A Call to Action for an Antiracist Clinical Science

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Abstract

Clinical psychological science is a field committed to reducing the negative impact of psychiatric illness through innovative research and psychological treatments. Unfortunately, the impact of racial injustices that pervade American society and permeate our academic institutions is felt not only by those who seek our services as mental health providers, but also by the individuals who work in our departments as faculty, staff, and students. Representing the collective work of numerous graduate students and postdoctoral trainees from multiple institutions, this call to action instantiates the need for prompt and consistent efforts towards dismantling institutionalized racism and inequity in clinical science. Specifically, we articulate the multiple roles our field plays in perpetuating racial oppression and outline concrete demands and recommendations for structural reform in the following key areas: (1) the mental health needs of Black, Indigenous, and People of Color (BIPOC) students, (2) clinical training and supervision, (3) curriculum and pedagogical approaches, (4) research and methods, and (5) the recruitment, retention, and success of graduate students and faculty.

Clinical Science: A Call to Action

"*Though I am gone, I urge you to answer the highest calling of your heart and stand up for what you truly believe. When historians pick up their pens to write the story of the 21st century, let them say that it was your generation who laid down the heavy burdens of hate at last and that peace finally triumphed over violence, aggression and war."*

John Lewis

For many of us, the image of a White Minneapolis police officer putting his knee on the neck of George Floyd for nearly nine minutes has been seared into our consciousness. Floyd's last words – "I can't breathe" – represent not only an unarmed Black man's tragic plea for help, but a destructive history of suffocating Black America in nearly every facet of life (e.g., policing, incarceration, health). The unjust and horrific murders of George Floyd, Ahmaud Arbery, Breonna Taylor, Oluwatoyin Salau, James Scurlock, Rayshard Brooks, Tony McDade, and too many others before and after them (see Appendix A) reflect centuries of systemic racial injustices toward Black and Brown communities, particularly for those who exist at the intersection of multiple, marginalized identities based on factors such as sexual orientation, gender, class, immigration status, and ability.

Unfortunately, the subtle and overt manifestations of this oppression within our colleges and universities have historically been ignored under the presumption that these are fair, meritorious institutions far removed from the racial injustices that plague society. Yet universities remain ivory towers perpetuating institutionalized forms of racism, oppression, and inequity, and clinical science is certainly not exempt. Our curriculum and current approaches to clinical training, clinical supervision, research, and recruiting and evaluating faculty and students are laden with overt and covert forms of racism that reinforce White supremacist culture. As a field committed to reducing the negative impact of psychiatric illness through innovative research and psychological treatments, the impact of these racial injustices is felt not only by the individuals who work in our departments as faculty, staff, and students, but also by those who seek our services as mental health providers. It is unacceptable for us to ignore these injustices and their impacts.

Representing the collective work of numerous graduate students and postdoctoral trainees from multiple institutions, this document instantiates the need for prompt and consistent efforts towards dismantling institutionalized racism and inequity in clinical science. In the sections that follow, we articulate the multiple roles our field plays in perpetuating racial oppression and outline concrete demands and recommendations for structural reform in the following key areas: (1) the mental health needs of Black, Indigenous, and People of Color (BIPOC) students, (2) clinical training and supervision, (3) curriculum and pedagogical approaches, (4) research and methods, and (5) faculty hiring and graduate recruitment, retention, and success.

We acknowledge that pushing against tradition and normative practices that have been institutionalized is profoundly challenging, but we cannot rely on good intentions alone to produce systemic change. Instead, we urgently call on programs to commit with steadfast resolve to the difficult but necessary task of dismantling policies, practices, and systems that have long contributed to racial inequities in clinical science training and practice. This work is necessary, because to change the field of psychology we need to start from the beginning – and that is with training and the environment of training programs. Our hope is that the recommendations outlined in this document will serve as a blueprint that guides programs in developing their own comprehensive plan for creating and maintaining socially just and racially equitable environments.

Although this call to action centers on reform at the departmental/program level, we would like to take a moment here to address the faculty in our programs who hold leadership positions in peer-reviewed journals as Editors, Associate Editors, or Consulting Editors. Perhaps reflecting that there are currently limited vehicles for disseminating this type of effort, it was challenging to find a journal that was receptive to supporting the publication of this call to action. Thus, we are incredibly thankful to JCCAP for

their willingness to hear our concerns and create a space for trainees' voices to be heard about these important issues. We call on other journals to follow JCCAP's model. As clinical scientists, we value the importance of rigorous research and the value of objectivity. However, it is important to acknowledge that the lens through which we view our research is inevitably shaped by our social identities, including those that place us in positions of privilege and power. Thus, it also follows to reason that the systems that support the dissemination of our research (i.e., peer-reviewed journals) may also be structured in ways that reflect the privileges of those that lead them. We call on the journals in our field to critically reflect on how their current practices, including the types of work considered for publication, may be reinforcing racial inequities in clinical psychology and our communities. Our ultimate goal is that clinical psychology will be an inclusive field of researchers, clinicians, teachers, and leaders who reflect the diversity of the community we serve and are equipped with the knowledge, awareness, and skills to combat long standing social injustices, alleviate health disparities, and improve people's lives (see Figure 1). We invite ALL members of the clinical science community to join us in this necessary work.

Section I: Addressing the Specific Mental Health Needs of BIPOC Students

Greater levels of unmet mental health needs have been consistently found among BIPOC students compared to White students.[1,2] Graduate students may be particularly at risk due to the longstanding lack of diversity in academia, which heightens minority status stress and may also contribute to stereotype threat and impostor syndrome. Clinical psychology programs and internship sites need to ensure that their BIPOC students are adequately supported by their institution and department by taking the following steps:

1. **Increase Mental Health Resources for BIPOC Students**. Prior studies show that Black students in predominantly White institutions experience lower levels of social support and more feelings of isolation and alienation compared to Black students in historically Black colleges.[3] Doctoral programs in clinical psychology are predominantly White; thus, many Black graduate students often find that they are one of the few – or perhaps the only person – in their entire department who identifies as BIPOC.[4] This is particularly problematic given that, whereas higher education and income is associated with lower reported discrimination among White Americans, the reverse is typically observed for Black Americans. Specifically, higher education level and income among Black Americans are related to greater reports of discrimination and subsequent mental health difficulties, a pattern that may be explained by disproportionate exposure. Black Americans pursuing postgraduate education have more frequent contact with White people and thus may experience more frequent daily racism and microaggressions.[5,6]

   Specific mental health resources and sources of emotional support need to be made available for BIPOC students, including therapists and counselors trained in addressing racial trauma and experienced in working with BIPOC students. These sources of support need to be *accessible, free or low-cost, and exclude any dual relationships* (e.g., cannot be their clinical supervisor, research advisor, or alumni from the program who they may know). Mental health resources should include:

   a. **A regular 'safe space' for BIPOC students led by mental health professionals** (e.g., therapists from the student counseling center) who have appropriate expertise and training to facilitate discussions about race-based concerns. If such staff are unavailable in a program, the department must hire people for this role. Each program should assess the ethnic/racial compositions of their program/department to determine whether participation in such groups should be limited to BIPOC students in their program or expanded to include the department, college, university, or multiple universities to maximize reach and engagement. Examples of 'safe space' programming can include:
      i. ***Healing/support/counterspace for Black students***. Black counterspaces (e.g., support groups, healing spaces, social groups) on campus have been shown to provide social support and increase positive interactions associated with school, in turn, ameliorating effects of racial trauma for Black students in higher education.[7–10] However, few graduate programs currently offer these types of resources for Black

students. Suggestions for cultivating a safe space include setting ground rules to which each participant must consent (e.g., respect each other), establishing confidentiality, and abiding by group rules or risking removal from the group's session. When there are public health risks that prohibit in person gathering (e.g., COVID-19), remote options should be considered, including an online video conference format during which students must turn their camera and mic on to participate. Programs in rural areas where it may be more difficult to find available BIPOC mental health professionals may also consider leveraging video conferencing resources or community-based resources to maximize reach indefinitely (i.e., beyond the duration of shelter-in-place orders in response to COVID-19). The department should be responsible for funding and coordinating the group, or hire someone to do so. These groups should include ongoing, regular meetings to discuss topics relevant to Black students. Note that these groups are not meant to be mandatory, but an additional, optional resource to increase access to mental health equity for Black students who face unique challenges in clinical science and academia.

ii. ***Support group for BIPOC students led by BIPOC therapists****.* Recommended topics to cover include, but are not limited to: Processing racial injustice (e.g., police brutality); Anti-Blackness; Racism; Intersectional microaggressions; Challenges in mentorship (cultural incongruence); Challenges in the classroom (related to race, ethnicity); Peer conflict; Allyship; Addressing systemic change within the department; Racially/Culturally relevant coping strategies to process racial trauma. While BIPOC therapists are ideal in facilitating support groups, we recognize limited access to BIPOC therapists may present a potential barrier for some departments. In the case that this is not feasible in the immediate short term, the department could temporarily consider alternatives such as: White therapists who are experienced in addressing these topics with BIPOC students, hiring a BIPOC therapist to lead a virtual group, or providing resources to facilitate a student-led group (with special attention to decreased burden on BIPOC students).

iii. ***Affinity groups*****.** Similar to the Black counterspaces described above, affinity groups for specific racial/ethnic groups (e.g., Indigenous, Latinx, Asian/Pacific Islander) may be helpful as an additional resource for increasing social support depending on the department/university's ethnic composition and student needs, which should be directly considered. While department-organized affinity groups are ideal, we also recognize that this may not be feasible for all groups or universities (e.g., for Indigenous students working towards degrees outside of reservations with limited remote conference resources). If this is the case, departments/universities need to evaluate what they can do to maximize support for these students; whether that is creating connections with other neighboring universities, providing resources to set up virtual networks, or other actions to actively create these spaces.

iv. ***Ally group****.* Ally group. A space for White student allies to process the topics described above and to help reserve the other groups as a safe space for BIPOC students. When White allyship is properly cultivated, it has the potential for building effective partnership in advocacy efforts and promoting belonging for BIPOC peers.

b. **A list of accessible, and free/low cost mental health and resilience promotion resources available to BIPOC students** at or near the graduate institution needs to be made available at the beginning of the academic year. This will likely require departments to research local or accessible remote mental health services and build connections with therapists in the community to develop a relevant list. This list of resources must include:

i. *BIPOC therapists for individual and group therapy*. Meta-analytic evidence suggests that people generally have a moderately strong preference for a therapist of one's own race (Cohen's d = 0.63).[11] Yet, compared to White students, BIPOC graduate students are significantly less likely to find a mental health provider of their own race.

ii. *Therapists who have expertise in addressing racial trauma*.

iii. *Therapists who emphasize cultural sensitivity and cultural humility* as central to their therapeutic approach.
iv. *Therapists who maintain a strengths-focused approach and provide resilience promotion skills (e.g., problem solving, mindfulness, emotion awareness).*
v. Therapists who emphasize cultural sensitivity and cultural humility as central to their therapeutic approach.

If students receive student health insurance, the list should be regularly updated to reflect who accepts their student insurance plan; a list of resources that are not actually accessible to students should not count as a resource list. Further, in cases where the common practice is to first require a visit with campus mental health services before students get to see an outside provider, a referral process should be streamlined to avoid any mandatory overlap between the spaces in which students may receive clinical training and where they receive services.

Providing mental health resources is a necessary but not sufficient step to supporting BIPOC students. Notably, stigma related to seeking mental health support is a major barrier to the utilization of services,[12,13] particularly for BIPOC students, for whom higher levels of perceived discrimination and psychological distress have been linked to greater levels of stigma for seeking mental health care.[14] Thus, programs must not only provide but also normalize the use of mental health services. Such messages should come not only from the Director of Clinical Training but also from faculty mentors to their graduate student advisees.

2. **Foster a Climate of Inclusion, Belonging and Antiracism.** Racial discrimination and other forms of race-based traumatic stress (i.e., racial trauma) are robustly associated with a wide range of negative mental health and academic outcomes.[2,3,15–18] Department and area leaders need to prioritize creating and maintaining a departmental cultural climate in which antiracism is openly discussed, addressed, and modeled to other faculty, staff, and students. These efforts should include discussions and activities aimed at increasing student knowledge of oppression and marginalization issues, increasing self-reflection surrounding race and racism, and normalizing and modeling regular dialogue about these topics between students and faculty in the department. Students should be expected to participate in these activities beginning during their first year of graduate school and consistently thereafter. Graduate student orientation, for example, is a space where these conversations can begin, and expectations regarding antiracism, diversity, and inclusion can be explicitly communicated and then upheld throughout graduate training. These efforts should be paralleled for faculty, as they contribute significantly to a department's climate. Further, ***programs should aim to cultivate a culture in which individuals– particularly, White allies – are encouraged to intervene after witnessing racial microaggressions or other oppressive actions in their professional environment***. Initial discussions and activities should be led by faculty who have completed appropriate training to facilitate. As students and staff gain training in cultural humility and increase their awareness, knowledge, and skills in discussing these topics, they may also benefit from opportunities to lead these discussions and activities.

    a. **Examples of activities that programs can use include:**
        i. ***Anonymous Privilege Walk***[19] activity to provide students with the opportunity to understand the intricacies of privilege and intersectionality. Anonymizing student responses to privilege exercise questions may help to decrease the likelihood that the activity instigates feelings of guilt or shame related to their respective privilege or lack of privilege related to any aspects of diversity.
        ii. ***Facilitated small group or think-pair-share discussions*** on various examples of racism and microaggressions.
        iii. ***Facilitated role plays of scenarios related to racism, microaggressions, and allyship*** involving interactions among students, faculty and staff in academia with roles as perpetrator, bystander and microaggressed (e.g., White students speaking up during a class discussion in which the professor or a peer makes racially insensitive comments).

b. **Examples of resources to educate students, staff, and faculty or to guide discussions include:**
    i. One-page handouts on Microaggressions[20] and Microinterventions.[21]
    ii. 'ADDRESSING' Model,[22,23] which emphasizes cultural influences as a multidimensional combination of Age, Developmental and acquired Disabilities, Religion, Ethnicity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender.

3. **Establish a System for Minimizing the Negative Impact of Traumatic Racial Events on Graduate Student Outcomes, Including Academic Performance and Clinical Training**. There has been a rapidly increasing number of videotaped incidences of police violence against Black people that are repeatedly shared across multiple media and social media outlets. Studies have shown that among Black viewers (but not White viewers), exposure to these widely televised experiences of racial trauma leads to symptoms associated with PTSD (e.g., anxiety, anger, fear, worthlessness, attention and concentration difficulties, sleep disruptions), which are known to negatively impact mental health outcomes and academic performance.[24–27] It is negligent for doctoral programs to expect that Black students experiencing the negative emotional, physical, and mental sequelae of racial violence should continue to seamlessly excel in coursework, provide therapy and mental health services, and produce research at the same pace in the weeks directly following a traumatic racial event. ***Thus, it behooves every program director and faculty member to seriously reflect on how their graduate program's current procedures are influencing Black students in the context of these recurring traumatic racial events***: Are your department's current systems designed to directly support the mental health and academic outcomes of Black students following these events? Or, by overlooking or potentially minimizing these issues, are they exacerbating the negative impact of these events on Black student outcomes and ultimately contributing to systematic inequities that pervade our field? To support Black students and minimize the impact of these traumatic racial events on their mental health and academic trajectories, departments need to do the following:

    a. **Following any highly publicized or local traumatic racial injustice events, the department's response to events needs to be publicly addressed to the student body as soon as possible, ideally within 24 hours.** Although the content and timing of departmental messages may, in some cases, be limited or controlled by directives from the larger university or institutional system, departments should aim for their messages to, at the minimum:
        i. Name the victim(s).
        ii. Acknowledge the victim's race (i.e., if the victim was Black, use "Black" instead of "person of color").
        iii. Denounce the systemic racism that is underlying these acts of racial violence.
        iv. Directly state the department's support of Black and other BIPOC students, faculty, and staff.
        v. Offer BIPOC students mental health resources to directly address racial trauma.

    When programs fail to address these events directly or only do so after pressure from BIPOC individuals, they remain complicit in the maintenance of White supremacy in our society. **While racial injustices and traumas have a way of becoming highly politicized, potentially leading program leaders to remain silent about these events in an effort to appear apolitical and "objective," programs must abandon the belief that to speak against racism is to advance a political agenda**. Being silent on these injustices is not neutral, but rather perpetuates harm. This is not about one's political beliefs; this is about basic human rights that have been infringed upon and taken away.

    While George Floyd's death was a horrific act of racial injustice and violence that is not to be minimized in any capacity, the difficult reality is that he is only *one person* among an endless, longstanding list of Black individuals who have been violently harmed or murdered as a result

of police brutality and excessive force. Yet, for most of us, the immediate aftermath of George Floyd's death was the first and unfortunately, the only instance within our departments whereby these acts have been explicitly acknowledged and outwardly condemned as acts of racial violence. Further, many of these emails trickled in the weeks following George Floyd's murder, only after it was evident that this incident was receiving substantial media attention, leading to widespread protests across the country and international support and coverage. Indeed, despite the countless marches and peaceful protests that have taken place since George Floyd's murder, Jacob Blake, an African American man, was shot in the back seven times by a White Kenosha police officer only a few months later, while no officers were charged for their role in the murder of Breonna Taylor, an African American woman sleeping in her home, a failure of justice announced on the 65th anniversary of the acquittals of the murderers of Emmett Till. Black students have continued to be traumatized by this unrelenting and constant injustice against Black lives, yet our departments have remained silent regarding these events. Is this outward silence because these events have not drawn as much media attention as the murder of George Floyd? Is it because the lack of released footage from police body cameras for these events meant the news was not accompanied by an intimate video of a human life being taken away to "prove" the injustice? Or is it because our predominantly White institutions have gotten complacent again, and are slowly reverting back to complicit silence? Regardless, it is unacceptable for departments to publicly condemn certain acts of racial violence only after protests, publicity, and outrage have swept the entire country.

The amount of media attention that George Floyd's death garnered was unprecedented in many ways, and sadly, it is unrealistic to expect that future racial traumas will rise to that level of publicity and outward support. Although we appreciate the role of the media in shaping our understanding of national and world events, the media itself has historically perpetuated racist stereotypes and upheld White supremacy, so programs should refrain from deciding whether or how to respond to an event based solely on how much media attention and outrage that it has received. Thus, in consultation with Black faculty, students, and staff, departments should also establish clear guidelines for deciding when to publicly acknowledge and condemn an act of racial violence.

b. **These incidences of racial violence need to be immediately discussed among faculty. Explicitly addressing the serious consequences that these ongoing traumas can have on Black students' emotional wellbeing and academic trajectories is a necessary first step to begin addressing racial inequities in academia.** Such discussions must include the impact of these events on current Black and other BIPOC students in the program and the specific procedures and steps the department will take to support these students. These procedures need to be transparent to students, and there needs to be a system to hold faculty accountable. These timely actions are critical and necessary steps to prevent these traumatic stressors from further widening racial disparities that have persisted in the field of clinical psychology. For example, departments could consider establishing procedures such as:
    i. Offering Black-identified students an extension on exams or deadlines for papers, projects, or milestones deadlines that occur within two weeks of a local or highly publicized and traumatic racial injustice event such as the murder of George Floyd.
    ii. Offering Black-identified students the option of being relieved of their clinical responsibilities for two weeks after a local or highly publicized and traumatic racial injustice events. The responsibility to arrange for continued care should fall on the department and/or practicum sites.
    iii. Offering Black-identified students the option of being relieved from research meetings and lab duties (e.g., conducting data-collection visits) after a local or highly publicized and traumatic racial injustice event.
    iv. Coordinating with mental health professionals available for BIPOC students to develop specific support groups in the weeks following these events to process

these events (e.g., see *Healing/support/counter space for Black students* examples above). Preferably, these spaces should be established *prior* to an incidence of racial violence.

c. It is important to note that graduate students who identify as BIPOC are often faced with negative stereotypes about their academic abilities and commonly experience microaggressions related to these stereotypes in the university setting.[28,29] As a result, BIPOC students may feel uncomfortable asking for extensions related to traumatic racial events for fear of reinforcing negative stereotypes about their academic capabilities and work ethic. **Thus, it is critical that options for accommodations are initiated by faculty, with careful attention to avoid modes of initiating these procedures that may further stigmatize these students (e.g., avoid public announcements that single out a student of color).** Ultimately, the exact format and mode that is appropriate for providing these accommodations will differ depending on the size of the program, the number of BIPOC students in the graduate program, and the overall climate/openness of discussing race and racism in the department.

d. Finally, although this current call-to-action arose in response to the murder of George Floyd and thus our recommendations above focus primarily on racial violence against Black students, we note that Latinx, Indigenous, Asian, Pacific-Islander, and international students are also experiencing racial violence and injustice, which have been exacerbated during the COVID-19 pandemic. Thus, we call departments to also take steps to better support these students. Such steps include, but are not limited to:
    i. **Provide training for faculty and staff about how citizenship and documentation status impacts students at their institution. Then, provide responsive resources to support the students and minimize the impact of status on educational access. For example, programs might find resources that can help students navigate the process of renewing their DACA status.**
    ii. **Denouncing all xenophobic policies that target international students**, especially mandates related to ICE Student Exchange and Visitor Program (SEVP) rules.
    iii. **Protecting and advocating for individuals who are in the United States on F1, J1, and M1 visas**, especially those who may face deportation for legal, cultural, or social changes in regulations (e.g., COVID-19 and online learning for international students taking online classes; DACA rulings for DREAMERS).
    iv. **Providing assistance and resources to help students who are in the United States on visas** with navigating challenges such as visa renewal and travel outside of the country related to scientific conferences and other professional activities.

