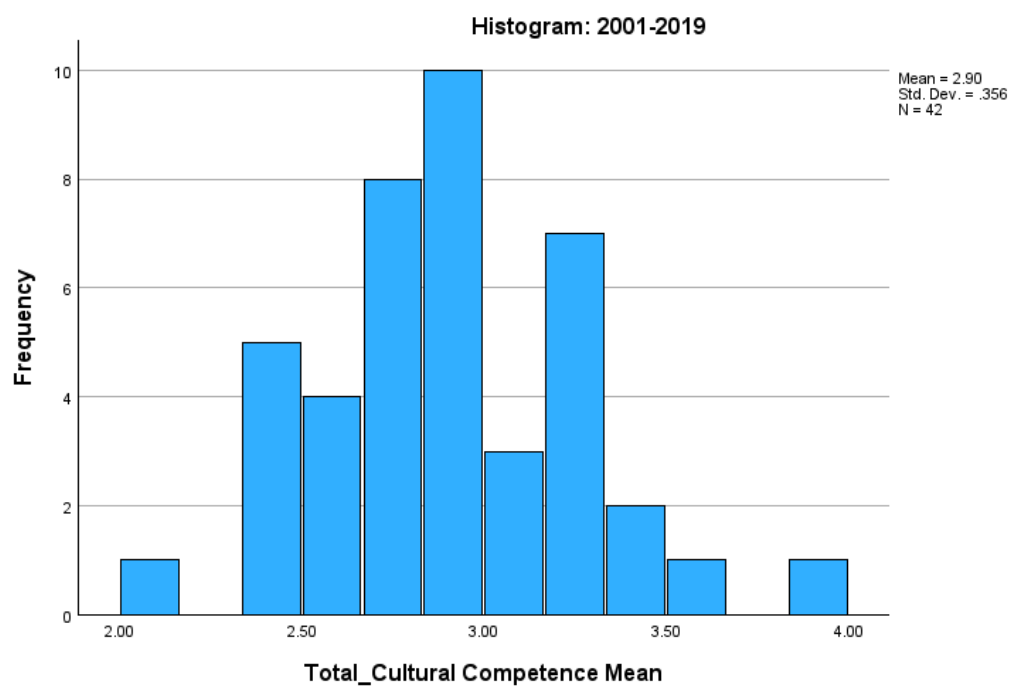


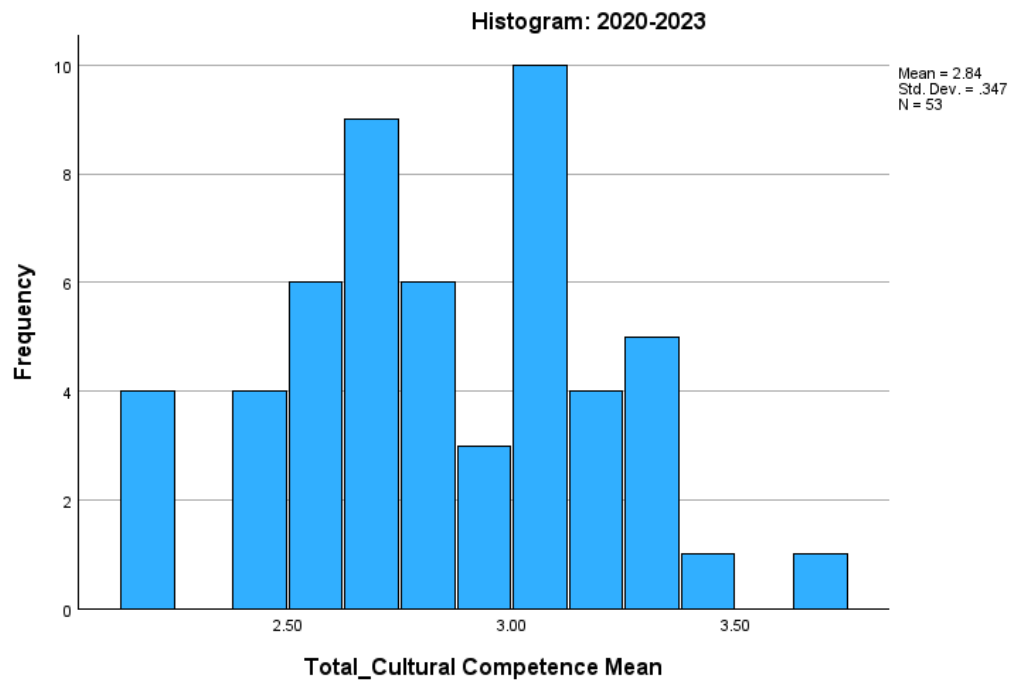
Test of normality for ethnicity





Test of normality for year of qualification





Appendix P – Participant information sheet

Participant Information Sheet

You are being invited to take part in a research study. The information below will explain the aim of the research and what taking part in this study will involve. We would be grateful if you could take a few minutes to read this information sheet to help you decide whether you would like to take part in this project. If you have any more questions about this research, please feel free to ask the researcher by contacting the researcher on the email address below. You must have access to Microsoft Teams to be able to participate in this study.

What is the purpose of the study?

The experiences of Forensic Psychologists training upon their engagement in culturally competent practices. Therefore, you will be asked about your training and education as well as the implications of this upon your practice.

What will I do if I take part?

If you are happy to take part in this study, you will be asked to consent to take part in the research by signing a consent form. After this you will be invited to participate in an online semi-structured interview where you will be asked demographic questions followed by questions about training and experiences in practice working with various cultures. This will take approximately 1 hour to complete.

Do I have to take part?

Participation in this study is completely voluntary. If you do not wish to complete the interview, there will be no negative consequences for you. If after reading this information you do not wish to take part, then you may no longer proceed with the rest of the questions.

What if I want to withdraw?

You can stop participating at any point during completion the study. As data is anonymised you will be asked to create a participant's number. If you complete the questionnaire but later decide you don't want your data to be included in the study then you can withdraw your data any time before X (as this is when data analysis will begin). To do this, let the researcher contacting them on the email below to remove your data and telling them your participant number. There won't be any negative consequences and you don't have to give a reason.

What are the benefits of taking part?

There will be no direct benefits to you for taking part. However, the data has the potential to help tailor support for individuals working with Psychologists to ensure they are trained to deliver culturally competent practice.

What are the possible disadvantages and risks of taking part?