4. **Develop a Formal and Long-Term System for (1) Assessing Cultural Climate and Monitoring Student Experiences of Racism and Discrimination in the Department and (2) Developing Concrete Steps for Faculty to Address These Issues on an Ongoing Basis**. Establish a safe and regular way for BIPOC students to provide feedback on the cultural climate in the department, including experiences of racism and discrimination in the program, and their impact on student mental health, academic progress, and clinical work. In designing the department's strategy for assessing cultural climate, it is important to note that internal efforts (e.g., using an internal committee of faculty) can often fail due to initial distrust in the system and student fear of negative consequences for disclosing about their negative experiences; thus, a reputable outside agency may be best suited to do this work. Faculty meetings need to include regular discussions about racial disparities in the department and the mental health and educational needs of students of color, similar to the way other topics (e.g., academic progress) are habitually discussed. Departments should have a structured system for how faculty will regularly monitor their progress in these areas and respond to this feedback, and this process should be made transparent to students. Recommended steps toward meeting these goals include:

a. **Creating a cultural climate survey** that anonymously assesses how frequently students and faculty experience or witness racism and discrimination (including microaggressions). These factors should be assessed at least once per term, and be paired with transparent, aggregate reporting of the survey's results that will not "out" individual students based on data. Additionally, the surveys should be paired with specific measurable action items that are responsive to the survey's results; the action taken on these items should also be transparently reported. It is important when creating this survey to ensure that BIPOC students are not identified based on their responses or experience any other unintended negative consequences as a result of providing this feedback to the program. Some examples of issues to consider when designing the survey include:
   i. Who in the department is most likely to complete the survey, and are there strategies that can be implemented (e.g., incentives) to maximize participation?
   ii. What is the most appropriate and safe (e.g., anonymous) form of survey question given the size of the department? Open ended questions can carry greater risk of identifying students, particularly in a department with few students or faculty of color.
   iii. Who will have access to individual student responses (vs. aggregated responses), and how might that influence the way students and faculty complete the survey? Development of an independent committee to review responses may help to ensure anonymity, particularly in small departments.
   iv. The cultural climate survey developed by the Virginia Consortium Program may be a useful template for programs seeking to create their own survey. A link to this survey can be found in the references.[30]

b. **Developing a safe mechanism for students to report on experiences of discrimination, hate, and bias without potential retaliation**. This system complements the cultural climate survey, providing a place where students can file complaints immediately with safeguard for victims. The specific type of system that works best for a department may vary depending on a range of factors, including the size of the program, racial demographic of the student body and faculty, and cultural climate of the department. As with the cultural climate survey described above, great attention must be paid to ensuring that students who report experiences of discrimination are protected from all forms of retaliation, such as denying training opportunities available to other students, providing unjustified negative performance evaluations, or denying opportunities available to the complainant before the report. Providing at least two different modes for reporting these incidences is highly encouraged given that students may feel more comfortable reporting their experiences through one format versus another. Some mechanism options could include, but are not limited to:
   i. *Assigning a qualified ombudsperson to directly address student experiences of racism in the department*. This individual would serve as an independent and impartial person for students to confidentially report issues related to hate and discrimination. The individual could help students process issues they are raising and provide support, mediate between the student and the other party, and/or advocate for the (anonymized) student at regular faculty meetings. Programs should consider two important issues when deciding who is most qualified to serve in this position: (1) First, BIPOC students may not feel comfortable confiding in an ombudsperson if that person has other affiliations with the department, as is the case with emeritus faculty or staff. Thus, it is critical that programs identify an individual who has no prior or current affiliations with the department other than their role as ombudsperson; (2) Second, the selected individual needs to have training in receiving students concerns and offering guidance and advice specifically in relation to race-based discrimination and harassment.
   ii. Developing a web-based portal for students to provide feedback on experiences of hate, discrimination, or bias. Options should be made for students to report this feedback either anonymously or with their name included. It is important to be careful and thoughtful when deciding who will be the recipient of this written feedback, with efforts to use an independent and impartial individual whenever possible. As with the

cultural climate survey above, a concrete system must be established for responding to these written complaints in a timely manner, and these procedures must be made transparent to students.

iii. Collaborating with existing resources at the University (e.g., Office of Equity, Diversity, and Inclusion) to identify university-wide mechanisms for receiving support for these incidences. At many institutions, there are frameworks for reporting and responding to Title IX violations which might be able to inform models for racial discrimination.

References Cited in Section I (Sample Resources marked with *)

1. Lipson SK, Kern A, Eisenberg D, Breland-Noble AM. Mental health disparities among college students of color. *J Adolesc Health Off Publ Soc Adolesc Med*. 2018;63(3):348-356. doi:10.1016/j.jadohealth.2018.04.014
2. Cokley K, McClain S, Enciso A, Martinez M. An examination of the impact of minority status stress and imposter feelings on the mental health of diverse ethnic minority college students. *J Multicult Couns Dev*. 2013;41(2):82-95. doi:10.1002/j.2161-1912.2013.00029.x
3. Leath S, Chavous T. Black women's experiences of campus racial climate and stigma at predominantly White institutions: Insights from a comparative and within-group approach for STEM and non-STEM majors. *J Negro Educ*. 2018;87(2):125-139.
4. Cope C, Michalski DS, Fowler GA. Graduate study in psychology in 2017: Summary report: Student demographics. Published online 2016. doi:10.1037/e500852017-001
5. Hudson DL, Bullard KM, Neighbors HW, Geronimus AT, Yang J, Jackson JS. Are benefits conferred with greater socioeconomic position undermined by racial discrimination among African American men? *J Mens Health*. 2012;9(2):127-136. doi:10.1016/j.jomh.2012.03.006
6. Lewis TT, Cogburn CD, Williams DR. Self-reported experiences of discrimination and health: scientific advances, ongoing controversies, and emerging issues. *Annu Rev Clin Psychol*. 2015;11:407-440. doi:10.1146/annurev-clinpsy-032814-112728
7. Grier-Reed T, Arcinue F, Inman E. The African American student network: An intervention for retention. *J Coll Stud Retent Res Theory Pract*. 2016;18(2):183-193. doi:10.1177/1521025115584747
8. Grier-Reed TL. The African American student network: Creating sanctuaries and counterspaces with racial microaggressions in higher education settings. *J Humanist Couns Educ Dev*. 2010;49(2):181-188. doi:10.1002/j.2161-1939.2010.tb00096.x
9. Blackwell K. Why people of color need spaces without White people. The Arrow. Published 2018. Accessed August 19, 2020. https://arrow-journal.org/why-people-of-color-need-spaces-without-white-people/
10. Caiola S. Black leaders are creating healing spaces to combat the mental stress of racism, injustice. Capradio. Published 2020. Accessed August 19, 2020. http://www.capradio.org/152911
11. Cabral RR, Smith TB. Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *J Couns Psychol*. 2011;58(4):537-554. doi:10.1037/a0025266
12. Corrigan P. How stigma interferes with mental health care. *Am Psychol*. 2004;59(7):614-625. doi:10.1037/0003-066X.59.7.614
13. Eisenberg D, Downs MF, Golberstein E, Zivin K. Stigma and help seeking for mental health among college students. *Med Care Res Rev MCRR*. 2009;66(5):522-541. doi:10.1177/1077558709335173
14. Cheng H-L, Kwan K-LK, Sevig T. Racial and ethnic minority college students' stigma associated with seeking psychological help: Examining psychocultural correlates. *J Couns Psychol*. 2013;60(1):98-111. doi:10.1037/a0031169
15. Chou T, Asnaani A, Hofmann SG. Perception of racial discrimination and psychopathology across three U.S. ethnic minority groups. *Cultur Divers Ethnic Minor Psychol*. 2012;18(1):74-81. doi:10.1037/a0025432
16. Kirkinis K, Pieterse AL, Martin C, Agiliga A, Brownell A. Racism, racial discrimination, and trauma: A systematic review of the social science literature. *Ethn Health*. Published online August 30, 2018:1-21. doi:10.1080/13557858.2018.1514453

17. Pieterse AL, Carter RT, Evans SA, Walter RA. An exploratory examination of the associations among racial and ethnic discrimination, racial climate, and trauma-related symptoms in a college student population. *J Couns Psychol*. 2010;57(3):255-263. doi:10.1037/a0020040
18. Smith WH. The impact of racial trauma on African Americans. Published online 2010. https://www.heinz.org/UserFiles/ImpactOfRacialTraumaOnAfricanAmericans.pdf
19. *Western Washington University Equity and Inclusion forum, University of Houston Division of Student Affairs and Enrollment Services. Privilege Walk Instructions. Google Docs. Published 2020. https://drive.google.com/file/d/1N3D4bzLUNdaj7GCrDSFzjWuEVQqGpI23/view?usp=sharing
20. *Being Mindful About Microaggressions. Google Docs. Published 2020. https://drive.google.com/file/d/1A8lSsMod1J1Cco4MQNGf8BnFOkEuR8l7/view?usp=sharing
21. *Being Mindful About Microinterventions. Google Docs. Published 2020. https://drive.google.com/file/d/1fqV7ALBiI5oVAjFPJSGFwVQMs40xsYfo/view?usp=sharing
22. Hays PA. Addressing the complexities of culture and gender in counseling. *J Couns Dev*. 1996;74(4):332-338. doi:10.1002/j.1556-6676.1996.tb01876.x
23. Hays PA. *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy, 3rd Ed*. American Psychological Association; 2016:vii, 355. doi:10.1037/14801-000
24. Bor J, Venkataramani AS, Williams DR, Tsai AC. Police killings and their spillover effects on the mental health of Black Americans: A population-based, quasi-experimental study. *Lancet Lond Engl*. 2018;392(10144):302-310. doi:10.1016/S0140-6736(18)31130-9
25. Tynes BM, Willis HA, Stewart AM, Hamilton MW. Race-related traumatic events online and mental health among adolescents of color. *J Adolesc Health Off Publ Soc Adolesc Med*. 2019;65(3):371-377. doi:10.1016/j.jadohealth.2019.03.006
26. Legewie J, Fagan J. Aggressive policing and the educational performance of minority youth. *Am Sociol Rev*. 2019;84(2):220-247. doi:10.1177/0003122419826020
27. Turner EA, Richardson J. Racial trauma is real: The impact of police shootings on African Americans. Psychology Benefits Society. Published July 14, 2016. Accessed August 19, 2020. https://psychologybenefits.org/2016/07/14/racial-trauma-police-shootings-on-african-americans/
28. McGee EO. Devalued Black and Latino racial identities: A by-product of STEM college culture? *Am Educ Res J*. 2016;53(6):1626-1662. doi:10.3102/0002831216676572
29. Jaramillo J, Mello ZR, Worrell FC. Ethnic identity, stereotype threat, and perceived discrimination among Native American adolescents. *J Res Adolesc Off J Soc Res Adolesc*. 2016;26(4):769-775. doi:10.1111/jora.12228
30. *Virginia Consortium Program. Diversity Climate Survey Template.pdf. Google Docs. Published 2020. https://drive.google.com/file/d/1-pyOLDbnqcn1Ltt6edR8Sc5DftDGa3Oc/view

Section II: Clinical Training and Supervision

Many clinical psychology programs prioritize training students in evidence-based treatments (EBPs), noting that it is unethical to provide treatments that have not demonstrated efficacy. Yet, current clinical psychology trainees continue to engage in the unethical practice of treating BIPOC individuals 1) without foundational knowledge of how issues such as institutionalized racism affect historically marginalized communities, and 2) without the skills to engage in cross-cultural interactions with cultural humility. Both the American Psychological Association (APA) and the Psychological Clinical Science Accreditation System (PCSAS) require that training programs pursuing accreditation provide training/education in diversity and multiculturalism.[1,2] However, these requirements are quite broad and lack specific recommendations, which allows training programs to interpret and execute cultural humility training in ways that are potentially insubstantial and ineffective. Indeed, although most programs publicly espouse commitment to diversity and multicultural training, many efforts to translate these rhetorical commitments into concrete, meaningful changes in clinical training have been underwhelming at best.[3,4] Insufficient multicultural training has significant downstream consequences for clients seeking mental health treatment. For example, compared to non-Hispanic, White clients, racial and ethnic minorities are less likely to seek and receive mental health services[3]; even when they *do* receive the needed care, they are more likely to terminate treatment prematurely, receive inappropriate diagnoses, and report lower satisfaction with treatment.[4–5] This combination of disparities contributes to higher levels of unmet behavioral health needs among BIPOC individuals. Although eliminating these disparities likely requires a multipronged approach that incorporates multiple stakeholders outside of the university, we cannot deflect

responsibility for addressing these issues. Thus, it behooves every clinical psychology program to seriously reflect on how they can do their part in ameliorating racial-ethnic disparities in mental health care. Programs are also encouraged to work with the APA and PCSAS to improve current accreditation guidelines related to cultural humility in order to ensure that *all* accredited programs provide adequate cultural humility training. The sections that follow highlight three modifiable factors – clinical training, clinical supervision, and clinical procedures and policies – that can be targeted to better meet the needs of BIPOC individuals.

1. **Provide Ongoing, Multi-Faceted Clinical Training in Cultural Humility.** Multi-faceted, applied training that is grounded in the most up-to-date and empirically-based understanding of cultural humility should be provided continuously throughout the trainee's graduate school career. Indeed, therapy outcomes and treatment engagement of BIPOC individuals improve when therapists are viewed as demonstrating cultural humility.[8–10] As outlined by Sue and colleagues,[11] multicultural training should focus on developing competencies in three broad areas: cultural *self-awareness*; *knowledge* of the worldviews of culturally different clients; and *skills* to provide assessment and treatment with cultural humility. We elaborate on each of these competencies below.

    a. **Exhibit cultural self-awareness:** Students, especially those who are White, may have limited experience reflecting on the ways in which their cultural identity shapes their values, beliefs, and interactions with clients of similar and different racial backgrounds. Thus, programs should facilitate regular self-assessments of cultural humility that encourage introspection and self-reflection. Opportunities for self-assessment and related discussions should be integrated into coursework, workshops, and other training modalities.[12] Examples of self-assessment tools and activities include:
        i. ***A cultural genogram exercise***.[13] During this exercise, trainees are asked to explore their own cultural and ethnic heritages and draw personal genograms depicting these origins. Trainees are then asked to reflect on how their cultural identity may affect their values and beliefs and how they interact with clients whose cultural background differs from their own. This exercise should be completed early in graduate training, ideally
        ii. *Multicultural Awareness, Knowledge, and Skills Survey* (MAKSS).[14]
        iii. *Multicultural Counseling Knowledge Awareness Scale* (MCKAS).[15]

    b. **Possess knowledge of the worldviews of culturally different clients.** As part of the training milestones integrated throughout their doctoral education, students need to receive *continuous* education in cultural humility that is practical, experiential, and geared towards clinicians-in-training. The following recommended educational activities have been adapted from the University of North Carolina at Chapel Hill's Diversity Training Committee[13]:
        i. ***Multiculturalism orientation*.** An interactive workshop that introduces trainees to the multidimensional and interacting aspects of culture, builds awareness within trainees of their beliefs and biases related to different cultural identities, and provides an overview of the program's cultural humility training as well as resources and opportunities for personal growth in cultural humility.
        ii. ***Cultural Plunge***: Trainees are given the opportunity to engage in an unfamiliar experience representative of a culture that is significantly different from their own (e.g., via religion, race, socioeconomic, physical ability status).
        iii. ***Cultural Plunge as Facilitator***. Trainees facilitate conversations about multiculturalism through a lens of cultural humility, and help create a safe space for fellow trainees to reflect and process their experiences with culture.
        iv. ***Multiculturalism Case Conference***. Trainees present clinical cases for which cultural identity was particularly important and then engage in discussion with other trainees, supervisors, faculty. As suggested by Burnes and Singh, students should specifically address systemic bias in their case conceptualization, whenever relevant.[16] Examples of incorporating multicultural perspectives in therapy are available (e.g., Pamela Hays' *Integrating Evidence-Based Practice, Cognitive-Behavior Therapy, and Multicultural Therapy: Ten Steps for Culturally Competent*

Practice[17]), and students can practice incorporating these skills prior to seeing clients through case presentations based on de-identified sample case summaries.

c. **Demonstrate the skills to provide assessment and treatment with cultural humility.**
   i. ***Administer cultural formulation interviews***. Given that psychological assessment tools tend to be created and normed on predominantly non-Hispanic, White samples, many may (1) miss or misinterpret the psychological symptoms of BIPOC clients and/or (2) pathologize BIPOC clients inaccurately (i.e., resulting in false positives). Comprehensive cultural formulation interviews may help to reduce such racial biases, yet anecdotally, few students receive training in such approaches. Thus, programs should prioritize training students in how to appropriately integrate cultural formulation interview prompts into the initial treatment evaluation and throughout treatment to understand norms and values for clients. For example, trainees could develop proficiency in utilizing the DSM-5 Cultural Formulation Interview with new clients.[18]
   ii. ***Provide culturally humble treatment to diverse clients***. Trainees should learn to incorporate cultural humility when working with all clients and patients, regardless of their background, and to assess when and how to seek out additional supervision or consultation to improve their cultural competency with a particular client/patient. As the development of cultural humility in clinical assessment and treatment is at least partially dependent upon opportunities to work with BIPOC clients, supervisors or other faculty should monitor the racial distribution of clients being seen by trainees to ensure sufficient diversity in training cases. If this is not possible within a clinical placement, additional training opportunities should be made available to trainees (not as an additional requirement but as a component of their current practicum training; see "Establish and Maintain Inclusive Clinic Physical Spaces, Procedures, and Policies" section for how to ensure the patient population served by trainees matches the demographic of the region).
   iii. ***Learn to treat racial trauma***. Violent hate crimes in the United States, a majority of which are racially or ethnically motivated, reached an all-time high in 2018 according to statistics from the FBI.[19] Incidents of racist abuse or discrimination can have a precipitating effect on mental health problems or exacerbate pre-existing vulnerabilities.[20] Trainees who do not learn to treat racial trauma will not be able to provide competent care to an increasing number of clients, thus putting those clients at risk for treatment dropout and negative outcomes and further perpetuating racial-ethnic disparities in mental health.

   Thus, programs should facilitate and require that trainees complete training in addressing local and national racialized events and the race-based traumatic stress that may result. Resources for addressing racial trauma in treatment include:
      a. Racial trauma recovery: A race-informed therapeutic approach to racial wounds[21]
      b. Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth[22]
      c. #racialtraumaisreal[23]

2. **<u>Assess Trainees' Cultural Humility at All Stages of Training.</u>** Monitoring trainees' progress towards cultural humility is crucial to identify areas for growth and ways that supervision and other training experiences should be adapted to fit a particular trainee's needs. By assessing a trainee's cultural humility, supervisors and programs can be sure to implement high-quality, tailored training experiences that will enable trainees to provide culturally- and trauma-informed treatment. Programs should require that trainees meet specific benchmarks for cultural humility prior to initiating contact with clients and throughout their training.

a. **Assessment should occur regularly.** Cultural humility benchmarks (which may vary based on year of training, following a developmental framework) should be measured and reviewed with trainees at regular intervals including but not limited to:
   i. At the beginning of the training program (prior to cultural humility training) as a baseline
   ii. After receiving initial cultural humility training but prior to initiating contact with clients
   iii. At regular intervals (i.e., at minimum, once per term) after initiating client contact

a. **Programs should agree on a standardized system for assessing if trainees are meeting benchmarks.** See Table 1 for examples. Useful resources include:
   i. Fouad and colleagues' competency benchmarks[24]
   ii. Jones and colleagues' recommendations for evaluating trainee progress[12]
   iii. Tormala and colleagues' cultural formulation assignment[25]

b. **Programs should establish a transparent plan for maintaining accountability around clinical training standards for cultural humility.** This plan should clearly specify:
   i. The program's plan for implementing comprehensive training in cultural humility, including a list and tentative schedule (updated annually) of mandatory trainings and workshops that will be provided
   ii. A list of additional training resources offered (e.g., multicultural self-assessments)
   iii. When, how, and by whom trainees will be evaluated on cultural humility
   iv. How evaluations will affect the trainee (e.g., evaluations will be used to identify training goals; in the case that trainees are falling below benchmarks, evaluations will trigger a remediation plan)
   v. A clear process for approaching and resolving issues related to cultural humility as they arise, including appropriate remediation plans

Table 1. Suggested evaluation strategies to measure the three core competencies of cultural humility for trainees.

Competency	**Possible Evaluation Strategies**
Exhibit cultural self-awareness	● Self-awareness assessments (e.g., MAKSS, MCKAS) ● Brief self-reflections (e.g., assigned after participation in a multicultural training, or as part of an end-of-term review) ● Active participation in discussions (in classes, supervision, trainings, etc.) that demonstrate cultural self-reflection and awareness
Possess knowledge of worldviews of culturally different clients	● Quizzes or brief summaries/reflections of knowledge gained that are completed after multicultural trainings/events ● Classroom tests ● Portfolio demonstrating that the trainee has engaged in opportunities to increase knowledge of diversity-related issues such as racism (e.g., list of non-required talks/webinars attended with a brief written summary of knowledge gained at each event)
Demonstrate the skills to provide assessment and treatment with cultural humility	● Active participation in multicultural clinical trainings ● Presentations at multicultural case conference/grand rounds ● Audio/videotaped clinical encounter demonstrating cultural humility for review by supervisor ● Completion of a cultural formulation based on a vignette or an actual client

3. <u>Ongoing, Multi-Faceted Supervisor Training in Cultural Humility and the Provision of Culturally Humble Supervision</u>. Despite the central role that supervisors are expected to play in facilitating doctoral students' training in multiculturalism and cultural humility, most clinical

psychological doctoral programs currently do not provide standardized training to ensure that *supervisors themselves* are appropriately equipped to provide this training. The implications of supervisors lacking adequate training in multicultural supervision are significant. First, clinical supervision in which cultural issues are ignored or discounted (i.e., culturally unresponsive supervision) has a negative impact on trainees, the supervision, and client outcomes. Second, supervisors who are unaware of their own racial biases and privilege may commit microaggressions against BIPOC trainees. [25–28] It is important to note that the prefix "micro" can be misleading in suggesting that these brief verbal and behavioral slights and insults are insignificant or minor. To the contrary, racial microaggressions have detrimental effects on victims, contributing to worsening physical health and increased emotional exhaustion, self-doubt, and feelings of powerlessness and invisibility.[29] Thus, by employing supervisors who lack the knowledge and skills to provide culturally responsive supervision, programs play an important role in isolating BIPOC students in our departments and in perpetuating racial inequalities in access to mental health services more broadly.

To ensure that all trainees receive supervision that supports their capacity to deliver culturally humble services to BIPOC clients and to create a more inclusive training environment for BIPOC students, programs must ensure that all supervisors complete extensive training in cultural humility as informed by up-to-date empirical research on this topic. As outlined by Sue and colleagues,[11] multicultural training for supervisors, similar to trainees, should focus on developing competencies in three broad areas: (1) exhibit cultural self-awareness, (2) possess knowledge of the worldviews of culturally different clients and trainees, and (3) demonstrate skills to provide supervision of assessment and treatment with cultural humility, as discussed below.

a. **Supervisors must exhibit cultural self-awareness*.*** It is critical that supervisors have a strong understanding of how their cultural identities shape their values, beliefs, and interactions with clients and trainees from different cultural backgrounds. To foster this awareness, supervisors must engage in regular self-reflection and assessment of their own cultural humility, an ongoing practice that a training program should help facilitate. Self-assessments, self-reflection, and discussions about these topics should also be built into continuing education, workshops, or other training modalities.[12] Examples of self-assessment tools include:
    i. Carol Falender's competency-based clinical supervision[30] and self-assessment[31]
    ii. APA Guidelines for Supervision in Health Service Psychology[32]

b. **Supervisors must possess knowledge of the worldviews of culturally different clients and trainees.** An immediate step that programs need to take is to develop a training plan for supervisors that covers foundational education in multiculturalism and cultural humility, and that includes practical and experiential activities (e.g., role-plays). For new supervisors, completion of this training should be required before being permitted to provide supervision. For current supervisors, programs should identify a reasonable time frame, not to exceed six months, in which this initial training needs to be completed. The agreed upon time frame should be communicated to all trainees and faculty. Supervisors who do not complete this training should be prohibited from supervising trainees until the training is completed. ***Education and training should specifically cover how to***:
    i. *Train students in the development of multicultural counseling skills and cultural humility* (see "Ongoing, Multi-Faceted Clinical Training in Cultural Humility"). It should be the responsibility of the supervisor to prioritize these competencies during supervision, rather than relying on the trainee to raise them.
    ii. *Provide feedback on trainee improvements for cultural humility* and recommend remediation to trainees when indicated.
    iii. *Address cross-racial supervision*. Training should be adjusted to take into account the racial-ethnic background of the trainees involved.[33] Additionally, supervisors should create a safe environment where all trainees, regardless of their own cultural background, feel comfortable sharing their life experiences, feelings, beliefs, and concerns.[34]

c. **Supervisors must demonstrate the skills necessary to provide supervision of assessment and treatment with cultural humility.**
   i. *Provide culturally humble supervision to diverse trainees.* Supervisors should provide culturally humble supervision to all trainees and their clients, regardless of background, and be able to assess when and how to seek out additional consultation to improve their cultural humility with a particular trainee.
   ii. *Be proactive and engage in continuous development of one's own cultural humility in supervision, assessment, and treatment***.** Supervisors should proactively pursue ongoing professional development of their own awareness, knowledge, and skills.

4. **Ongoing Assessment of Supervisors' Cultural Humility.** Monitoring cultural humility is crucial to identifying areas of growth for supervisors. In doing so, programs will be able to ensure supervisors are equipped with the necessary awareness, knowledge, and skills to provide high-quality supervision experiences to trainees. Programs should require that supervisors meet specific benchmarks for cultural humility prior to initiating contact with trainees to ensure that supervisors are equipped to provide culturally humble and appropriate supervision.

   a. **Assessment of supervisors should occur regularly.** Multicultural benchmarks should be measured at regular intervals. These intervals should include:
      i. At baseline, prior to initiating supervision with trainees (with appropriate remediation for those not meeting benchmarks prior to initiating supervision) or immediately if the person is already supervising trainees (with any remediation needs immediately addressed)
      ii. At regular intervals (e.g., twice a year) after initiating supervision.

   b. Programs should agree on a standardized system for assessing benchmarks. See Table 2 for examples. Benchmarks should include components related to independence in monitoring and applying knowledge of self as a cultural being in supervision. Useful resources include:
      i. Carol Falender's competency-based clinical supervision[30] and self-assessment[31]
      ii. APA Guidelines for Supervision in Health Service Psychology[32]
      iii. Racial Microaggressions in Supervision Checklist[27]

   c. Programs should establish a transparent plan for maintaining supervisor accountability. This plan should clearly specify:
      i. Requirements to be met prior to provision of supervision
      ii. Requirements to be met on an ongoing basis (e.g., continuing education)
      iii. When, how, and by whom supervisors will be evaluated (e.g., supervisors will be evaluated by students using a standardized evaluation form at the conclusion of each semester)
      iv. How evaluations will impact the supervisor (e.g., evaluations will be given consideration during yearly evaluations and the tenure process)
      v. A clear process for dealing with issues related to multicultural supervision competency as they arise, including remediation plans

Table 2. Suggested strategies for evaluating the three core competencies of cultural humility for supervisors.

Competency	Possible Evaluation Strategies
Exhibit cultural self-awareness	● Self-awareness assessment (e.g., Racial Microaggressions in Supervision Checklist)[27] ● Participation in discussions (trainings, consultation, etc.) that demonstrate cultural self-reflection and awareness ● Portfolio demonstrating that the supervisor has pursued individual learning opportunities (e.g., exploring the effects of bias, prejudice, stereotyping, and other

	forms of environmental, institutional, or structural discrimination that may impact supervisees and/or their clients/patients) ● Evidence that the supervisor demonstrates familiarity with the literature related to supervision of BIPOC trainees and clients (e.g., annotated reading list)
Possess knowledge of the worldviews of culturally different clients and trainees	● Trainee evaluations of supervisor multicultural knowledge ● Portfolio or certifications demonstrating that the supervisor engages in opportunities to increase knowledge of diversity-related issues such as racism (e.g., list of non-required or continuing education talks, workshops, webinars, etc.)
Demonstrate skills to supervise assessment and therapy with cultural humility	● Successful implementation of competency-based clinical supervision skills[30] ● Active participation in, or facilitation of, multicultural trainings ● Presentations at multicultural case conference/grand rounds[35] ● Supervision case studies demonstrating skills

5. **Establish and Maintain Inclusive Physical Spaces, Procedures, and Policies in Training Clinics:** Racial microaggressions can be verbal, behavioral, or environmental in nature. Thus, a training clinic's physical spaces, policies, and procedures may contribute to barriers BIPOC clients experience when pursuing and participating in therapy.[36] It is imperative that programs **evaluate and adjust clinic physical spaces, procedures, and policies to foster a greater sense of belongingness among BIPOC clients and trainees alike**.

    a. **Evaluate clinics' physical spaces.** Clients' impressions of their therapists are shaped by the clinical setting in which therapy occurs,[37] with the physical space often being one of the first and most salient cues from which inferences about the therapist are drawn.[38] Clinics that display more multicultural objects (e.g., artwork) produce more favorable impressions of therapists in terms of qualities such as welcomeness and multiculturalism.[39] Conversely, clinic settings that fail to represent various racial groups through decorations or literature can lead clients to feel that their racial identity has been invalidated.[36] By failing to establish physical spaces that are welcoming to individuals of diverse cultural backgrounds, programs may limit the recruitment and retention of racially diverse clients. In turn, racial inequities in receipt of mental health care are perpetuated and opportunities for trainees to enhance cultural humility through direct clinical interactions with diverse clients are reduced. It is imperative to both clinical training and client care that clinical training spaces are inclusive. Thus, all programs with in-house training clinics should conduct culture audits of the degree to which their clinic spaces (waiting rooms, therapy rooms, trainee work spaces) align with values of equity and inclusion (See sample guidelines for culture audits outlined by Benton and Overtree[38]). To increase the inclusivity of their training clinics, programs should:
        i. ***Increase cultural representation among waiting room materials, offices, and online presence of the practice (e.g., website, social media),*** such as magazines and brochures (targeted both to broad audiences and more specific demographic groups) and artwork (consider the cultural backgrounds of the artists that are represented and the cultural features that are depicted in the images).
        ii. ***Increase representation among training materials available*** (e.g., in a resource library located in trainee work spaces) to ensure that trainees have access to resources developed by BIPOC researchers and clinicians.[40–42] This will serve to both enhance trainees' knowledge of such materials and demonstrate a commitment to integrating the work of BIPOC scholars into training spaces. While the inclusivity of waiting room and therapy room materials is important to foster belongingness among BIPOC clients, the inclusivity of training materials in trainee work-spaces is important to foster belongingness among BIPOC trainees.

    b. **Establish and maintain inclusive clinic procedures.** Mental health care providers have a responsibility to develop and implement procedures that rectify racial inequities in access to

and receipt of mental health care. Thus, programs with in-house clinics should adopt procedures that will enhance the provision of quality care to BIPOC clients. As a starting point, adoption of the following procedures is recommended:

i. ***Increase the provision of pro bono services*** (or sliding scale services when pro bono is not feasible) to BIPOC clients seeking treatment at in-house training clinics.
ii. ***Create and utilize intake and assessment forms that are culturally adapted****:* Adoption of the DSM-5 Cultural Formulation Interview as standard practice with all new clients.[18] Programs are encouraged to identify additional resources as needed, such as the Culturally Responsive Assessment Questions for CBT+, which provides specific wording for asking about discrimination experiences based on race that are not provided by the DSM-5 Cultural Formulation Interview.[43]

c. **Ensure that the patient population served by trainees matches the racial demographic breakdown of the region in which they are trained:** Having clinical experiences with racially diverse clients is positively associated with trainees' perceived multicultural humility and enables direct evaluation of and feedback on the trainee's cultural humility. [44,45] We expect that taking steps to ensure that trainees have opportunities to serve BIPOC clients will produce positive rippling effects, improving students' ability to provide culture-centered psychological practice and increasing accessibility and quality of care for BIPOC clients.

Although there is great variability in the racial demographics of the regions in which training programs are located, it is imperative that the client population served by trainees, at a minimum, matches the racial demographics of the region in which they are trained. To increase the diversity of patient populations served by trainees, programs should:

i. ***Require each trainee to complete at least one external practicum that serves a BIPOC clientele or fulfills a "multicultural requirement" in some other capacity*****.** Programs should require trainees to complete at least one external practicum at a site in which a large proportion of clients are BIPOC (e.g., 50% or greater). However, we recognize that some programs may need to modify this requirement based on the racial-ethnic composition of their region, particularly those that are located in areas with limited racial diversity. We acknowledge that some faculty may be resistant to requiring students to complete a specific type of practica rather than allowing students to choose whether or not to do so for themselves. However, our personal observations have been that when things are left up to choice, students tend to self-select into or out of cultural training opportunities. More specifically, it seems that students who are already invested in anti-racism work and frequently think about issues of power, privilege, and oppression (often BIPOC students), are also those who seek training opportunities to work with BIPOC and other marginalized communities. While there has not been prior work on this topic, we suspect that students who tend NOT to think about these issues are also unlikely to consider cultural factors when selecting practica. Thus, while we agree that, in an ideal world, we wouldn't need to "force" students to obtain appropriate clinical training in working with BIPOC individuals, the reality is that simply providing recommendations or suggestions will not be enough to disrupt the status quo.
ii. ***Diversify the client pipeline for in-house training clinics by conducting outreach to BIPOC populations***. Directors of Clinical Training and Clinic Directors should reach out to and establish relationships with stakeholders in BIPOC communities, including BIPOC business owners and political leaders. Further, given that many BIPOC individuals, especially Black people, prefer to seek support for mental health and other concerns from their pastors and church communities rather than from psychologists, programs should collaborate with pastors and other faith leaders in their local communities. For example, Dr. Avant Harris, an Assistant Professor in the Department of Counseling at the University of Texas at San Antonio, recommends that clinical providers "meet with pastors and offer to speak in their Sunday morning services, co-sponsor a mental health day or provide referral resources."[46] Consideration should also

be given to advertising that addresses potential stigma of pursuing mental health treatment among BIPOC individuals.[47]

iii. ***Increase training opportunities based in integrative/collaborative healthcare approaches****,* as culturally centered integrative care models have the potential to enhance accessibility to care and mitigate mental health disparities among BIPOC individuals.[48] Examples include establishing relationships between the training program and local schools, primary care settings, hospitals, jails, prisons, and community re-entry programs for formerly incarcerated individuals. These relationships could be in service of creating external clinical practica within these settings and/or fostering warm handoffs of individuals from these establishments to in-house training clinics.

iv. ***Allow trainees to continue seeing clients via telehealth services during non-pandemic times.*** Programs that are located in predominantly White regions must recognize that only training students to the predominant demographics in the area results in trainees being less prepared for future placements with BIPOC clients. To ensure that students are adequately trained to work with BIPOC clients, programs should allow trainees to continue seeing clients via telehealth services beyond the duration of the pandemic. This approach may enable programs to capitalize on greater levels of racial diversity in the surrounding areas or throughout the rest of the state.

d. **Prioritize the recruitment, hiring, and retention of BIPOC supervisors.** The 2016 American Community Survey reported approximately 84% of the active psychology workforce is White, which is an overrepresentation compared with the national population, which is 61% White.[49] As such, supervisors in clinical psychology training and internship programs also tend to also be predominately White. This is problematic because White supervisors, when compared to supervisors of color, are (a) less likely to find conversations about race beneficial[50] and (b) less likely to initiate conversations about race within supervision[50], which have significant consequences for client care and trainees' own cultural humility. Thus, in addition to training all supervisors in providing culturally responsive supervision, programs should also seek to increase the proportion of BIPOC supervisors and identify a reasonable timeframe for doing so.

References Cited in Section II (Sample Resources marked with *)

1. APA Accreditation - Home. Accessed September 28, 2020. https://www.accreditation.apa.org/
2. Review Criteria – PCSAS. Accessed September 28, 2020. https://www.pcsas.org/accreditation/review-criteria/
3. Benuto LT, Casas J, O'Donohue WT. Training culturally competent psychologists: A systematic review of the training outcome literature. *Train Educ Prof Psychol*. 2018;12(3):125-134.
4. Green D, Callands TA, Radcliffe AM, Luebbe AM, Klonoff EA. Clinical psychology students' perceptions of diversity training: A study of exposure and satisfaction. *J Clin Psychol*. 2009;65(10):1056–1070.
5. Cook BL, Trinh N-H, Li Z, Hou SS-Y, Progovac AM. Trends in racial-ethnic disparities in access to mental health care, 2004–2012. *Psychiatr Serv*. 2017;68(1):9–16.
6. Cooper AA, Conklin LR. Dropout from individual psychotherapy for major depression: A meta-analysis of randomized clinical trials. *Clin Psychol Rev*. 2015;40:57-65.
7. Satcher D. *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. U.S. Department of Health and Human Services; 2001.
8. Hook JN, Davis D, Owen J, DeBlaere C. *Cultural Humility: Engaging Diverse Identities in Therapy.* American Psychological Association; 2017.
9. Owen J, Jordan TA, Turner D, Davis DE, Hook JN, Leach MM. Therapists' multicultural orientation: Client perceptions of cultural humility, spiritual/religious commitment, and therapy outcomes. *J Psychol Theol*. 2014;42(1):91–98.
10. Owen J, Tao KW, Drinane JM, Hook J, Davis DE, Kune NF. Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility - University of Pittsburgh. *Prof Psychol Res Pr*. 2016;47(1):30.
11. Sue DW, Arredondo P, McDavis RJ. Multicultural counseling competencies and standards: A call to the profession. *J Couns Dev*. 1992;70(4):477-486.
12. Jones JM, Sander JB, Booker KW. Multicultural competency building: Practical solutions for training and evaluating student progress. *Train Educ Prof Psychol*. 2013;7(1):12.
13. Diversity Training Committee. The University of North Carolina at Chapel Hill Clinical Psychology Graduate Program website. Accessed August 17, 2020. https://clinicalpsych.unc.edu/diversity-training-committee/
14. D'Andrea M, Daniels J, Heck R. Evaluating the Impact of Multicultural Counseling Training. *J Couns Dev*. 1991;70(1):143-150.
15. Ponterotto JG, Gretchen D, Utsey SO, Rieger BP, Austin R. A Revision of the Multicultural Counseling Awareness Scale. *J Multicult Couns Dev*. 2002;30(3):153-180.
16. Burnes TR, Singh AA. Integrating social justice training into the practicum experience for psychology trainees: Starting earlier. *Train Educ Prof Psychol*. 2010;4(3):153.
17. Hays PA. Integrating evidence-based practice, cognitive–behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Prof Psychol Res Pract*. 2009;40(4):354.
18. Lewis-Fernández R, Aggarwal NK, Hinton L, Hinton DE, Kirmayer LJ. *DSM-5® Handbook on the Cultural Formulation Interview*. American Psychiatric Pub; 2015.
19. FBI Releases 2018 Hate Crime Statistics. Hate Crime Statistics. Published 2018. Accessed August 18, 2020. https://www.justice.gov/hatecrimes/hate-crime-statistics
20. Kirkinis K, Pieterse AL, Martin C, Agiliga A, Brownell A. Racism, racial discrimination, and trauma: A systematic review of the social science literature. *Ethn Health*. Published online 2018:1–21.
21. Comas-Díaz L. Racial trauma recovery: A race-informed therapeutic approach to racial wounds. In: *The Cost of Racism for People of Color: Contextualizing Experiences of Discrimination.* Cultural, racial, and ethnic psychology book series. American Psychological Association; 2016:249-272.
22. Metzger IW, Anderson RE, Are F, Ritchwood T. Healing interpersonal and racial trauma: integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth. *Child Maltreat*. Published online 2020:1077559520921457.
23. Jernigan MM, Green CE, Pérez-Gualdrón L, et al. *#racialtraumaisreal*. Institute for the Study and Promotion of Race and Culture; 2015. https://www.bc.edu/content/dam/bc1/schools/lsoe/sites/isprc/racialtraumaisreal.pdf