If you find any of the questions upsetting and wish to talk to someone then please speak to the interviewer. Your responses will be kept confidential at all times. The only time something you say will not be treated as confidential would be if you were to say something that indicated that you or other people are at risk of harm.

Will all the information I give be anonymous?

The interview will be recorded to be able to analyse the data, you will be notified when the recording begins to ensure all information is anonymous. Interviews will be transcribed into written format which will be shared with the researchers and an expert to confirm the analysis is accurate. All data will be anonymised prior to sharing with other researchers and experts. Your name and any other identifiers will not be revealed in reporting on the project. Only the researcher will have access to your participant number. All data (consent forms and interview recordings) will be analysed on a secure drive. No other individuals will be informed that you have taken part in the research. This is in line with the Data Protection Act 2018.

What will happen to the results of the study?

The data will be analysed and written up in a report which will be seen by the University of Nottingham. The write-up might also be reported in a further publication. As mentioned, no personal information will be put in the report.

Who is organising the research?

The research is being organised by Dr Mohsen Tavakol, and Chelsea James.

What if I have questions?

If you have any questions regarding the research, then please ask the researcher by contacting Chelsea.james@nottingham.ac.uk

Appendix Q – informed consent

Participant Consent Form

Please **tick** each box if you agree with the following statements:

☐ I have read the information sheet, and have understood the information I have been given. I have been given the opportunity to ask further questions regarding my participation in this study.

☐ I understand that I can withdraw from the study up until X without having to explain my reasons. I have taken note of my participant number.

☐ I understand that the decision to withdraw from the study will have no negative consequences for me.

☐ I understand that my name, workplace or any information by which I could be identified will not be reported in this study or any publications.

☐ I understand and agree that information on my demographics will be taken for data analysis, but these details will remain anonymous when being recorded.

☐ I agree for my interview to be recorded on Microsoft Teams to be able to be transcribed for analysis

☐ I wish to participate in this study under the conditions explained in the information sheet..