24. Fouad NA, Grus CL, Hatcher RL, et al. Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Train Educ Prof Psychol*. 2009;3(4S):S5.
25. Tormala TT, Patel SG, Soukup EE, Clarke AV. Developing measurable cultural competence and cultural humility: An application of the cultural formulation. *Train Educ Prof Psychol*. 2018;12(1):54–61.
26. Burkard AW, Johnson AJ, Madson MB, et al. Supervisor Cultural Responsiveness and Unresponsiveness in Cross-Cultural Supervision. *J Couns Psychol*. 2006;53(3):288–301.
27. Constantine MG, Sue DW. Perceptions of racial microaggressions among black supervisees in cross-racial dyads. *J Couns Psychol*. 2007;54(2):142.
28. Phillips JC, Parent MC, Dozier VC, Jackson PL. Depth of discussion of multicultural identities in supervision and supervisory outcomes. *Couns Psychol Q*. 2017;30(2):188-210.
29. Sukumaran N. Racial microaggressions and its impact on supervisees of color in cross-racial counseling supervision. Published online 2016. Accessed August 18, 2020. https://mospace.umsystem.edu/xmlui/handle/10355/50838
30. Falender CA, Burnes TR, Ellis MV. Multicultural Clinical Supervision and Benchmarks: Empirical Support Informing Practice and Supervisor Training. *Couns Psychol*. 2013;41(1):8-27.
31. Appendix-Special-Feature. Society for Psychotherapy. Published 2016. Accessed August 18, 2020. https://societyforpsychotherapy.org/wp-content/uploads/2016/10/Appendix-Special-Feature.pdf
32. APA Guidelines for Clinical Supervision in Health Service Psychology. APA. Published 2014. Accessed August 18, 2020. https://www.apa.org/about/policy/guidelines-supervision.pdf
33. Merta RJ, Stringham EM, Ponterotto JG. Simulating Culture Shock in Counselor Trainees: An Experiential Exercise for Cross-Cultural Training. *J Couns Dev*. 1988;66(5):242-245.
34. Klausner MB. Multicultural training in graduate psychology programs: Impacts and implications. 1998;58(9-B):5124.
35. Stites SD, Warholic CL. Multicultural Grand Rounds: Competency-Based Training Model for Clinical Psychology Graduate Students. *Psychology Learning & Teaching,*. 2014;13(3):261-269.
36. Sue DW, Capodilupo CM, Torino GC, et al. Racial Microaggressions in Everyday Life: Implications for Clinical Practice. *Am Psychol*. 2007;62(4):271–286.
37. Nasar JL, Devlin AS. Impressions of psychotherapists' offices. *J Couns Psychol*. 2011;58(3):310.
38. Benton JM, Overtree CE. Multicultural office design: A case example. *Prof Psychol Res Pract*. 2012;43(3):265.
39. Devlin AS, Borenstein B, Finch C, Hassan M, Iannotti E, Koufopoulos J. Multicultural art in the therapy office: Community and student perceptions of the therapist. *Prof Psychol Res Pract*. 2013;44(3):168.
40. Flannery I. *An Introduction to Black Psychology*. 1st ed. Cognella Academic Publishing; 2018.
41. Parham TA, Ajamu A, White JL. *Psychology of Blacks: Centering Our Perspectives in the African Consciousness*. Psychology Press; 2015.
42. Walker R. *The Unapologetic Guide to Black Mental Health: Navigate an Unequal System, Learn Tools for Emotional Wellness, and Get the Help You Deserve*. New Harbinger Publications; 2020.
43. CBT+-Culturally Responsive Questions. depts.washington.edu. Accessed August 18, 2020. https://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/1%20Therapist%20Resources/CBT+-Culturally%20Responsive%20Questions.pdf
44. Lee A, Khawaja NG. Multicultural training experiences as predictors of psychology students' cultural competence. *Aust Psychol*. 2013;48(3):209–216.
45. Vereen L, Hill N, McNeal D. Perceptions of Multicultural Counseling Competency: Integration of the Curricular and the Practical. *J Ment Health Couns*. 2008;30(3):226-236.
46. Avent JR. Charleston, counseling and our clients. Counseling Today. Published October 8, 2015. Accessed September 28, 2020. https://ct.counseling.org/2015/10/charleston-counseling-and-our-clients/
47. Alegría M, Alvarez K, Ishikawa RZ, DiMarzio K, McPeck S. Removing obstacles to eliminating racial and ethnic disparities in behavioral health care. *Health Aff (Millwood)*. 2016;35(6):991–999.
48. Holden K, McGregor B, Thandi P, et al. Toward culturally centered integrative care for addressing mental health disparities among ethnic minorities. *Psychol Serv*. 2014;11(4):357.
49. 2007-16: Demographics of the U.S. Psychology Workforce. American Psychological Association. Published 2018. https://www.apa.org/workforce/publications/16-demographics/index

50. White-Davis T, Stein E, Karasz A. The elephant in the room: Dialogues about race within cross-cultural supervisory relationships. *Int J Psychiatry Med*. 2016;51(4):347-356.

Section III: Curriculum Reform

Clinical psychology and psychiatry have a long history of racism that has perpetuated health disparities.[1] Yet, current approaches to teaching psychology rarely address these longstanding issues, often resulting in curricula that perpetuate stereotypes and reproduce racial injustices and inequalities in our field. Further, most studies of racial disparities in mental health have been authored by White researchers, which has contributed to simplified interpretations about 'race effects' that ultimately play a role in perpetuating harmful stereotypes. Theories of racial inferiority are sustained within clinical psychology,[1] knowingly and unknowingly, which can have harmful effects on how students conduct research, work with clients, and interact with colleagues.

Problems with graduate curriculum in clinical psychology are twofold. First, many students in clinical psychology doctoral programs report that training in multiculturalism and social justice issues is either not included throughout their training, is only a secondary consideration, or does not occur early enough in training.[2] Second, students report that conversations pertaining to diversity and multiculturalism lack depth or are not managed appropriately in class. Relatedly, faculty report that they do not know how to talk about race.[3] Curriculum reform and opportunities for additional pedagogical training is thus sorely needed. Below we present a 4-step outline on how to address this reform.

1. **Step 1: Evaluate the Current Curriculum and Develop an Action Plan.** An important first step towards curriculum reform is for programs to conduct an audit assessing the extent to which a culture-centered approach is infused throughout the curriculum. We define a culture-centered approach as one that emphasizes contextual influences on symptoms and behavior, intersectionality,[4] and social justice.[5,6] The following steps can serve as a guide for developing and conducting this audit:

    a. Department/Area heads and faculty should identify who is best equipped to lead this audit (e.g., the Office of Diversity and Inclusion, Director of Clinical Training, another faculty member), and student involvement is critical. When selecting the auditor, it is important to prioritize limiting potential bias and minimizing the burden placed on BIPOC faculty. If BIPOC faculty are identified as being most appropriate to lead this audit, they should be compensated accordingly.

    b. The evaluation of the program's curriculum should consider the following questions:
        i. Does the curriculum include courses on cultural humility in clinical psychology and/or courses on racial and social justice issues as they relate to clinical science?
        ii. Does each course include multicultural perspectives, including research and theories directly addressing the experiences of BIPOC? More specifically, are BIPOC perspectives represented in both the topics covered and the authors of assigned readings? Are diversity issues infused throughout the course (versus isolated to a single 'diversity' lecture that is siloed from the rest of the course)? Do course and instructor evaluations include accountability for knowledge and skills related to cultural diversity?

    c. When conducted properly, the curriculum audit should elucidate areas in which curriculum reform is needed. The clinic director, program faculty, and student representatives should collaboratively develop a plan for revising the curriculum to reflect anti-racist pedagogical practices and principles through a social justice lens. We request that the details of this plan, including specific action steps and the proposed timeline for completing them, be shared with all program faculty and students.

    Steps 2-4 below clarify approaches for designing and implementing a plan for curriculum reform.

2. **Step 2: Integrate Education and Training in Multiculturalism into All Stages of Graduate Training.** The content and structure of courses in clinical psychology programs largely fail to provide students with the knowledge and skills to interact with individuals of diverse racial and ethnic backgrounds. Given the numerous ways in which these students interface with the rest of society as teachers, clinicians, researchers, and colleagues, current Eurocentric curriculum plays a significant role in perpetuating systemic racism.

Therefore, clinical psychology programs bear responsibility to provide courses in which students can examine their own cultural and social identities, gain knowledge about social determinants of health, and develop the skills to effectively engage in cross-cultural discussions about sensitive and controversial topics such as racism and oppression (as described in the APA Multicultural Guidelines[7]). More specific requirements and recommendations are outlined below, and additional links to further resources are presented in the References section.[8–10]

a. **Developing specialty courses on racial and social justice in psychology**. We firmly believe that it is irresponsible, if not unethical, to work in and with historically oppressed communities and not have a foundational understanding of the factors that bear on the lives and experiences, both past and present, of these communities. Thus, programs should develop and offer courses related to issues of race in psychology including but not limited to:
   i. Psychology and Multiculturalism
   ii. Cultural Trauma and Mental Health
   iii. Health and Mental Health Disparities from a Psychosocial and Cultural Perspective
   iv. Psychology of Prejudice and Discrimination

   These courses, if not already available, should be created and facilitated by an expert in the area. If there are currently no faculty members in the program who have expertise in these areas, hiring such faculty members should be a priority (temporary, short-term priority may be hiring adjunct faculty or lecturers). At a minimum, students should be expected to complete the course on Psychology and Multiculturalism prior to seeing clients, which must include Diversity Self-Awareness and Perspective Taking, Knowledge, and Skills components, as described below in point 2d.

b. **Infusing multiculturalism and cultural humility into *all* graduate courses**. In addition to providing courses dedicated specifically to in-depth learning about multicultural and social justice issues, these topics should be integrated throughout all courses. That is, coursework should reflect that cultural humility is an ongoing process, which is modeled through the inclusion of diversity and social justice issues throughout a student's education. When integrating these themes into graduate courses, we recommend that instructors follow a cultural humility framework[11] by using teaching strategies that help students enhance their cultural self-awareness and perspective taking, increase their knowledge of how race influences the specific topics taught in this course, and improve their critical thinking and communication skills related to these topics. Specific recommendations for instructors include:
   i. Use multicultural pedagogy by ensuring that course content is representative and inclusive of multicultural perspectives. This should be reflected in design of the course, including diversity of media (e.g., pictures, videos) and class examples presented, and in the authors of articles that are assigned. To model inclusivity in multicultural perspectives, we recommend that no syllabus be allowed to include a reading list in which more than 60-70% of the first authors are White.
   ii. Explicitly address the history of racism in clinical psychology, psychiatry, health care, and psychological science and create space for students to discuss how this history impacts psychology today. For example, clinical assessment courses should address historical, social, and individual biases that can influence disparities in diagnosis.[12] Students should develop an understanding of social determinants of health (e.g., economic stability, education, social and community context, access to healthcare,

neighborhood and built environment), oppressive systems (e.g., racism, sexism, ableism), and the intersections between them.

iii. When teaching current empirical knowledge about a given psychological construct, teach students to critically evaluate the generalizability of these findings across racial-ethnic groups, particularly in the context of historically underrepresented groups in psychological research. Discussion of these topics should also address how race and ethnicity intersect with other aspects of one's identity, such as gender, sexuality, class, and nationality.

iv. When addressing the role of race and racism in psychological science, extend discussions beyond discrimination or individual biases to include structural and institutional racism, as clinical training, practice, and research occur within research universities, hospitals, and community settings that have historically harmed minority groups. Education on race must include a discussion of race as a social and politically defined construct and discuss racism, not race, as a social determinant of health.[13]

v. Explicitly challenge predominant racial and ethnic stereotypes that may emerge in class discussions and actively highlight any existing research approaches that are perpetuating these harmful stereotypes. Modeling how to engage in these difficult dialogues is a critical responsibility of faculty, given the growing intolerance of diverse perspectives and identities, and the increasingly polarized nature of public discourse in our country.[14] Now more than ever, it is critical that clinical science programs prepare students with the tools and capacities for engaging in difficult but constructive dialogues on controversial topics including White supremacy, race, and anti-racism.

vi. Whenever possible, guide students to link theoretical concepts from course content to applied implications for policy and practice and social justice issues that impact the local community.[15] This is important for helping students to develop the skills needed to understand the systems in which psychologists work and to gain a deeper understanding of how their power within these structures can be used to influence the development of policy and practice (from APA Multicultural Guidelines[7]).

c. **Integrating multicultural training into educational activities outside of the classroom.** Issues related to diversity and social justice should be integrated into all stages of graduate training. Examples of ways to infuse this training, outside of coursework, into various points in the program include*:

i. Creating diversity journal clubs that provide dedicated time to read and discuss materials relating to diversity in psychology

ii. Creating a mentorship program in which each first-year student is matched with an older student to have meaningful dialogues on diversity-related issues in the program

iii. A "cultural plunge" for second- or third-year students, in which students engage in a novel activity from a different culture and discuss their experiences

iv. Programs should equip students with *community specific knowledge* for the city/region in which the university is located.

v. Providing training opportunities for police/community leaders on how to identify and de-escalate mental health crises.

*Some items adapted from the University of North Carolina's Clinical Psychology Program.[16]

3. **<u>Step 3: Provide Pedagogical Training and Mechanisms to Support Safer, Effective Dialogues and Maximize Learning Potential in the Classroom.</u>** Students who are the only BIPOC in the classroom may feel uncomfortable with assumptions made in class by their instructor (and/or their instructor's failure to correct assumptions voiced by other students in the class). Concerns that BIPOC students have voiced regarding their White professors include: 1) expecting them to be the spokesperson for their ethnic group, 2) lacking an understanding that students of color are different from White students, and 3) having an expectation that all members of an ethnoracial minority group are alike.[17] Thus, simply requiring faculty (many of whom who are White) to integrate multicultural content into their courses without the requisite self-awareness, knowledge, and skills to teach this content and facilitate racial dialogues has the potential to be incredibly detrimental.

To create safer, more inclusive environments in the classroom, we provide the following recommendations:

a. Mandated trainings for all instructors to improve multicultural awareness and cultural humility in the classroom.
    i. Trainings could take the form of a mentoring program or seminar/workshop series (see a few examples offered at the University of Notre Dame,[18] UC Berkeley,[19] and University of Pittsburgh[20]). These training programs must be provided free of charge and made mandatory for instructors. Relevant resources must also be made freely available. Training programs could be integrated into the onboarding process for new faculty members to support these programs becoming a more permanent part of the department and university.
    ii. Topics like culturally responsive pedagogy, building an inclusive classroom, and supporting students of color should be discussed. While implicit bias training may be considered as part of these seminars or workshops, the type of training should be closely considered (see brief research summary by the Federal Judicial Center[21] and Fitz Gerald et al.'s systematic review[22]). Research does not support using implicit bias training alone to reduce racial biases in the workplace.[23] Programs may benefit from the online platform of pedagogical training programs tailored to current faculty and graduate students, such as the American Council on Education and Association of College and University Educators' partnership program on effective teaching practices.

b. Specific trainings on how to lead and manage cross-cultural dialogues in the classroom are critical.
    i. For students to have effective cross-cultural dialogues, instructors must feel comfortable leading them.[24] In class discussions, students may be hesitant to speak up because they are fearful of making mistakes or may not take the perspective of cultural humility when speaking.[25]
    ii. Instructors can provide their students with a framework for asking questions and having dialogues in class that allows for students to engage in conversations instead of avoiding them. Use of vignettes and analogies, as well as strategies for "breaking the silence," may be particularly useful.[25]
    iii. For general recommendations, see "Guidelines for Difficult Dialogue".[26,27]

c. Recognizing that multicultural awareness in the classroom is an ongoing process, faculty and staff should be required to attend trainings or workshops at least once per year, and ideally at least once per quarter or semester. For accountability, information on when faculty members complete these trainings should be made publicly available.

4. **Step 4: Develop a System for Follow Through and Accountability.** Systems of accountability need to be established to ensure that any initiatives resulting from this document are enacted as intended. Details are provided below.

    a. Programs must set up systems for graduate students to provide *anonymous* feedback on how each course is meeting predetermined benchmarks for handling topics of diversity, racial justice, and inclusion, and the extent to which instructors are creating culturally responsive and inclusive spaces for learning and discussion.

        i. Every graduate student must know the exact steps they can take to anonymously and confidentially report experiences of racial aggression and discrimination. This information must be explicit in the handbook and easy to access on the website. Departments must make clear a zero-tolerance policy for retaliation against any concerns brought forward by students.

ii. Course feedback must be collected from each student at least two times during the term; the first opportunity for feedback should occur within the first month of the course, to allow the instructor time to make changes to the course if needed, and the second opportunity should occur towards the end of the term. This feedback should be submitted by every student in the class to minimize bias and should be submitted to a third-party staff member, who can compile and summarize these data to ensure anonymity (i.e., the instructor should not be able to trace certain statements or handwriting back to a specific student). While students can choose whether to convey their racial or ethnic identities on this feedback, this information should not be conveyed to the professor, particularly if there is only one or few students of color in the class who may be more readily identified. These data should then be reviewed by an appointed committee, such as a committee of faculty members (who are not teaching that semester) led by the Department Chair, and summaries of feedback for each course sent to the relevant professor. Negative evaluations should be brought to the attention of the program head or chair immediately, who can decide how best to approach the instructor in a way that does not threaten students' anonymity. This may require approaching all instructors as a group. Importantly, this graduate student feedback should stand on its own, and should not be one or two questions added to typical end-of-semester student surveys. Examples of specific questions that can be asked (using a Likert-type scale), based on published feedback from BIPOC students on their experiences in the classroom,[17] are included below:

   a. My professor's expectations for me seem related to my racial or ethnic identity.
   b. I have felt excluded or uncomfortable by assumptions made in class by the instructor.
   c. I have felt excluded or uncomfortable by assumptions made in class by my peers.
   d. I am singled out as the "spokesperson" for my social identity group during class.
   e. The curriculum content is inclusive.
   f. Racially diverse issues or content are discussed in ways that feel safe and inclusive during class.
   g. The professor seemed comfortable leading open and respectful discussions of racial issues.
   h. I have been ignored when sharing my ideas because of my race.
   i. I have been patronized, embarrassed, or treated unfairly by my instructor because of my race.
   j. I have been patronized, embarrassed, or treated unfairly by my peers because of my race.

b. Graduate students should also be explicitly evaluated on their cultural humility in classroom settings at least annually to promote accountability. These evaluations can take the form of individual meetings with each student and their teaching and/or research advisor(s), and summaries of these evaluations should be shared with the department chair. Evaluation mechanisms may include asking students to report on the steps that they have taken to increase their cultural humility in their role as student (and teacher, if applicable) during the year, discuss their participation in initiatives within the department to promote and foster curriculum reform, and (if applicable) to explain how they have incorporated diversity and social justice issues into their own courses.

c. To ensure engagement in mandated trainings and workshops, faculty and students should be required to submit a written reflective response summarizing what awareness, knowledge, and/or skills they gained from each event. These responses can be included in student/faculty submissions for yearly reviews.

d. Instructors must incorporate topics of racial justice and provide information such as land recognitions in syllabi (see "Kim Case Syllabus Challenge"[28] and other sample syllabi[29,30] for

ideas on how instructors can evaluate their own syllabi). To ensure the improvement of existing syllabi, departments should set up systems for comprehensive syllabi reviews for at least the next two school years. Ideally, these reviews would be conducted by a student committee, led by a teaching faculty member. Efforts must be taken to ensure that this committee can provide objective and unbiased feedback. If led by a BIPOC faculty member, this faculty member should be compensated appropriately. These reviews should focus on supporting inclusivity and diversity in course topics and/or discussions. For example, a reviewer may note that a professor has not included any research articles written by BIPOC, or any research conducted with racially diverse samples, in the course readings. These reviews should continue after these two years. Though the reviews may not need to be as comprehensive after the first two years, all faculty should be required to submit their syllabi prior to the start of each term to be reviewed at the very least by the department chair. A comprehensive syllabus review should also be conducted every time a new course is created or a faculty member is teaching a course for the first time. While faculty are ultimately responsible for the content of their courses/syllabi, participating in syllabus review is an essential activity to help faculty create a more inclusive educational experience.

e. To further increase accountability within coursework and across classrooms, teaching faculty, including teaching assistants, must be observed in action. All faculty must be required to have one lecture observed in real-time (or recorded for future review) that 1) integrates diversity-related content and 2) seeks to facilitate cross-cultural discussions/difficult dialogues. Faculty can choose whether both items can be addressed within the same class session or whether two classes need to be observed. These observations can be facilitated by teaching staff or faculty from the university's teaching center, the department head, or staff from the university's office of Diversity and Inclusion. In addition to watching for content, observers should try to watch for how instructors work to foster a safe environment for difficult dialogues to take place. For example, are instructors able to redirect the conversation, gently hold students accountable, or provide education on possible microaggressions when appropriate? Following this observation, instructors must be provided feedback as soon as possible so changes to the course can be made if needed. New faculty members should be observed during their first six months of teaching and every three years thereafter. All current faculty, regardless of rank or length of employment in the department, should be observed within the next year and observed every three years thereafter. Faculty who are on sabbatical or not teaching this year for other reasons should be observed whenever they teach next.

f. If not already present, benchmarks regarding cultural humility in the classroom need to be added to annual faculty reviews and tenure reviews (and to graduate student reviews if graduate students are also teaching courses). Benchmarks should include participation in diversity committees, training, and workshops, integration of topics of racial and social justice in each course, and/or student feedback and perceptions of instructors' cultural humility and commitment to creating an inclusive environment in the classroom and across coursework.

While these steps are meant to be taken up by clinical psychology programs as soon as possible, we also hope that these recommendations can ultimately be integrated into new APA and PCSAS accreditation standards. These recommendations align with present APA[31,32] and PCSAS[33] guidelines and standards at present, however, existing APA and PCSAS standards regarding diversity and inclusion are vague, leading to vast differences in multicultural curricula across institutions.

References Cited in Section III (sample resources marked with *)

1. Fernando S. *Institutional Racism in Psychiatry and Clinical Psychology*. Springer International Publishing; 2017. doi:10.1007/978-3-319-62728-1
2. Gregus SJ, Stevens KT, Seivert NP, Tucker RP, Callahan JL. Student perceptions of multicultural training and program climate in clinical psychology doctoral programs. *Train Educ Prof Psychol*. 2019. doi:10.1037/tep0000289
3. Neblett EW. Diversity (psychological) science training: Challenges, tensions, and a call to action. *J Soc Issues*. 2019;75(4):1216-1239. doi:10.1111/josi.12357
4. Crenshaw K. Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *Univ Chic Leg Forum*. 1989:139.
5. Buchanan NT, Wiklund LO. Why clinical science must change or die: Integrating intersectionality and social justice. *Women Ther*. 2020;43(3-4):309-329. doi:10.1080/02703149.2020.1729470
6. Buchanan NT, Rios D, Case KA. Intersectional cultural humility: Aligning critical inquiry with critical praxis in psychology. *Women Ther*. 2020;43(3-4):235-243. doi:10.1080/02703149.2020.1729469
7. *American Psychological Association. Multicultural guidelines: An ecological approach to context, identity, and intersectionality. Published online 2017. doi:10.1037/e501962018-001
8. *American Psychological Association. Multicultural Training Resources. https://www.apa.org/pi/oema/resources/multicultural-training
9. *American Psychological Association. Preparing Professional Psychologists to Serve a Diverse Public. https://www.apa.org. https://www.apa.org/ed/graduate/diversity-preparation
10. *American Psychological Association. APA Guidelines for Providers of Services to Ethnic, Linguistic, and Culturally Diverse Populations. https://www.apa.org/pi/oema/resources/policy/provider-guidelines
11. Hook JN, Davis D, Owen J, DeBlaere C. *Cultural Humility: Engaging Diverse Identities in Therapy*. American Psychological Association; 2017. doi:10.1037/0000037-000
12. Schwartz RC, Blankenship DM. Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World J Psychiatry*. 2014;4(4):133-140. doi:10.5498/wjp.v4.i4.133
13. Institute for Healing and Justice in Medicine. Section 1: Racism, not Race, Causes Health Disparities. Institute for Healing & Justice in Medicine. Accessed August 25, 2020. https://www.instituteforhealingandjustice.org/section-1-racism-not-race-causes-health-disparities
14. Heltzel, G., & Laurin, K. (2020). Polarization in America: two possible futures. *Current Opinion in Behavioral Sciences*. 2020; *34*, 179-184
15. Burnes TR, Singh AA. Integrating social justice training into the practicum experience for psychology trainees: Starting earlier. *Train Educ Prof Psychol*. 2010;4(3):153-162. doi:10.1037/a0019385
16. *The University of North Carolina at Chapel Hill. Clinical Psychology Graduate Program Diversity Training Committee. https://clinicalpsych.unc.edu/diversity-training-committee/
17. Chesler M, Wilson M, Malani A. Perceptions of faculty behavior by students of color. *Mich J Polit Sci*. 1993;16:54-79.
18. *University of Notre Dame. Diversity and Inclusion: Train and Learn. https://diversity.nd.edu/take-action/
19. *UC Berkeley. Faculty Dialogue Series: Creating Inclusive Classrooms. Division of Equity & Inclusion: Centers for Educational Justice & Community Engagement. https://cejce.berkeley.edu/faculty/our-programs-and-services/faculty-dialogue-series
20. *University of Pittsburgh. Diversity and Inclusion Certificate Program. Published April 30, 2020. https://www.diversity.pitt.edu/education/diversity-and-inclusion-certificate-program
21. Federal Judicial Center. Federal and State Court Cooperation: Effectiveness of Implicit Bias Trainings. https://www.fjc.gov/content/344266/effectiveness-implicit-bias-trainings
22. FitzGerald C, Martin A, Berner D, Hurst S. Interventions designed to reduce implicit prejudices and implicit stereotypes in real world contexts: A systematic review. *BMC Psychol*. 2019;7(1):29. doi:10.1186/s40359-019-0299-7
23. Lai CK, Skinner AL, Cooley E, et al. Reducing implicit racial preferences: II. Intervention effectiveness across time. *J Exp Psychol Gen*. 2016;145(8):1001-1016. doi:10.1037/xge0000179

24. Gayles JG, Kelly BT, Grays S, Zhang JJ, Porter KP. Faculty teaching diversity through difficult dialogues: Stories of challenges and success. *J Stud Aff Res Pract*. 2015;52(3):300-312. doi:10.1080/19496591.2015.1067223
25. DiAngelo R, Sensoy Ö. Calling in: Strategies for cultivating humility and critical thinking in antiracism education. 2014;(2):14.
26. *Difficult Dialogues National Resource Center. Guidelines for dialogue. https://d3n8a8pro7vhmx.cloudfront.net/ddnrc/pages/20/attachments/original/1582697738/Guidelines_for_Dialogue.pdf?1582697738
27. *Difficult Dialogues National Resource Center. Difficult Dialogues National Resource Center. Accessed August 25, 2020. https://www.difficultdialogues.org/
28. *Case KA. Syllabus Challenge: Infusing Diversity & Inclusion. Published online 2020. https://uploads.provost.vcu.edu/ctle/syllabuschallenge.pdf
29. *American Psychological Association of Graduate Students. APAGS Multicultural Training Database. https://www.apa.org. Accessed August 25, 2020. https://www.apa.org/apags/governance/subcommittees/cultural-competency
30. *National Latinx Psychological Association. NLPA Teaching Resources. https://www.nlpa.ws/teaching-resources
31. American Psychological Association. Standards of accreditation in health service psychology. 2015. Retrieved from http://www.apa.org/ed/ accreditation/about/policies/standards-of-accreditation.pdf
32. American Psychological Association. Accreditation operating procedures (AOP) of the Commission on Accreditation. 2015. Retrieved from: http://apps.apa.org/AccredComment/attachments/Accreditation%20 Operating%20Procedures_Approved%2062015.pdf?_ga1.138577907 .1929031023.1446769783
33. Psychological Clinical Science Accreditation System. Review Criteria. 2011. Retrieved from: https://www.pcsas.org/accreditation/review-criteria/

Section IV: Research Training and Methods

Throughout the history of psychological science and in its current state, default research practices have perpetuated racial discrimination in a number of ways; namely, by excluding BIPOC participants and socially marginalized groups, exploiting said groups, perpetuating stereotypes and discrimination, and by neglecting to properly incentivize and fund scholarship aimed at promoting diversity, equity and inclusion.[1] Departments need to ensure that all research conducted by faculty and students is racially and socially just. Towards this goal, we detail three general calls to action below. Following this, we have included a section on applying a racial and social justice lens to each step of the research process, which includes specific recommendations and resources.

1. **Increase Education and Training in Racially and Socially Just Research Practices.** A lack of sufficient training and education in racially and socially just research practices has led to the continued exploitation and under-representation of BIPOC participants in clinical research, perpetuation of stereotypes and discrimination, and promotion and maintenance of health disparities.[1,2] Recent reviews of social and behavioral science databases suggest that as much as 80% of participants are from White/western, educated, industrialized, rich and democratic (WEIRD) societies, yet these demographics represent only 12% of the world population.[3]

   Without representative samples, it is impossible to draw accurate and generalizable conclusions (e.g., norms for clinical assessments, effectiveness of treatments), and health disparities continue to increase without proper understanding of possible alleviating interventions. [4] **Further, White researchers that do study participants from socially marginalized groups have often exploited and objectified these participants in service of advancing their careers and pushing their own research agendas**. This exploitation includes both prominent, heinous examples of maltreatment (e.g., Tuskegee Syphilis Study) and more subtle but insidious examples (e.g., African-Americans overrepresented in clinical trials that do not require informed consent).[5] Students and faculty are often unaware of how default research practices are discriminatory and harmful to BIPOC participants, and Black participants in particular. Thus, students and faculty must receive explicit training and education in these areas. Specifically, departments need to improve inclusion of racial justice topics as they relate to research in both coursework and faculty training:

   a. **Coursework.** Students must receive education in past and present racial abuse, oppression, and exclusion of Black participants in psychological science (potentially in a history and systems of psychology course, as required by APA). As part of this education, students should be taught about the abuses that their particular academic institution has inflicted on local communities and the implications of this abuse for researchers aiming to do work in these communities. Research methods courses need to include training in applying a racial/social justice lens at every step of the research process (as outlined below), and all courses that include discussions of research (e.g., breadth courses in developmental, social, cognitive psychology, etc.) should critique research through a racial/social justice lens. Additional standards for coursework can be found in the “Coursework” section of this document.

   b. **Faculty training.** All faculty members should receive training in these same areas through external or internal workshops, faculty-led seminars, and/or coursework. Faculty must be prepared to regularly support, through both individual and committee meetings, their students’ engagement in racially and socially just research.

2. **Incentivize and Require Faculty and Students to Demonstrate Cultural Humility in Research.** Students and faculty in clinical psychology programs face numerous competing demands for their time and attention. Therefore, substantive change will require departments to support and incentivize training, practice, and demonstration of multicultural competency and cultural humility. This incentivization can be accomplished in the following ways:

a. **Evaluation of student and faculty research.** In all contexts where student or faculty research is evaluated, students and faculty must be prepared and required to discuss ways in which racial and social justice concerns were considered at each step of their research process. These contexts include, but are not limited to, milestone committee meetings (e.g., master's thesis proposal/defense, qualifying/comprehensive exam, dissertation proposal/defense), departmental research presentations, and papers. Recommendations of issues to consider when evaluating student and faculty research are discussed below in Table 3 (Applying a Racial Justice Lens to Each Step of the Research Process). **Just as researchers are expected to defend and discuss limitations to their choice of population sampling, assessment measures, and statistical analyses, discussion of race and racial justice practices must become the standard and norm, regardless of the specific topic of research**. Departments should consider creating a checklist of criteria that students and faculty must address and be able to discuss when disseminating their work (Table 3 below, along with suggested readings, will be a useful place to start).

b. **Faculty evaluations: Faculty competence in conducting racially just research, and in advising graduate and undergraduate students in this area, should be included in yearly faculty evaluations and tenure reviews**. For example, evaluation of concrete, identifiable actions taken by faculty to increase their own training in racially and socially just research practices, to take leadership or mentorship roles related to these issues within their department, and to make efforts to improve racial justice practices in their own research should be considered. Graduate student evaluation of advisors should include questions regarding the advisor's competency in mentoring them on these topics (see Faculty & Graduate Recruitment, Retention, & Success section for more detail on methods for evaluating faculty competence).

c. **Departments must develop a transparent and explicit protocol to address situations in which a faculty member presents or publishes something that is overtly racist** (faculty members should also be held accountable for any work that a student under their mentorship presents or publishes). This protocol should include, at minimum, a public denouncement of the research and clarification that the views are not in line with the department's values. The faculty member in question should be held accountable within the department through appropriate actions (e.g., probation, demotion, requirement of public apology or retraction of research).

3. **<u>Incentivize and Promote Research that Addresses Racial and Social Justice Topics.</u>** The lack of funding and prioritization of work on racial and social justice topics serves to perpetuate under-representation of BIPOC scholars and creates substantial barriers to decreasing racial discrimination in psychology and society.[1] Students and faculty who conduct research focused on non-White racial groups (often BIPOC students and faculty) can be seen as having a "niche" line of research that is less "fundable", while a vast majority of researchers who de facto study only White participants are not labeled in this way.[6] Additionally, research on racial and social justice topics (e.g., racial socialization, effects of parental incarceration) are disproportionately less likely to be funded with large grants [7], which results in these studies often having smaller sample sizes and makes large-scale quantitative research methods unfeasible. More qualitative methods like interviews or focus groups may be necessary to complete this important work and ensure that BIPOC are increasingly represented in these research studies. **Correspondingly, programs should be expected to increase their training in and commitment to qualitative methods, ethnographic research, and community-based participatory research.** Many clinical science programs do not provide training in such methods, which is problematic given funding disparities and the potential for such methods to provide in-depth insights into issues that might become obscured using quantitative methods.

Further, there is research to suggest that racial biases exist in current grant review practices,[8] which further perpetuates underrepresentation of this work and these scholars. Departments must actively and promptly address these concerns by incentivizing and supporting research that is

racially/socially just in all areas, but in particular, research that aims to reduce racial disparities. We recommend this be accomplished through:

a. **Financial commitment/investment.** Departments should invest financially in research that focuses on racial/social justice issues and research that is exceptional in its commitment to racial/social justice efforts through grants and awards. Specifically, departments can invest money to make small grants available for faculty and students who are taking identifiable steps to conduct racially/socially just research (for example, grants to support diversity recruitment efforts or community/stakeholder engagement). Departmental awards with monetary value should be created for students and faculty doing exceptional research on racial/social justice issues.

b. **Support and prioritization of research that aims to reduce racial disparities in psychology and society.** Department leadership must additionally demonstrate active support for research focused on reducing racial disparities by promoting external funding opportunities that support this research (e.g., PCORI, private foundations such as WT Grant Foundation, diversity supplements to NIH grants), inviting researchers outside the department to speak on relevant topics, and expressing value for this both privately and publicly (i.e., in missions statement, in student and faculty evaluations and mentoring, in departmental speaker series, etc.). Departmental leadership should use its power and privilege to encourage funding agencies to develop new mechanisms to support the expansion of this work (e.g., Diversity Travel Grants through Society for Research on Child Development, diversity supplements to NIH grants).

Applying a Racial Justice Lens to Each Step of the Research Process

Below we provide guidance on how to improve racial equity and inclusion at each step of the research process. We encourage readers to additionally refer to comprehensive works on this topic (see Andrews and colleagues; Roberts and colleagues)[1,2]. We acknowledge that clinical science encompasses broad subfields of both direct translational and clinical research, as well as those engaged in more "basic research" investigations of mechanisms of psychopathology. While the impact of any suggestions on research structure will likely vary among these distinct subfields, we expect all clinical scientists to engage in and grapple with these issues in their research.

Table 3. Application of Racial Justice Lens to Each Step of Research Process

<table>
<tr><th colspan="2">Involve Diverse Community Stakeholders</th></tr>
<tr><td colspan="2">White researchers studying BIPOC populations often fail to engage members of these communities in the research process and fail to ensure that they are benefiting from their work in direct and meaningful ways. <u>These practices reflect the continued exploitation of BIPOC communities to advance the academic careers of White researchers</u>, and they must be discontinued if we are truly committed to dismantling White supremacy and combating long standing racial injustices.

One of the most impactful steps a researcher can take in improving racially just research practices is to develop relationships within the communities you aim to study and to involve stakeholders in every step of the research process. For example, researchers can work with community members to identify important issues for topical research questions, evaluate just recruitment strategies, obtain feedback on consent forms and processes (particularly for communities with limited English proficiency or whose cultural traditions conflict with certain scientific methods), and interpret and disseminate results through the use of Community Advisory Boards. Additional recommendations include:

1. Encourage researchers to not only collaborate with stakeholders but to also create opportunities for them to assume leadership and decision-making roles (e.g., being a co-Investigator).
2. Regardless of their level of involvement, it is critical that all stakeholders are compensated for their time and expertise at a rate of least $50 per hour. Researchers should include stakeholder compensation in their budget when submitting a grant.
3. Community partners should also be invited to co-author publications and present study findings at conferences.</td></tr>
<tr><th colspan="2">Understand the Context of Research and Choose a Racially and Socially Just Research Question</th></tr>
<tr><td colspan="2">Avoid being limited to research questions solely dictated by those in powerful/majority positions. Pursue and involve collaborators representing a variety of backgrounds, including community members, when starting projects and selecting research questions.</td></tr>
<tr><td>Consider the implications and potential dissemination of the answer to your research question.</td><td>1. Who is this research serving? Is it a just and ethical question worth asking? How has previous research in this area considered (or not considered) race and how does that influence the questions being asked?
2. Will this research identify a root cause of inequity and injustice[2] or will it reinforce problematic stereotypes and symptoms of root causes?
3. In what ways can your current research agenda be expanded to incorporate issues of racial and social justice?</td></tr>
<tr><td colspan="2">For basic researchers, recognize that even putatively "fundamental mechanisms" or "mechanisms of change" may critically differ across racial and ethnic groups.</td></tr>
<tr><th colspan="2">Research Design</th></tr>
<tr><td colspan="2">Choose inclusive research designs and procedures: While RCTs are considered "gold standard" (and in some areas, default) research designs, research has demonstrated that these "gold standard" designs often use samples that far underrepresent minorities,[4] including in investigations of issues that greatly impact racial minorities, with potentially serious negative consequence (e.g., not understanding the ways in which drugs affect individuals from different races).[4,9]</td></tr>
</table>

Consider research designs and procedures that specifically aim to mitigate selection bias and target inclusion of BIPOC individuals and underserved communities (e.g., community focused participatory research, meeting participants in preferred locations, providing access to food during or after participation).[4]	
Choose Measures Thoughtfully	• Consider the samples measures were validated in and how this impacts their use in other populations: - Do they actively work against certain racial/ethnic groups? - Do the scales used elicit valid and effective responses for all racial groups (e.g., Likert scales have been shown to be culturally insensitive or meaningless to some).[10] - Have the proposed measures been tested for measurement invariance across the population in question? • Include strengths-based questions/measures rather than solely focusing on deficits (e.g., measures of psychological well-being and flourishing – see work by Ed Deiner and colleagues)[11] • Consider and measure contextual/systemic factors and not just individual factors (e.g., measures of trauma in community or racial trauma experienced by participants, poverty, opportunities for care offered in the community).
Recruitment	
Conduct research in ways that are flexible and allow for participation by people without access to transportation or who work full time (e.g., have multiple data collection sites, schedule times outside of typical work hours, travel to people's homes, utilize virtual visits)	
Consider location. If conducting research in a hospital, academic institution, or school, consider what these places may represent to participants. Collaborate with community members to address valid mistrust of specific institutions on behalf of communities of color (e.g., meeting with community members to discuss historical or current abuses transparently).	
Use creative recruitment strategies that are likely to reach BIPOC communities (e.g., pay attention to typical racial demographics of individuals frequenting where flyers/other advertisements are posted, use word of mouth from trusted community members)	
Ensure appropriate compensation of participants, particularly those from oppressed groups, that adequately reflects the time investment and disruption to their daily life (e.g., compensating for costs participants incur like childcare or transportation). Consider equity in the methods by which participants are compensated (e.g., requiring social security numbers (SSNs) for payment may discourage those who do not have SSNs from participating; offer payment immediately following participation rather than waiting on checks in the mail).	
Consider who will collect the data and interact with participants. Strive for a diverse and inclusive research team, but do not place undue burden on BIPOC students, faculty and staff.	
Question exclusionary recruitment methods and search for solutions (e.g., methods for obtaining high quality EEG readings on individuals with course and/or curly hair).[12]	
Analysis	
Operationalize and analyze race/ethnicity sensitively. Avoid the inclusion and description of "race/ethnicity" as a "confound" or "nuisance variable". Consider "race/ethnicity" as a critical moderator and examine potential specificity and generalizability of effects. Try to avoid simple references to differences by race.	
Seek out root causes of differences rather than treating "race" as a causal feature (e.g., experience of racial discrimination/trauma, poverty, community resources, educational opportunities).	
Understand and confront implicit bias in data analysis (e.g., avoid treating White as the normative, standard, or default position).	
Reporting/Writing/Interpretation	
Demonstrate competency and sensitivity in terminology used to discuss race/ethnicity (see GAP-REACH checklist).[13]	
Aim for transparency. Explicitly discuss what steps were taken to improve racial/cultural sensitivity in the research.	

Focus on racially/culturally sensitive interpretation of findings. Interpret results in systemic and cultural context. Carefully consider how results may be interpreted and used. Involve stakeholders from the community in interpretation of results so as to not overlook cultural or community aspects that the researcher may not be accustomed to considering.
Emphasize critical evaluation of external validity that does not take homogenous, White samples as the "norm".
Highlight limitations related to race. In introduction and discussion of research, acknowledge limitations of current and historical designs, reference and amplify socially and racially just research, and encourage future work in this area.
Dissemination
Involve stakeholders from BIPOC communities and other underrepresented groups to ensure study findings are shared with the community and to ensure dissemination extends beyond just academic audiences (e.g., intentional communication of findings in lay terms, utilization of different methods of dissemination such as social media, newsletters, etc.).