Appendix R – Participant debrief form

Participant Debrief Form

Thank you for taking part in the study. Your involvement in the study has been very helpful.

The aim of this study is to research the experiences of Forensic Psychologists training upon their engagement in culturally competent practices. This is the second part of a two-part study, the first part is a quantitative study consisting of an online questionnaire. If you wish to participate in the first part of the study please let the researcher know

If you have any questions or concerns about the study, please contact Chelsea James on

Chelsea.james@nottingham.ac.uk

Again, thank you for your time and co-operation.

Appendix S – Interview schedule

Topic area	Questions/prompts
Understanding of cultural competence in forensic psychology	<ul style="list-style-type: none"> • What is your understanding of the term cultural competence? • Do you feel that the criminal justice system is culturally competent? In what ways? • Do you feel that psychology as a profession is culturally competent? How so?
Experiences of cultural competence practice	<ul style="list-style-type: none"> • Can you tell me about a time you engaged in culturally competent practice? <p><i>Can you explain what clients or situations come to mind when thinking about being culturally competent?</i></p> <ul style="list-style-type: none"> • Can you tell me about your understanding of cultural incompetence? <p><i>Tell me about a time your practice may have been culturally incompetent?</i></p> <ul style="list-style-type: none"> • Where do you think your strengths are when thinking about culturally competent practices? • Where do you think your weaknesses are when thinking about cultural competence?
Experiences of cultural training	<ul style="list-style-type: none"> • Prior to qualifying, can you tell me about any training opportunities you were offered to learn about cultural competence? • Since qualifying, can you tell me about any training opportunities you have had to learn about cultural competence? <p><i>How did you find that? What did you learn from that experience? Could you tell me more about that? Has there been any training that seems more useful for you?</i></p> <ul style="list-style-type: none"> • Is there any further training you would have liked to have received? <p><i>If so, what would that look like? Are there any barriers?</i></p>
Experiences of alternative training approaches	<ul style="list-style-type: none"> • Can you tell me about any ways, outside of training courses, where you have learnt more about cultural competence?

	<p><i>Can you tell me about your experiences of supervision?</i> <i>Can you tell me about your experiences of being a supervisor?</i></p> <ul style="list-style-type: none"> • What do you think you need to develop your ability to be culturally competent in your practice?
Other impacts on cultural competence practice	<ul style="list-style-type: none"> • Do you feel comfortable to talk about cultural competence with colleagues and service users? • Can you tell me about any barriers that may impact talking about cultural competence <p><i>Does fear of saying something wrong, impact on your ability to engage in culturally competent practices?</i></p> <ul style="list-style-type: none"> • Have your experiences of learning about cultural competence been impacted by those around you? • Does your own culture have an impact on your ability to be culturally competent?

Appendix T – Transcripts with initial codes, NVivo

about it?

Interviewee

Umm, I think. Generally through. Erm I guess through training for the last uh, year newly qualified role as well as kind of building the relationships on the ward as well thought and something's going out of my mind. Yeah, that this was actually, I suppose back to a different question, but thinking about kind of when supervisors are being this first gentleman I was speaking about who was repatriated Pakistan and one re of advice was actually to do the intervention with a colleague, a nursing staff colleague erm from the same religion as him and kind of. They're the understanding of the reason for that was that actually me coming in and saying ohh this is unacceptable, in trouble doing this. It was, had less weight in than actually someone saying actual these beliefs are completely valid. But this is where you're slightly getting it wrong, we ever actually managed to. That was never kind of went into like fruition and we sort of carry out that, but that was always a really it was a really helpful idea to think of what. Umm. Yeah. What? What? What is like what's an effective bit of intervention thinking about doing joint working with someone who those conversations where those conversations to be part of it. And also I suppose is ongoing learning for me, actually they may feel more connected to someone who has a better understanding of the difference is.