References Cited in Section IV (Sample resources marked with *)

1. *Roberts SO, Bareket-Shavit C, Dollins FA, Goldie PD, Mortenson E. Racial Inequality in Psychological Research: Trends of the Past and Recommendations for the Future. *Perspect Psychol Sci.* June 2020:1745691620927709. doi:10.1177/1745691620927709
2. *Andrews K, Parekh J, Peckoo S. How to Embed a Racial and Ethnic Equity Perspective in Research: Practical Guidance for the Research Process. Washington, DC Child Trends. 2019.
3. Henrich J, Heine SJ, Norenzayan A. The weirdest people in the world? Behav Brain Sci. 2010;33(2-3):61-83. doi:DOI: 10.1017/S0140525X0999152X
4. *Stewart A. Minorities Are Underrepresented in Clinical Trials. Am Acad Fam Physicians. 2018.
5. *Swetlitz I. African-Americans are disproportionately enrolled in studies that don't require informed consent. STAT. https://www.statnews.com/2018/10/01/african-americans-clinical-trials/. Published October 1, 2018.
6. *Fryberg S, Martínez E. The Truly Diverse Faculty: New Dialogues in American Higher Education. Springer; 2014.
7. Ahalt, C., Bolano, M., Wang, E. A., & Williams, B. (2015). The state of research funding from the National Institutes of Health for criminal justice health research. *Annals of Internal Medicine*. 2015; 162(5), 345-352.
8. Ginther DK, Schaffer WT, Schnell J, et al. Race, ethnicity, and NIH research awards. *Science.* 2011;333(6045):1015-1019. doi:10.1126/science.1196783
9. *Wise C, Kane J. Why minority representation in medical research is a matter of life and death. 2019.
10. Flaskerud JH. Cultural Bias and Likert-Type Scales Revisited. *Issues Ment Health Nurs*. 2012;33(2):130-132. doi:10.3109/01612840.2011.600510
11. Diener E, Wirtz D, Tov W, et al. New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Soc Indic Res*. 2010;97(2):143-156.
12. Etienne A, Laroia T, Weigle H, et al. Novel Electrodes for Reliable EEG Recordings on Coarse and Curly Hair. bioRxiv. January 2020:2020.02.26.965202. doi:10.1101/2020.02.26.965202
13. *Lewis-Fernández R, Raggio GA, Gorritz M, et al. GAP-REACH: a checklist to assess comprehensive reporting of race, ethnicity, and culture in psychiatric publications. *J Nerv Ment Dis.* 2013;201(10):860-871. doi:10.1097/NMD.0b013e3182a5c184

Section V: Faculty and Graduate Student Recruitment, Retention and Success

While the racial and ethnic diversity of faculty and students in higher education has been increasing in recent decades, BIPOC graduate students and faculty remain underrepresented in academia. It is unacceptable for clinical psychology to continue to tout values of equity and inclusion without making necessary changes to truly welcome, support, and integrate the voices of BIPOC students and scholars into the culture of training, research, and clinical practice. In order to live up to these values and sustain meaningful progress, we call for all clinical psychology programs to initiate parallel efforts aimed at the successful recruitment and retention of BIPOC faculty and graduate students. We outline below specific recommendations for enacting these efforts. We recognize the pipeline issues by which our field's graduate student recruitment and retention flow into faculty hiring and retention, so here we outline points relevant first to graduate admissions, then to the support and success of both students and faculty, and then action items unique to faculty positions.

While many programs note on graduate admissions webpages that they value diversity, it is essential to back these words with an admissions process that is indeed equitable. ***Regarding graduate admissions, we recommend the following:***

1. **Provide equitable financial support for prospective BIPOC graduate students during graduate admissions.** The costs of participating in the graduate admissions process represent tangible barriers for all applicants, which may disproportionately impact BIPOC applicants. While we do not wish to conflate BIPOC identity with less financial means, we would be remiss to not factor the known racial wealth divide when considering for whom our graduate admissions process is most accessible. To provide support, programs should consider offering application fee waivers for all BIPOC applicants (not just prior McNair Scholars) and those with demonstrated financial need. These waivers should be clearly advertised and accessible in a way that does not create stigma on the application package of a student who utilizes it.

   To recruit earnestly with equity in mind also requires that programs assist financially with interview visits. Many programs do compensate applicants for travel to interviews; however, the structure is only through lengthy reimbursement processes, creating a barrier for those who cannot afford to pre-pay for expenses such as flights. In the current pandemic where many graduate programs are temporarily moving admissions to the virtual environment, programs should consider whether this option could be offered in years where health crises are not restricting travel. Historically across many programs, attending an in-person interview has been used as a marker of how serious an applicant is about graduate training, without consideration for why a student may not be able to attend or may opt to interview through virtual technology. If programs offer virtual interviews as an option and allow students to elect whether to visit in person, they should consider what biases may arise from interviewing some applicants in person and others virtually. One approach for programs that would like to keep an in-person interview as part of the application process is to conduct initial screening for interviews in a virtual environment. Then, the program could allocate funds that otherwise would have been split between all applicants for travel to those who make the second round of interviews.

2. **Remove GRE Scores from the Graduate Admissions Process.** The inclusion of GRE scores in the admissions process puts not only a financial burden on applicants, but has also been shown to be a poor predictor of academic success and disadvantageous to minorities. Removing GRE scores would help to alleviate financial burdens that are placed on all applicants, but particularly those of low-income or working backgrounds.[1] The current cost of the GRE is $207, along with an additional $27 to send an official report to each institution where an applicant applies. Some programs also require students to submit the GRE psychology subject test, which is an additional $150. To prepare for these examinations, applicants typically seek out additional preparation resources, such as prep books or courses, which can cost hundreds or thousands of dollars. Optimal performance on the GRE may instead become indicative of the amount of disposable resources an applicant has (e.g., funds for preparation materials or multiple attempts, time to extensively study outside of other academic or employment obligations) rather than an accurate measure of their capabilities. Data collected from the Educational Testing Service (ETS) has shown systematic differences in scores for minority students and women which indicate a testing bias and therefore disadvantage for these applicants. Their reports indicate that African-

American applicants, compared to their White counterparts, are more likely to score 200 points lower, while women score 80 points less than males on the quantitative section.[2] As some programs automatically rule out students who score below a set score, this is a barrier for minorities, as it disqualifies women and minority applicants who are otherwise qualified. To further support the removal of GRE scores, a meta-analysis conducted across multiple disciplines using over 1,700 reports determined that there was weak or negative correlation between scores and measures of success once a student enters a graduate program.[3] We have also seen that testing complications that have arisen due to the COVID-19 pandemic have encouraged some schools to take the initiative to eliminate the requirement of GRE scores for this upcoming application cycle. Knowing that schools are able to evaluate their prospective students without a GRE score, along with the exam being a financial burden to minority students, we call on programs to reevaluate the need for it.

3. **Modify How Letters of Recommendation are Reviewed and Used to Evaluate Applicants.** Letters of recommendation are seen as crucial components of evaluations of applicants; however, we must understand that their use is historically rooted in practices that created barriers for applicants. Letters of recommendation were first required at universities, like Harvard and Yale, in the early 20th century to exclude and/or limit African-American, Jewish, and Catholic applicants. This illusion of meritocracy allowed for those of 'good' backgrounds, particularly white and wealthy Protestants, to be selected, while those whose of 'undesirable' backgrounds were left behind based on 'character' that were inherently racist, sexist, and classist.[4] A modern day example found that letter writers are more likely to describe women as communal and less agentic in comparison to their male counterparts, which has been associated with having a negative impact on the hiring process.[5] Thus modern day letters still perpetuate implicit ideas that lead to exclusion; coupled with other reviewing practices, such as 'reading between the lines,' these practices pose barriers to minority and low-income applicants.

   Although letters of recommendation are intended to provide a holistic view of an applicant, the opportunity to obtain a strong letter may be inequitable at its roots due to differing representation and opportunities for relationship building. Prospective students who are people of color, non-traditional (e.g., by age, parents), first generation, or from low-income backgrounds may not have the opportunity to establish the relationships that secure strong letters of recommendations. Due to lack of existing BIPOC mentorship that would facilitate opportunities of growth through experience in research and extracurricular activities, applicants miss out on unspoken capital that is often required for exceptional letters. As a result, these applicants may be perceived as underqualified or less prepared compared to their White counterparts who may have more time and opportunities presented and afforded to them.

   Further, the credentials of letter writers may intentionally or unintentionally affect how applicants are assessed. Letters from faculty who are well known within a discipline may be viewed more favorably or hold greater weight among an admissions committee compared to letters from less recognized researchers. Unfortunately, given the racial disparities in higher education and NIH funding, well-known faculty may be more likely to be White than BIPOC. Further, as BIPOC students may be more likely to work with BIPOC than White faculty due to greater similarities in lived experiences, these students may be less likely to receive letters of recommendation from more well known, White faculty. While BIPOC students may also receive glowing letters of recommendation from faculty of color, these letters of recommendation may not be viewed as impressive by White faculty who are less familiar with the letter writer's work. Thus, current approaches to utilizing letters of recommendations to evaluate applicants may place BIPOC, low-income, and non-traditional students at a disadvantage compared to their White and wealthier peers. To address these issues, we request that programs mask the names of letter writers when letters of recommendation are reviewed by graduate and faculty admissions committees.

Regarding the processes that are common to both BIPOC graduate students and faculty, we recommend the following:

4. **Improve the Recruitment of BIPOC Faculty and Students**. Recognizing that minority faculty and students are underrepresented in psychology, we call for more active recruitment of BIPOC

faculty and graduate students. All too often, graduate training programs and job searches (at all levels, including postdoc, non-tenure track, tenure track) expect that simply posting application information will be sufficient to recruit an appropriately diverse candidate pool. Rather than posting and waiting to see who applies, clinical training programs can and ought to address both the upstream and more proximal practices by which our recruitment perpetuates the status quo of BIPOC scholars being underrepresented.

a. Consider what your program can do to help interrupt the pipelines[6] which result in higher representation of White scholars in the academy than BIPOC scholars. These begin early in development and continue into high school and do not dissipate automatically for those who go on to attend college. Consider where your program can make local impact to ensure BIPOC youth and those not yet connected to college receive exposure to psychological sciences and positive messaging about their potential for study. Consider the disparities in educational resources (e.g., school counselors, career coaches) that occur in your local communities, high schools, or undergraduate programs, and how these may result in differing levels of awareness of clinical science opportunities. Connect with existing groups, such as campus multicultural centers, or organizations that exist more explicitly to assist BIPOC with navigating the process of higher education (e.g., Graduate Horizons, a nonprofit group in New Mexico, provides training and support to Native American, Alaska Native and Native Hawaiian high school and college students interested in their next level of study).[7] It is possible that because the results of this type of engagement might not immediately be seen, and the efforts made by a program do not necessarily guarantee an uptick in applications to its own institution, programs may be reticent. However, a greater commitment across the field to increase visibility/exposure at these more distal, upstream points of engagement has the potential for significant impact on representation in the field of clinical science. While this career exploration is also the work of high school and undergraduate resources, direct exposure may be far more potent than second-hand information.
b. Regarding other upstream ways to increase availability and representation of BIPOC faculty in the field, programs must also reflect on how well they are creating an inclusive environment for their current BIPOC graduate student trainees and faculty. See prior sections of this editorial for specific recommendations. When BIPOC graduate students' experiences are negative, this could be a significant factor in turning away from academic paths for post-graduation employment due to harm experienced in the "ivory."
c. Actively direct recruiting messages to BIPOC individuals for graduate training and faculty positions via channels that have already been established, such as national registries and listservers (e.g., APA: Division 45 Society for the Psychological Study of Culture, Ethnicity and Race, or the Psychologists of Color (PoC) and Allies SIG listserv) for relevant disciplines. Reach more candidates (and a more diverse group of candidates) by sharing opportunities directly with Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic-Serving Institutions. Request from these types of institutions, as available, lists of recent graduates from related areas of advanced study to then individually contact regarding relevant faculty openings. Consider writing directly to colleagues and networks to request specific nominations for BIPOC candidates who you can contact and encourage to apply for admission or positions. Collaborate with nationally recognized programs, such as the McNair Postbaccalaureate Program, which allows for equitable dissemination of opportunities and reaches a larger collective that otherwise would not have been approached.
d. Lastly, programs should be completing evaluations of the effectiveness of recruitment strategies. These metrics should not include only how many applicants to programs or positions were BIPOC, but how many from there were shortlisted, interviewed, given offers, and at what level of compensation compared to White peers. Successful recruitment means offers are given and accepted, not simply that pools become more diverse while actual representation does not. To address inequities that may emerge in this assessment, refer to process-related recommendations (particularly numbers six through eight) in the remainder of this section.

5. **"Ban the Box" on Graduate, Faculty, and Staff Applications.** We request that clinical psychology programs stop discriminating against formerly incarcerated individuals during graduate admissions and the hiring of faculty and staff. Racism is imbued in every aspect of the U.S. criminal punishment process. For example, police officers are significantly more likely to stop

Black and Hispanic drivers than White drivers for vague and insufficiently justified reasons (e.g., driving in an area with a high crime rate)[8]. Investigative stops and frisks are one of the most discretionary reasons for traffic stops, and with no clear parameters specifying what constitutes "reasonable suspicion" of criminal activity, police are free to stop and harass racial-ethnic minorities with little or no judicial oversight.

The continued widespread use of investigative stops and frisks is just one example of the racial biases permeating the U.S. criminal punishment system that reflects the "The New Jim Crow".[9] Although it is presumably no longer acceptable to overtly discriminate based on race in housing, education, employment, or voting rights, mass incarceration functions as a new system of racial social control that criminalizes and cages Black and Hispanic individuals. That is, involvement with the criminal justice system is used to justify blocking access to employment and educational opportunities, ensuring the continued subjugation of Black and Hispanic communities.

For these reasons, we call on all clinical psychology programs to join the movement to "ban the box" asking about prior criminal history on graduate and job applications to address high unemployment and barriers to re-entry for people with criminal records. As noted in a recent policy brief released by the University of California, Berkeley[10]:

"*Due to disparate incarceration rates among people of color, employers are in fact engaging in racial discrimination by considering criminal records and are subject to violations of Title VII of the Civil Rights Act of 1964…Banning the consideration of criminal records in hiring would improve employment opportunities for those with criminal records*."

If clinical psychology programs are unable or unwilling to join the movement to "ban the box", we ask that they provide clearly organized information on their application websites regarding types of history that could bar a student from eventually getting licensure in their respective state.

6. **Conduct Holistic Review of Applicants for Graduate Admissions and Faculty Hiring and Consider the Context of Applicants' Past Achievements.** Focusing almost exclusively on the items in applicants' portfolios such as GPA and their number of publications and presentations without consideration of the larger social, political, and cultural context in which their achievements were made is the equivalent of adopting a color-blind approach that presumes all applicants began on equal footing without the structural advantages and disadvantages that may vary across candidates' backgrounds and lived experience. Given the historical oppression of racial-ethnic minority communities, there is clear evidence of disproportionate concentrations of poverty, trauma, and other adversity in these communities, which should give programs serious reason to stop these inequitable color-blind and context-blind practices that may also judge applicants for decisions such as attending community colleges or taking time off for mental health during their academic journey. For example, when assessing relative contributions to research, teaching, and service in faculty hiring, it may be important to remember that BIPOC scholars are inundated with a higher rate of "asks" for service based on identity factors. They may be navigating balancing their publishing pursuits with the pressure to serve as a model for and connect with BIPOC students, particularly when they might be one of few BIPOC faculty, particularly in early career, and in intersection with female identity. In graduate admissions, an example to consider would be whether an applicant experiences significant financial need and must work more hours than affluent peers, this could directly impact how many hours of undergraduate research the applicant has at time of application.
    a. Thus, we request that all clinical psychology programs utilize a more holistic approach to evaluating applicants for graduate programs and faculty and staff positions. Academic achievements must be considered in the context of the resources and opportunities available to the applicant, as well as the challenges the applicant needed to overcome. All faculty must be carefully trained in conducting holistic reviews, and this training should be complemented by ongoing monitoring to mitigate implicit biases. We encourage programs to follow the lead of the University of California, Berkeley, where holistic processes have been created across undergraduate admissions, graduate admissions, and faculty hiring. The results of contextualizing application materials are clear; at the undergraduate level, new procedures contributed to a 40% increase in freshman admission offers to African American, Latinx, and Chicanx students in 2020-2021. As noted by UC Berkeley's Director of Undergraduate Admissions, Olufemi "Femi"

Ogundele, "We simply changed the way in which files flow and are allocated to readers to have a better contextualized and localized knowledge of the students who apply, of their high schools and the neighborhoods where they live… That was the first major shift, getting people to really use their localized knowledge (of the applicant's school), do research on their territories and figure that stuff out." [11] Graduate programs, which generally are responsible for reviewing far fewer applications than undergraduate programs, could model this process of working to contextualize application content.

b. We urge programs for both graduate admissions and faculty hiring to consider creating a new rubric (or revising existing institutional ones) to incorporate rating categories and processes like those used in University of California, Berkeley's faculty search protocol.[12] Their publicly available rubric includes examples of how to rate past evidence and potential (including plans) for contributing in the following categories: research, teaching, service, and contributions to diversity, equity, and inclusion. We recommend programs incorporate such a rubric into their faculty search processes, as well as consider adapting these materials to a version appropriate to the graduate admissions process. To reduce bias in assessing these categories, we recommend following processes which accompany the rubric, such as completing a calibration exercise prior to any review of candidates. We also recommend incorporating a standard for noting what evidence and context was used to justify ratings. It is essential to minimize opportunities for biased ratings; while ratings can be contextualized, it is important, for example, that standard of how to rate applicants' fluency on issues of diversity should not vary based on identity (e.g., lower indicators of fluency on diversity issues by a White person being rated as more deserving of a higher rating).
c. We also strongly caution that a holistic approach to evaluating applicants is not the equivalent of assessing "fit." In fact, there are many problems with the term "fit," and programs would benefit from removing such language from their vocabulary on websites, promotional materials, and in conversation. "Fit" within a predominantly White institution, for example, might overlap with risk of upholding structures that are barriers to BIPOC inclusion. While here we refer primarily to the perception of social "fit," programs should also consider how "fit" is assessed in other ways and what leads to perceptions of mis-fit. For example, ratings of fit in terms of a job applicant's program of research within a department may also be influenced by personal biases.
d. We recognize that our recommendations point out problems in the larger structure of academia, and particularly the tenure process, which can create pressure in graduate admissions processes for faculty to simply admit students with the greatest number of publications and presentations (i.e., the greatest academic output) under the assumption that such students will contribute to their own academic success and will presumably require less mentorship and support. The "publish or perish" pressure of academia may decrease motivation to admit students with fewer publications who have nonetheless overcome significant challenges and demonstrated extraordinary resilience to attain the level of academic success they have reached; the issue is that we have built a culture in which an academic's worth is almost exclusively centered on their level of academic productivity. Thus, while faculty may believe in the importance of increasing a program's diversity, equity, and inclusion, these values may not be reflected in their decisions regarding who to mentor or accept as a graduate student. Thus, we push for simultaneous reform in both the review of applications as well as in larger structures that, at their core, perpetuate disparities.

7. **Evaluation of All Prospective and Current Students, Faculty, and Staff's Contributions to Diversity, Equity, and Inclusion (DEI).** It is critical that **all** prospective and current graduate students, faculty, and staff be evaluated for their contributions to DEI, at points of admissions/hiring, and throughout training and tenure. All program affiliates, irrespective of their racial-ethnic identity or status in the department as a student, junior faculty, senior faculty, or staff, should meet specific equity and inclusion standards for excellence. It is irresponsible to allow members of our research, training, and teaching community to plead ignorance (something often seen as an acceptable "excuse" for White men, in particular). While we acknowledge that there will be substantial variability in the extent to which each applicant has been engaged in efforts to advance DEI, we must expect that applicants demonstrate a minimum level of knowledge, competency, and skills.

a. Toward this end, we recommend again drawing on University of California, Berkeley's procedures and rubrics[13] in order to make clear ratings of past, current, and potential for contributions. More important than simply rating and incorporating this information into a global assessment of an applicant, student, or faculty member, we strongly implore programs to begin setting objective cutoffs for this rating. Cutoffs should be required minimums, below which a candidate is no longer considered for a position **regardless of how many publications or grants the applicant has**. Programs must also outline plans for rigorous remediation and consequences for current students, faculty, or staff who do not meet these benchmarks or who espouse colorblind or other racist perspectives.
b. Naturally, interview processes and reviews must do a better job of assessing this area. All too often interview protocols include simply one question about diversity. Or when protocols are inconsistent, White candidates may be asked far fewer questions about diversity than their BIPOC peers, because while BIPOC applicants are often expected to be well-versed in issues of diversity and inclusion, White applicants are permitted ignorance or simply not asked about their views. Both the questions and the benchmarks for proficiency must be the same across groups.
c. For applicants to graduate programs and faculty positions, while written diversity and equity statements may be required as part of the application process, it is unclear to what extent these essays are actually considered in the decision-making process. We suspect that many programs largely neglect or minimize the relative importance these essays in their decisions; for example, we speculate that a job candidate with an impressive publication record but a lackluster diversity essay that demonstrates minimal thought or careful reflection will nonetheless be extended an interview and perhaps extended a job offer; i.e., the lackluster essay is not seen as a reason for disqualification of the applicant.