CODE STRIPES

- Awareness
- Inappropriate language within MDT
- Barriers
- Lack of training opportunities
- Helpful learning from other cultures in the MDT
- Independent learning
- Working in an MDT
- Supervision
- What does cultural competence mean to psychologists

Coding Density

that that word has been kind of used, especially against prison officers that's desensitised them to the actual impact of that experience. So huge barrier that people aren't. To appreciate that not being culturally doesn't reflect who they are as a person. It's an area of what they're and I think as well, just a lot of systems. So again, in my hospital setting majority of the senior team were white. And I think in my community same as well. So it just wasn't there wasn't anybody in the room who actively think about it, if that makes sense, and because there were for example, like backgrounds or different cultures in those roles. So we then had to think about it. I think sorry, we had to actively think about it. I think other thing is like resources and capacity. So I think the criminal system in general is full of professionals who are burnt out and don't have thinking space and we're all over capacity in terms of workload about anything other than what naturally comes to mind. There just and I think that's quite a systemic problem in terms of resources. I know, be able to prep for each session, have an hour before it to prepare right? What do I need to consider for this person? But I don't. It's right.

CODE STRIPES

- Formal training
- Supporting MDT staff to learn
- Cultural competence isn't a focus
- Working in an MDT
- Feeling safe to talk
- Started conversations about race
- Staff and training are often one culture
- Supervision
- Awareness
- Spending time with different cultures
- People lacking self-awareness of what they need to learn
- Awareness and curiosity
- Barriers having conversations with officers
- What does cultural competence mean to psychologists
- Benefits of discussion and reflective spaces
- Learning from talking to clients
- Lack of training opportunities
- Anxious about saying something wrong
- Alternative to training
- Barriers

Coding Density

...think it's a similar conversation to have because I'm and accepting of the fact that they're not culturally competent. I can only talk from my experience, but as a white female culturally competent. I've got, I don't have that life experience the training in the world, but there's still a massive lack of going to have. And I think I'm OK with understanding that error for me to constantly think about and improve on. It mean that I'm associated with words such as kind of a racist people in the system here not being culturally competent not cultural competence. And here you're racist. And by that word. I think it then makes them really retreat and get defensive don't want to be matched with that word. Especially in that that word has been kind of used, especially against that's desensitised them to the actual impact of that experience huge barrier that people aren't. To appreciate that not being doesn't reflect who they are as a person. It's an area of what they're and I think as well, just a lot of systems. So again, in my majority of the senior team were white. And I think in my

CODE STRIPES

- Feeling safe to talk
- Started conversations about race
- Supervision
- Awareness
- Spending time with different cultures
- People lacking self-awareness of what they need to learn
- Awareness and curiosity
- Barriers having conversations with officers
- What does cultural competence mean to psychologists
- Benefits of discussion and reflective spaces
- Learning from talking to clients
- Lack of training opportunities
- Anxious about saying something wrong
- Alternative to training
- Barriers

Coding Density

Appendix U – California Brief Multicultural Scale (CBMCS)

- 1) I am aware that being born a minority in this society brings with it certain challenges that the leading majority does not have to face.
- 2) I am aware of how my own values might affect my client.
- 3) I have an excellent ability to assess, accurately, the mental health needs of persons with disabilities.
- 4) I am aware of institutional barriers that affect the client.
- 5) I have an excellent ability to assess, accurately, the mental health needs of lesbians.
- 6) I have an excellent ability to assess, accurately, the mental health needs of older adults.
- 7) I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial and/or ethnic backgrounds.
- 8) I am aware that counselors frequently impose their own cultural values upon minority clients.
- 9) My communication skills are appropriate for my clients.
- 10) I am aware that being born in the leading majority in this society carries with it certain advantages.
- 11) I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.
- 12) I have an excellent ability to critique multicultural research.
- 13) I have an excellent ability to assess, accurately, the mental health needs of men.
- 14) I am aware of institutional barriers that may inhibit minorities from using mental health services.
- 15) I can discuss, within a group, the differences among ethnic groups (e.g. low socioeconomic status (SES), Puerto Rican client vs. high SES Puerto Rican client).
- 16) I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.
- 17) I can discuss research regarding mental health issues and culturally different populations.
- 18) I have an excellent ability to assess, accurately, the mental health needs of gay men.

- 19) I am knowledgeable of acculturation models for various ethnic minority groups
- 20) I have an excellent ability to assess, accurately, the mental health needs of women.
- 21) . I have an excellent ability to assess, accurately, the mental health needs of persons who come from very poor socioeconomic backgrounds.