Similar to graduate admissions pages, many programs offer words of encouragement in job listings for persons from traditionally underrepresented groups to apply. Yet without a critical reflection on the recruitment, selection, program climate, and promotion and tenure processes, those words may continue to fail in action. ***Regarding faculty recruitment, selection, and success, we recommend the following:***

8. **Work to Identify and Dismantle Biased Hiring Processes.** If inclusion is to be a core value for programs, we must examine how gatekeeping occurs and can be reduced in hiring.
    a. First, we recommend programs/departments perform a deep audit of current hiring policies and practices. Often policies and procedures have remained stagnant for years because it is simply "the way things have been done," but these reasons are not always inclusive, justifiable, or necessary. We recommend thoroughly and as objectively as possible interrogating each and every step of the process from posting a position to finalizing negotiations of an offer. For each step, program leaders should ask "Who does this policy or procedure tend to benefit? Can it be made more inclusive?" Changing procedures so that opportunities are more equal does not mean lowering standards.
    b. We recommend revisiting best practices as established in the literature and as embodied by institutions that are leaders in equitable hiring practices. These practices will not be enumerated here because they are replete in the literature and cover a broad range of practices such as types of language to avoid in job postings and procedures for masking early stages of application package review. The latter has shown indications of benefits when masking applicant names[14] and masking institutions of training[15], because bias occurs not only in assumptions about identity but also in assumptions based on academic pedigree wherein, with or without intention, a "prestige screening" often occurs. Of course, searches do not continue in anonymity, but these practices have shown promise for reducing bias and therefore creating a more diverse shortlist than when unmasked. Additionally, we echo again modeling procedures after institutions that are leaders in inclusion, such as University of California, Berkeley's (as mentioned in items 6 and 7).[16]
    c. We request that all faculty searches include a Faculty Equity Advisor, or a consultant who ensures that equity, inclusion, and diversity are prioritized in all aspects of the hiring process. The role of this advisor should be to advance inclusive excellence by mitigating the impacts of cognitive and structural biases and identifying and promoting equitable search practices. The Faculty Equity Advisor's participation on the search committee should begin before the position is advertised and continue through the recruitment, screening, interview, and hiring phases until the job search is completed. If a program

currently does not have anyone with the expertise and training to fulfill this role, we request that they identify promising students, faculty, and/or staff and fund their participation in the Search Advocate training program offered at Oregon State University.[17] In addition to completing OSU's two five-hour training workshops prior to starting, advisors must be expected to engage in continuing education (CE) also offered through OSU's program. These CE trainings must be completed on an annual basis for Faculty Equity Advisors to remain eligible beyond the first year. As a secondary benefit to this practice of Faculty Equity Advisors or Search Advocates, this may reduce the burden sometimes felt by BIPOC faculty who are called to serve on committees and are in some cases assumed to be the de facto advocate or expert on these issues.

d. In addition to the aforementioned advisors and advocates, programs should strengthen any existing search procedure trainings. Beyond procedural training on things such as how to navigate HR portals, what requirements are made for bias training? As an institutional exemplar, consider University of California, Davis, which requires every search committee member to have completed an Advance STEAD (Strength Through Equity and Diversity) certification. Consider who else supplies feedback on candidates and whether training can be made available more widely to those likely to attend a job candidate's talk but perhaps not be serving on the official committee (e.g., graduate students who may complete evaluation forms).
e. Last, and related to the sections to follow, programs must reflect on departmental patterns of hiring across different types of positions, as well as differences in promotion and tenure. After entering your institution, who rises to leadership decisions? For example, reflect on the ripple effects for future equity if, for example, your program's leadership positions are held predominantly by White men while BIPOC women are more represented in junior roles.

9. **<u>Create and Enact an Explicit Strategic Plan for Supporting BIPOC Faculty.</u>** In addition to investing in the recruitment of BIPOC faculty, clinical psychology programs must also develop strategic plans to ensure that such faculty are retained and able to reach their full potential in research, teaching, and service within an inclusive and supportive environment. Indeed, while the percentage of BIPOC assistant professors is unacceptable in most programs, these numbers decrease even further at higher professional ranks (e.g., assistant to associate to full professor)[18], likely reflecting difficulties in retaining BIPOC faculty once they are hired. Thus, faculty diversification efforts that do not proactively invest in retention efforts are likely to fuel a "revolving door" of BIPOC faculty within programs.[19,20] To address these high turnover rates and promote the retention and success of racial-ethnic minority faculty, we request that programs create and enact (and iteratively evaluate and improve) plans for supporting BIPOC faculty. Central to this is climate. A climate of respect and support has been identified as the single most important factor in the retention and promotion of ethnic minority faculty,[21] whereas experiences of racism lead to dropout and poor retention of both students and faculty. [22] Many of the recommendations for fostering an inclusive climate that are discussed in the section "Addressing the Specific Mental Health Needs of Black/POC Students" can also be applied to faculty and thus will not be addressed here. In addition to those, strategic plans should consider the following recommendations, ten through thirteen.

10. **<u>Provide Continued Mentorship Structures for BIPOC Faculty and Staff</u>**. Ensure direct mentorship and network support for BIPOC faculty to provide information and support for the tenure and advancement process as well as academic and professional growth opportunities. A survey of NIH-funded BIPOC faculty in academic and nonacademic positions in life sciences revealed that mentorship was ranked as the most important factor associated with their success.[23] Mentorship practices to support faculty are particularly important for BIPOC faculty given their overall underrepresentation,[24] which means they may possibly have fewer individuals in their natural support network (e.g., family) who are also in academia.

    a. Develop strong support systems for BIPOC faculty including senior faculty mentors and peer support. One example of a career development program for junior researchers of American Indian and Alaska native descent is the Native Investigator Development Program, which demonstrated positive outcomes for its members including increased productivity on manuscripts and grant submissions.[25] Given the importance of receiving mentorship by individuals of one's own race and gender,[26] among departments that

consist of all White senior faculty, mentor networks can be developed across other programs in the college. Mentoring offers should be extended to such faculty and staff and relationships should be fostered as early as hiring decisions are made such that support can be provided during the moving and transition process.

b. In addition to providing mentorship from faculty within the Department, we request that programs also fund BIPOC faculty's membership in the *National Center for Faculty Development and Diversity* and their participation in the Center's courses on professional development and wellness in academia. **Access to this membership and these courses should be included by default in the contract and start-up package of all BIPOC faculty**. Further, all current BIPOC faculty, regardless of their ranking, should also be given access to these opportunities with all expenses covered by the department.

11. **Develop Institutional Recognition for Faculty and Staff Documenting Significant Contributions to Diversity, Equity, and Inclusion (DEI).** At most major research universities, faculty reviews, including regular evaluation as well as those used to determine tenure and promotion, include assessment across three key areas: research, teaching and mentoring, and service. Although a candidate's DEI efforts may be used as evidence of their contributions to scholarship, teaching, and service, few programs require activity across all three domains and research activity is often weighted most heavily in these evaluations. Further, research shows that BIPOC faculty are more likely to be engaged in liaison-related services and be involved as leaders in professional organizations than White faculty.[27] One analysis suggested that BIPOC faculty often struggle with disproportionate service opportunities due to their high visibility, the belief that these faculty provide diverse perspectives for their respective committees, and the fact that they are often sought out by BIPOC students for mentorship.[28] This undue burden, often referred to as "cultural taxation," can be compounded by the fact that BIPOC faculty often feel a personal obligation to give back to their communities (e.g., by mentoring and recruiting students and faculty of color).[29,30] While programs seeking to advance DEI initiatives should engage BIPOC faculty and students as key stakeholders in this process, is critical that these individuals are not expected to assume responsibility for additional and race-specific forms of service. **Expecting BIPOC faculty, students, and staff to carry the weight of reforming our programs to be anti-racist without providing appropriate financial compensation, teaching credit, or tangible research support (e.g., grant funding) is an exploitative practice that contributes to physical, mental, and emotional burnout.** This exhaustion, coupled with the many other detrimental effects that result from exploiting BIPOC faculty and students, may lead to the loss of these individuals from our programs, and in some cases, their departure from academia entirely.

    a. First, to ensure that ALL faculty play a proactive role in dismantling systems of oppression and advancing DEI in our programs, departments, and fields, we request that the quantity and quality of faculty contributions to DEI be included as a key evaluation criterion for tenure and promotion. Contributions to DEI can take a variety of forms, including mentoring, advising, or otherwise contributing to the professional advancement of BIPOC students and faculty. Contributions can include activity within the institution as well as public service in community agencies, schools, and nonprofit organizations. An example of an amendment to the guidelines in evaluating appointment and promotion to include an explicit consideration of DEI contributions is provided by the University of California System.[31]
    b. Faculty reviews at other career stages, such as third year or sixth year reviews, should also assess contributions to equity and inclusion. Specifically, faculty should be expected to describe their efforts towards DEI since their last review.
    c. **It is critical to recognize that while some BIPOC faculty may appreciate reminders to say "no" and limit their service contributions, others, especially those who are committed to dismantling racial inequities in higher education, may find these words to be dismissive and hurtful, as they minimize the importance of their DEI efforts.** Encouraging faculty to limit their service without appreciating that "service" likely means *very* different things for BIPOC and White faculty is tantamount to a color-blind response. Anecdotally, much of the service that BIPOC faculty engage in centers on mentoring and serving as role models for BIPOC students, and this may especially be true for faculty in departments where they are one of the only members of their racial-ethnic background. In contrast to other forms of service performed as a way to "check off

a box," the DEI contributions of some BIPOC faculty likely stems from a deep-rooted commitment to dismantling the barriers that they had to overcome to advance in higher education and obtain a tenure-track position.

Thus, the goal should not necessarily be that BIPOC faculty reduce their service activity (although some elect to do so); rather, departments should recognize and reward the disproportionate service loads that BIPOC faculty may assume. Ways that this can be accomplished include introducing internal grants/awards to support DEI efforts in order to relieve the pressure on faculty to seek external research funding or to translate DEI efforts into credit toward teaching relief or research leave. As faculty mentors may also encourage their graduate students to refrain from DEI service, they too must be mindful of how they communicate with their BIPOC students regarding these issues and how these messages may implicitly communicate to these students that they do not belong in academia.

12. **Identify and Dismantle Racial Biases in the Tenure Review Process**. Being awarded tenure is considered to be one of the most visible and valued signs of academic accomplishments, associated with academic scholarship and freedom. However, numerous analyses have found that BIPOC faculty are disproportionately less likely to receive tenure. [32,33] These troubling statistics can be partly attributed to racial biases within the tenure review processes itself; institutional structures, policies, and practices intended to be race-blind contribute to an environment that is unsupportive and even hostile.[34] This includes bias in teaching evaluations,[22] not recognizing and appropriately rewarding the range of research, teaching, and service activities that BIPOC faculty tend to engage in[34], and the dependence on "likability and congeniality".[35]

    a. **Address bias in teaching evaluations**: Teaching is an important factor in reappointment, tenure, and promotion evaluations and is typically assessed using standardized course evaluations completed by students at the end of the term. While there are benefits to course evaluations, including providing feedback to faculty so they can improve aspects of courses, empowering students to design their educational experiences, and ensuring accountability for faculty, research shows racial disparities in this evaluation practice that likely contribute to reduced rates of promotion among BIPOC faculty.[9] Specifically, Black and Asian faculty were rated more negatively than White faculty on quality, helpfulness, and clarity in college classes.[36]

    Lower course evaluations may in part be due to the tendency of BIPOC faculty to teach diversity and multicultural courses, which often address topics perceived as controversial or politically charged, such as racism and oppression. For many White students, these courses may be the first time in which they have been forced to think critically about racism; discussions of White supremacy and privilege are likely to evoke discomfort, anger, defensiveness, a response often referred to as "White Fragility".[37] These negative reactions are likely to be reflected in poorer course and faculty evaluations; indeed, studies show that female faculty of color are seen as "having an agenda" when they teach courses focused on race or gender.[38]

    Thus, faculty course evaluations may represent a source of bias against BIPOC faculty.[39] Given the important role of student evaluations in tenure, promotion, and salary decisions, reliance on such biased review surveys may constitute a violation of Title VII of the Civil Rights Act of 1964 which prohibits institutions from discriminating against employers on the basis of race. **To address these issues, we propose four solutions:** (1) First, we request that programs correct for racial biases in student evaluations in the form of an automatic adjustment or "bonus" for BIPOC faculty; the magnitude of these adjustments should be determined based on average racial biases in course evaluations at the institution or on national averages; (2) Second, BIPOC faculty should not pigeon-holed into only teaching courses that are seen as politically charged; (3) Third, all individuals involved in tenure and promotion decisions should be informed of research showing the presence of racial biases in course evaluations and undergo training to better detect when racial biases are reflected in student comments, and (4) Fourth, numerical rankings from student evaluations should not be used as the sole indicator of

teaching effectiveness but should be combined with other evaluation methods including classroom observations, syllabus reviews, and student interviews. It is critical that programs proactively monitor these practices for potential sources of bias as well. More holistic evaluations of teaching practices are important not only for ensuring a more inclusive tenure review process but also for combatting against the detrimental effect that racial biases in student evaluations likely have on the self-esteem, perceived self-efficacy, and sense of belonging among BIPOC faculty.

b. **Address biases in evaluations of faculty scholarship**: Analyses have found that probability of faculty promotion declined as the proportion of time spent on teaching increased.[33] Thus, despite teaching and service being components of the review process, research performance remains a predominant criterion in the tenure review process. This disproportionally affects women and BIPOC faculty who tend to allocate more time to non-research activities.[28] Thus, departments must ensure that teaching and service responsibilities are equitably distributed with a focus to the various aspects of these activities including number of courses vs. number of new courses, frequency of course meetings, number of students, graduate student support, rate of change in course content, and demands of committee work.

c. **Departments must clearly and consistently define and communicate the criteria for tenure:** While the rules governing tenure reviews are objective, the processes by which they are carried out are subject to racial biases. Furthermore, the nature of the tenure review process has led to junior faculty reporting being confused by the haphazard nature of this process and not having a clear understanding of the performance or procedural requirements or the time frame.[34] This is especially detrimental for BIPOC who are less likely to be integrated into their departments and who have less access to professional networks. Ambiguous criteria also allow for the potential for both deliberate and unintentional bias[28], with evaluation committees holding higher expectations for Black faculty.[40] Thus, departments must not only systematically define expectations in the review process but specify the types of information required, the nature of the evaluation process, and the time frame.

13. **<u>Ensure a Living Wage for Non-Tenure Track and Adjunct Faculty.</u>** While this section has largely focused on tenure-track faculty members, close to 75% of all faculty positions in the United States are off the tenure track[41], which don't include the same job security and benefits that tenure holds. Such non-tenure track appointments are compensated less than tenure track appointments[42] while carrying greater teaching responsibilities for undergraduate classes, compared to research activities for tenure track appointments.[43] In addition, non-tenure track professors contribute to various service and mentoring activities[44], which highlights their value and impact for students and departments. Experiences of non-tenure track faculty include limited socialization with tenure track faculty, lack of professional development opportunities, exclusion from making curriculum decisions, as well as lower satisfaction.[45,46] Given that BIPOC faculty are disproportionately represented in non-tenure track positions[47], departments must ensure adequate compensation and benefits for these positions.

    a. **Departments must offer a minimum compensation to provide a living wage:** While we do not specify a recommended minimum compensation, departments must ensure a minimum wage that is commensurate with living costs for the respective city as well as provide full benefits for these faculty regardless of temporary, permanent, part-time, or contracted status.
    b. **Non-tenure track faculty must be provided with adequate resources to conduct their work:** National assessments of non-tenure track faculty indicate a striking lack of resources for these positions that interfere with the ability to carry out duties and contribute to work-related stress and burnout.[48] Non-tenure track faculty must be provided with professional development funds, access to resources (such as student support services information and student records) as well as office space.

References Cited in Section V (Sample resources marked with *)

1. Galea, S. Rethinking Our Student Admission Requirements: A Case for Equity: SPH: Boston University. Published online June 2019. Retrieved https://www.bu.edu/sph/announcement/rethinking-our-student-admission-requirements-a-case-for-equity/
2. Tyson, C. STEM graduate programs place too much emphasis on GRE scores, physicists say. *Inside Higher Ed.* Published online June 2014. Retrieved from https://www.insidehighered.com/news/2014/06/16/stem-graduate-programs-place-too-much-emphasis-gre-scores-physicists-say
3. Kuncel, Nathan R., Sarah A. Hezlett, and Deniz S. Ones. A comprehensive meta-analysis of the predictive validity of the graduate record examinations: Implications for graduate student selection and performance. *Psychol Bull.* 2001;127(1):162-181. doi:10.1037/0033-2909.127.1.162
4. Iwen, M. Letters of Recommendation: Just Say No. *Inside Higher Ed.* Published online April 2019. Retrieved from https://www.insidehighered.com/advice/2019/04/10/letters-recommendation-reaffirm-entrenched-systems-bias-and-exclusion-opinion
5. Madera, Juan M., Michelle R. Hebl, and Randi C. Martin. Gender and letters of recommendation for academia: agentic and communal differences. *Journal of Applied* Psychology 94.6 (2009): 1591.
6. Maton, K., Kohout, J., Wicherski, M., Leary, G., & Vinokurov, A. Minority students of color and the psychology graduate pipeline: Disquieting and encouraging trends, 1989-2003. *Am Psychol.* 2006.61(2), 117–131. https://doi.org/10.1037/0003-066X.61.2.117
7. *Graduate Horizons program. http://www.graduatehorizons.org/
8. Office of the Missouri Attorney General. Racial Profiling Data/2013: Ferguson Police Department. 2014.
9. Alexander, M. The New Jim Crow: Mass Incarceration in the Age of Colorblindness. New York: The New Press, 2010.
10. Cerda-Jara, M., Elster, A., & Harding, D. J. Criminal Record Stigma in the College-Educated Labor Market. Published online May 2020. https://irle.berkeley.edu/files/2020/05/Harding_Jara-Cerda-Elster-brief.pdf
11. University of California, Berkeley. “Femi Ogundele: A diverse student body fosters excellence”. Published online May 2020. https://news.berkeley.edu/2020/07/16/femi-ogundele-a-diverse-student-body-fosters-excellence/
12. *University of California, Berkeley. Faculty Search Protocol. Retrieved from https://ofew.berkeley.edu/sites/default/files/candidate_evaluation_tool_for_faculty_searches.pdf
13. * University of California, Berkeley. Rubric Assessing Candidate Contributions to Diversity, Equity, and Inclusion. Retrieved from https://ofew.berkeley.edu/recruitment/contributions-diversity/rubric-assessing-candidate-contributions-diversity-equity-and
14. Langin, K. Racial and Gender Biases Plague Postdoc Hiring. *Science Magazine.* Published online June 2019. Retrieved from https://www.sciencemag.org/careers/2019/06/racial-and-gender-biases-plague-postdoc-hiring
15. Leske, L. How Search Committees Can See Bias in Themselves. *The Chronicle of Higher Education*. Published online November 2016. https://www.chronicle.com/article/how-search-committees-can-see-bias-in-themselves/
16. *University of California, Berkeley. Senate Search Guide. Retrieved from https://ofew.berkeley.edu/senate-search-guide
17. *Oregon State University. Search Advocacy. Retrieved from https://searchadvocate.oregonstate.edu/about/search-advocacy-beyond-osu
18. U.S. Department of Education, National Center for Education Statistics. Full-time faculty in degree-granting postsecondary institutions, by race/ethnicity, sex, and academic rank: Fall 2015, fall 2017, and fall 2018. Published online 2019. https://nces.ed.gov/programs/digest/d19/tables/dt19_315.20.asp?current=yes
19. Parker S, Clayton-Pedersen A, Moreno J, Teraguchi D, Smith DG. The Revolving Door for Underrepresented Minority Faculty in Higher Education. Published online April 2006. Accessed July 30, 2020. https://folio.iupui.edu/handle/10244/50
20. Boyd T, Cintron R, Alexander-Snow M. The experience of being a junior minority female faculty member. *Forum Public Policy*. Published online 2010.
21. Williams MT. Adverse racial climates in academia: Conceptualization, interventions, and call to action. *New Ideas Psychol*. 2019;55:58-67. doi:10.1016/j.newideapsych.2019.05.002
22. Diggs GA, Garrison-Wade DF, Estrada D, Galindo R. Smiling faces and colored spaces: The experiences of faculty of color pursing tenure in the academy. *Urban Rev*. 2009;41(4):312-333. doi:10.1007/s11256-008-0113-y.

23. Martinez LR, Boucaud DW, Casadevall A, August A. Factors Contributing to the Success of NIH-Designated Underrepresented Minorities in Academic and Nonacademic Research Positions. *CBE—Life Sci Educ*. 2018;17(2):ar32. doi:10.1187/cbe.16-09-0287
24. Whittaker, J. A., & Montgomery, B. L. (2014). Cultivating Institutional Transformation and Sustainable STEM Diversity in Higher Education through Integrative Faculty Development. *Innovative Higher Education*, *39*(4), 263–275. https://doi.org/10.1007/s10755-013-9277-9
25. Buchwald D, Dick RW. Weaving the Native Web: Using Social Network Analysis to Demonstrate the Value of a Minority Career Development Program. *Acad Med J Assoc Am Med Coll*. 2011;86(6):778-786. doi:10.1097/ACM.0b013e318217e824
26. Blake-Beard S, Bayne ML, Crosby FJ, Muller CB. Matching by Race and Gender in Mentoring Relationships: Keeping our Eyes on the Prize. *J Soc Issues*. 2011;67(3):622-643. doi:10.1111/j.1540-4560.2011.01717.x
27. Wood JL, Hilton AA, Nevarez C. Faculty of color and white faculty: An analysis of service in colleges of education in the Arizona public university system. *J Profr*. 2015;8(1):85-109.
28. Menges RJ, Exum WH. Barriers to the Progress of Women and Minority Faculty. *J High Educ*. 1983;54(2):123-144.
29. Baez B. Race-related service and faculty of color: Conceptualizing critical agency in academe. *High Educ*. 2000;39(3):363-391. doi:10.1023/A:1003972214943
30. Fryberg, Stephanie A., Martinez EJ. *The Truly Diverse Faculty: New Dialogues in American Higher Education*. Palgrave Macmillan; 2014.
31. *UC System. Appointment and Promotion: APM - 210: Review and Appraisal Committees. Published online 2020. chrome-extension://oemmndcbldboiebfnladdacbdfmadadm/https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-210.pdf
32. Campbell KM, Rodríguez JE, Brownstein NC, Fisher ZE. Status of Tenure Among Black and Latino Faculty in Academic Medicine. *J Racial Ethn Health Disparities*. 2017;4(2):134-139. doi:10.1007/s40615-016-0210-7
33. Perna LW. Sex and Race Differences in Faculty Tenure and Promotion. *Res High Educ*. 2001;42(5):541-567.
34. Tierney WG, Bensimon EM. *Promotion and Tenure: Community and Socialization in Academe*. SUNY Press; 1996.
35. Arnold NW, Crawford ER, Khalifa M. Psychological Heuristics and Faculty of Color: Racial Battle Fatigue and Tenure/Promotion. *J High Educ*. 2016;87(6):890-919. doi:10.1080/00221546.2016.11780891
36. Reid LD. The role of perceived race and gender in the evaluation of college teaching on RateMyProfessors.Com. *J Divers High Educ*. 2010;3(3):137-152. doi:10.1037/a0019865
37. DiAngelo R. *White Fragility: Why It's so Hard for White People to Talk about Racism*. Beacon Press; 2018.
38. Ludwig JM, Meacham JA. Teaching Controversial Courses: Student Evaluations of Instructors and Content. *Educ Res Q*. 1997;21(1):27-38.
39. Flaherty C. Flawed Evaluations. Published June 10, 2015. Accessed August 23, 2020. https://www.insidehighered.com/news/2015/06/10/aaup-committee-survey-data-raise-questions-effectiveness-student-teaching
40. Moody J. *Faculty Diversity: Problems and Solutions*. Routledge; 2004.
41. American Association of University Professors. Contingent faculty in US higher ed. Published online 2018. https://www.aaup.org/sites/default/files/10112018%20Data%20Snapshot%20Tenure.pdf
42. Monks J. Who Are the Part-time Faculty? There's No Such Thing as a Typical Part-timer. *Academe*. 2009;95(4):33-37.
43. Ehrenberg RG. American Higher Education in Transition. *J Econ Perspect*. 2012;26(1):193-216. doi:10.1257/jep.26.1.193
44. Drake A, Struve L, Meghani SA, Bukoski B. Invisible Labor, Visible Change: Non-Tenure-Track Faculty Agency in a Research University. *Rev High Educ*. 2019;42(4):1635-1664. doi:10.1353/rhe.2019.0078
45. Bolitzer LA. What We Know (and Don't Know) about Adjunct Faculty as Teachers at Four-Year Institutions. *Rev High Educ*. 2019;43(1):113-142. doi:10.1353/rhe.2019.0092
46. Miller RA, Struve LE. "Heavy Lifters of the University": Non-Tenure Track Faculty Teaching Required Diversity Courses. *Innov High Educ*. Published online June 10, 2020. doi:10.1007/s10755-020-09517-7
47. Curtis JW. The Employment Status of Instructional Staff Members in Higher Education, Fall 2011. Published online 2014. Chrome-

extension://oemmndcbldboiebfnladdacbdfmadadm/https://www.aaupunion.org/sites/default/files/files/AAUP-InstrStaff2011-April2014.pdf
48. Kezar A, Maxey D. Student outcomes assessment among the new non-tenure-track faculty majority. *Natl Inst Learn Outcomes Assess Occas Pap*. 2014;21.

Appendix A: A Non-Comprehensive List of those Murdered by Police over the Last 10 years

Dijon Durand Kizzee, February 5, 1991 - August 31, 2020

Rayshard Brooks, January 31, 1993 - June 12, 2020
Atlanta, Georgia
Shot: June 12, 2020, Atlanta Police Officer

Carlos Carson, May 16, 1984 - June 6, 2020
Tulsa, Oklahoma
Pepper Sprayed/Shot in Head: June 6, 2020, Knights Inn Tulsa Armed Security Guard, former sergeant and detention officer with the Tulsa County Sheriff's Office

Oluwatoyin "Toyin" Salau, August 27, 2000 – June 13, 2020
Tallahassee, Florida
Tallahassee Police Ignorance resulting in Kidnapping, Sexually Assalt, and Murder

David McAtee, August 3, 1966 - June 1, 2020
Louisville, Kentucky
Shot: June 1, 2020, Louisville Metropolitan Police Officer

Tony McDade, 1982 - May 27, 2020
Tallahassee, Florida
Shot: May 27, 2020, Tallahassee Police Officers

George Perry Floyd, October 14, 1973 - May 25, 2020
Powderhorn, Minneapolis, Minnesota
Knee on neck/Asphyxiated: May 25, 2020, Minneapolis Police Officer

Dreasjon "Sean" Reed, 1999 - May 6, 2020
Indianapolis, Indiana
Shot: May 6, 2020, Unidentified Indianapolis Metropolitan Police Officer

Michael Brent Charles Ramos, January 1, 1978 - April 24, 2020
Austin, Texas
Shot: April 24, 2020, Austin Police Detectives

Daniel T. Prude, 1979 - March 30, 2020
Rochester, New York
Asphyxiation: March 23, 2020, Rochester Police Officers

Breonna Taylor, June 5, 1993 - March 13, 2020
Louisville, Kentucky
Shot: March 13, 2020, Louisville Metro Police Officers

Manuel "Mannie" Elijah Ellis, August 28, 1986 - March 3, 2020
Tacoma, Washington

Physical restraint/Hypoxia: March 3, 2020, Tacoma Police Officers

William Howard Green, March 16, 1976 - January 27, 2020
Temple Hills, Maryland
Shot: January 27, 2020, Prince George's County Police Officer

John Elliot Neville, 1962 - December 4, 2019
Winston-Salem, North Carolina
Asphyxiated (hog-tied in prone position)/Heart Attack/Brain Injury: December 2, 2019, Forsyth County Sheriff Officers

Atatiana Koquice Jefferson, November 28, 1990 - October 12, 2019
Fort Worth, Texas
Shot: October 12, 2019, Fort Worth Police Officer

Elijah McClain, 1996 - August 30, 2019
Aurora, Colorado
Chokehold/Ketamine/Heart Attack: August 24, 2019, Aurora Police Officers and Paramedic

Emantic "EJ" Fitzgerald Bradford Jr., June 18, 1997 - November 22, 2018
Hoover, Alabama
Shot: November 22, 2018, Unidentified Hoover Police Officers

Javier Ambler, October 7, 1978 - March 28, 2019
Austin, Texas
Tasered/Electrocuted: March 28, 2019, Williamson County Sheriff Deputy

Sterling Lapree Higgins, 1982 - March 25, 2019
Union City, Tennessee
Choke hold/Asphyxiation: March 24-25, 2019, Union City Police Officer and Obion County Sheriff Deputies

Anton Black, 1999 - September 15, 2018
Greensboro, Maryland
Tasered/Sudden Cardiac Arrest: September 15, 2018, Greensboro Police Officers

Charles "Chop" Roundtree Jr., September 5, 2000 - October 17, 2018
San Antonio, Texas
Shot: October 17, 2018, San Antonio Police Officer

Chinedu Okobi, February 13, 1982 - October 3, 2018
Millbrae, California
Tasered/Electrocuted: October 3, 2018, San Mateo County Sheriff Sergeant and Sheriff Deputies

Botham Shem Jean, September 29, 1991 - September 6, 2018
Dallas, Texas
Shot: September 6, 2018, Dallas Police Officer

Antwon Rose Jr., July 12, 2000 - June 19, 2018
East Pittsburgh, Pennsylvania
Shot: June 19, 2018, East Pittsburgh Police Officer

Saheed Vassell, December 22, 1983 - April 4, 2018
Brooklyn, New York City, New York
Shot: April 4, 2018, Four Unnamed New York City Police Officers

Stephon Alonzo Clark, August 10, 1995 - March 18, 2018
Sacramento, California
Shot: March 18, 2018, Sacramento Police Officers

Bijan Ghaisar, 1992 - November 27, 2017
George Washington Memorial Parkway, Alexandria, Virginia
Shot: November 17, 2017, U.S. Park Police Officers

Aaron Bailey, 1972 - June 29, 2017
Indianapolis, Indiana
Shot: June 29, 2017, Indianapolis Metropolitan Police Officers

Charleena Chavon Lyles, April 24, 1987 - June 18, 2017
Seattle, Washington
Shot: June 18, 2017, Seattle Police Officers
Fetus of Charleena Chavon Lyles (14-15 weeks), June 18, 2017
Seattle, Washington
Shot: June 18, 2017, Seattle Police Officers

Jordan Edwards, October 25, 2001 - April 29, 2017
Balch Springs, Texas
Shot: April 29, 2017, Balch Springs Officer

Chad Robertson, 1992 - February 15, 2017
Chicago, Illinois
Shot: February 8, 2017, Chicago Police Officer

Deborah Danner, September 25, 1950 - October 18, 2016
The Bronx, New York City, New York
Shot: October 18, 2016, New York City Police Officers

Alfred Olango, July 29, 1978 - September 27, 2016
El Cajon, California
Shot: September 27, 2016, El Cajon Police Officers

Terence Crutcher, August 16, 1976 - September 16, 2016
Tulsa, Oklahoma
Shot: September 16, 2016, Tulsa Police Officer

Terrence LeDell Sterling, July 31, 1985 - September 11, 2016
Washington, DC
Shot: September 11, 2016, Washington Metropolitan Police Officer

Korryn Gaines, August 24, 1993 - August 1, 2016
Randallstown, Maryland
Shot: August 1, 2016, Baltimore County Police

Joseph Curtis Mann, 1966 - July 11, 2016
Sacramento, California
Shot: July 11, 2016, Sacramento Police Officers

Philando Castile, July 16, 1983 - July 6, 2016
Falcon Heights, Minnesota
Shot: July 6, 2016, St. Anthony Police Officer

Alton Sterling, June 14, 1979 - July 5, 2016
Baton Rouge, Louisiana
Shot: July 5, 2016, Baton Rouge Police Officers

Bettie “Betty Boo” Jones, 1960 - December 26, 2015
Chicago, Illinois
Shot: December 26, 2015, Chicago Police Officer

Quintonio LeGrier, April 29, 1996 - December 26, 2015
Chicago, Illinois
Shot: December 26, 2015, Chicago Police Officer

Corey Lamar Jones, February 3, 1984 - October 18, 2015
Palm Beach Gardens, Florida
Shot: October 18, 2015, Palm Beach Gardens Police Officer

Jamar O’Neal Clark, May 3, 1991 - November 16, 2015
Minneapolis, Minnesota
Shot: November 15, 2015, Minneapolis Police Officers

Jeremy “Bam Bam” McDole, 1987 - September 23, 2015
Wilmington, Delaware
Shot: September 23, 2015, Wilmington Police Officers

India Kager, June 9, 1988 - September 5, 2015
Virginia Beach, Virginia
Shot: September 5, 2015, Virginia Beach Police Officers

Samuel Vincent DuBose, March 12, 1972 - July 19, 2015
Cincinnati, Ohio
Shot: July 19, 2015, University of Cincinnati Police Officer

Sandra Bland, February 7, 1987 - July 13, 2015
Waller County, Texas
Excessive Force/Wrongful Death/Suicide (?): July 10, 2015, Texas State Trooper

Brendon K. Glenn, 1986 - May 5, 2015
Venice, California
Shot: May 5, 2015, Los Angeles Police Officer

Freddie Carlos Gray Jr., August 16, 1989 - April 19, 2015
Baltimore, Maryland

Brute Force/Spinal Injuries: April 12, 2015, Baltimore City Police Officers

Walter Lamar Scott, February 9, 1965 - April 4, 2015
North Charleston, South Carolina
Shot: April 4, 2015, North Charleston Police Officer

Eric Courtney Harris, October 10, 1971 - April 2, 2015
Tulsa, Oklahoma
Shot: April 2, 2015, Tulsa County Reserve Deputy

Phillip Gregory White, 1982 - March 31, 2015
Vineland, New Jersey
K-9 Mauling/Respiratory distress: March 31, 2015, Vineland Police Officers

Mya Shawatza Hall, December 5, 1987 - March 30, 2015
Fort Meade, Maryland
Shot: March 30, 2015, National Security Agency Police Officers

Meagan Hockaday, August 27, 1988 - March 28, 2015
Oxnard, California
Shot: March 28, 2015, Oxnard Police Officer

Tony Terrell Robinson, Jr., October 18, 1995 - March 6, 2015
Madison, Wisconsin
Shot: March 6, 2015, Madison Police Officer

Janisha Fonville, March 3, 1994 - February 18 2015
Charlotte, North Carolina
Shot: February 18, 2015, Charlotte-Mecklenburg Police Officer

Natasha McKenna, January 9, 1978 - February 8, 2015
Fairfax County, Virginia
Tasered/Cardiac Arrest: February 3, 2015, Fairfax County Sheriff Deputies

Jerame C. Reid, June 8, 1978 - December 30, 2014
Bridgeton, New Jersey
Shot: December 30, 2014, Bridgeton Police Officer

Rumain Brisbon, November 24, 1980 - December 2, 2014
Phoenix, Arizona
Shot: December 2, 2014, Phoenix Police Officer

Tamir Rice, June 15, 2002 - November 22, 2014
Cleveland, Ohio
Shot: November 22, 2014, Cleveland Police Officer

Akai Kareem Gurley, November 12, 1986 - November 20, 2014
Brooklyn, New York City, New York
Shot: November 20, 2014, New York City Police Officer

Tanisha N. Anderson, January 22, 1977 - November 13, 2014
Cleveland, Ohio
Physically Restrained/Brute Force: November 13, 2014, Cleveland Police Officers

Dante Parker, August 14, 1977 - August 12, 2014
Victorville, California
Tasered/Excessive Force: August 12, 2014, San Bernardino County Sheriff Deputies

Ezell Ford, October 14, 1988 - August 11, 2014
Florence, Los Angeles, California
Shot: August 11, 2014, Los Angeles Police Officers

Michael Brown Jr., May 20, 1996 - August 9, 2014
Ferguson, Missouri
Shot: August 9, 2014, Ferguson Police Officer

John Crawford III, July 29, 1992 - August 5, 2014
Beavercreek, Ohio
Shot: August 5, 2014, Beavercreek Police Officer

Tyree Woodson, 1976 - August 2, 2014
Baltimore, Maryland
Shot: August 2, 2014, Baltimore City Police Officer

Eric Garner, September 15, 1970 - July 17, 2014
Staten Island, New York
Choke hold/Suffocated: July 17, 2014, New York City Police Officer

Dontre Hamilton, January 20, 1983 - April 30, 2014
Milwaukee, Wisconsin
Shot: April 30, 2014, Milwaukee Police Officer

Victor White III, September 11, 1991 - March 3, 2014
New Iberia, Louisiana
Shot: March 2, 2014, Iberia Parish Sheriff Deputy

Gabriella Monique Nevarez, November 25, 1991 - March 2, 2014
Citrus Heights, California
Shot: March 2, 2014, Citrus Heights Police Officers

Yvette Smith, December 18, 1966 - February 16, 2014
Bastrop County, Texas
Shot: February 16, 2014, Bastrop County Sheriff Deputy

McKenzie J. Cochran, August 25, 1988 - January 29, 2014
Southfield, Michigan
Pepper Sprayed/Compression Asphyxiation: January 28, 2014, Northland Mall Security Guards

Jordan Baker, 1988 - January 16, 2014
Houston, Texas
Shot: January 16, 2014, Off-duty Houston Police Officer

Andy Lopez, June 2, 2000 - October 22, 2013
Santa Rosa, California
Shot: October 22, 2013, Sonoma County Sheriff Deputy

Miriam Iris Carey, August 12, 1979 - October 3, 2013
Washington, DC
Shot 26 times: October 3, 2013, U. S. Secret Service Officer

Barrington “BJ” Williams, 1988 - September 17, 2013
New York City, New York
Neglect/Disdain/Asthma Attack: September 17, 2013, New York City Police Officers

Jonathan Ferrell, October 11, 1989 - September 14, 2013
Charlotte, North Carolina
Shot: September 14, 2013, Charlotte-Mecklenburg Police Officer

Carlos Alcis, 1970 - August 15, 2013
Brooklyn, New York City
Heart Attack/Neglect: August 15, 2013, New York City Police Officers

Larry Eugene Jackson Jr., November 29, 1980 - July 26, 2013
Austin, Texas
Shot: July 26, 2013, Austin Police Detective

Kyam Livingston, July 29, 1975 - July 21, 2013
New York City, New York
Neglect/Ignored pleas for help: July 20-21, 2013, New York City Police Officers

Clinton R. Allen, September 26, 1987 - March 10, 2013
Dallas, Texas
Tasered and Shot: March 10, 2013, Dallas Police Officer

Kimani “KiKi” Gray, October 19, 1996 - March 9, 2013
Brooklyn, New York City, New York
Shot: March 9, 2013, New York Police Officers

Kayla Moore, April 17, 1971 - February 13, 2013
Berkeley, California
Restrained face-down prone: February 12, 2013, Berkeley Police Officers

Jamaal Moore Sr., 1989 - December 15, 2012
Chicago, Illinois
Shot: December 15, 2012, Chicago Police Officer

Johnnie Kamahi Warren, February 26, 1968 - February 13, 2012
Dothan, Alabama
Tasered/Electrocuted: December 10, 2012, Houston County (AL) Sheriff Deputy

Shelly Marie Frey, April 21, 1985 - December 6, 2012
Houston, Texas
Shot: December 6, 2012, Off-duty Harris County Sheriff's Deputy

Darnisha Diana Harris, December 11, 1996 - December 2, 2012
Breaux Bridge, Louisiana
Shot: December 2, 2012, Breaux Bridge Police Office

Timothy Russell, December 9. 1968 - November 29, 2012
Cleveland, Ohio
137 Rounds/Shot 23 times: November 29, 2012, Cleveland Police Officers

Malissa Williams, June 20, 1982 - November 29, 2012
Cleveland, Ohio
137 Rounds/Shot 24 times: November 29, 2012, Cleveland Police Officers

Noel Palanco, November 28, 1989 - October 4, 2012
Queens, New York City, New York
Shot: October 4, 2012, New York City Police Officers

Reynaldo Cuevas, January 6, 1992 - September 7, 2012
Bronx, New York City, New York
Shot: September 7, 2012, New York City Police Officer

Chavis Carter, 1991 - July 28, 2012
Jonesboro, Arkansas
Shot: July 28, 2012, Jonesboro Police Officer

Alesia Thomas, June 1, 1977 - July 22, 2012
Los Angeles, California
Brutal Force/Beaten: July 22, 2012, Los Angeles Police Officers

Shantel Davis, May 26, 1989 - June 14, 2012
New York City, New York
Shot: June 14, 2012, New York City Police Officer

Sharmel T. Edwards, October 10, 1962 - April 21, 2012
Las Vegas, Nevada
Shot: April 21, 2012, Las Vegas Police Officers

Tamon Robinson, December 21, 1985 - April 18, 2012
Brooklyn, New York City, New York
Run over by police car: April 12, 2012, New York City Police Officers

Ervin Lee Jefferson, III, 1994 - March 24, 2012
Atlanta, Georgia
Shot: March 24, 2012, Shepperson Security & Escort Services Security Guards

Kendrec McDade, May 5, 1992 - March 24, 2012
Pasadena, California
Shot: March 24, 2012, Pasadena Police Officers

Rekia Boyd, November 5, 1989 - March 21, 2012
Chicago, Illinois
Shot: March 21, 2012, Off-duty Chicago Police Detective

Shereese Francis, 1982 - March 15, 2012

Queens, New York City, New York
Suffocated to death: March 15, 2012, New York City Police Officers

Jersey K. Green, June 17, 1974 - March 12, 2012
Aurora, Illinois
Tasered/Electrocuted: March 12, 2012, Aurora Police Officers

Wendell James Allen, December 19, 1991 - March 7, 2012
New Orleans, Louisiana
Shot: March 7, 2012, New Orleans Police Officer

Nehemiah Lazar Dillard, July 29, 1982 - March 5, 2012
Gainesville, Florida
Tasered/Electrocuted: March 5, 2012, Alachua County Sheriff Deputies

Dante' Lamar Price, July 18, 1986 - March 1, 2012
Dayton, Ohio
Shot: March 1, 2012, Ranger Security Guards

Raymond Luther Allen Jr., 1978 - February 29, 2012
Galveston, Texas
Tasered/Electrocuted: February 27, 2012, Galveston Police Officers

Manual Levi Loggins Jr., February 22, 1980 - February 7, 2012
San Clemente, Orange County, California
Shot: February 7, 2012, Orange County Sheriff Deputy

Ramarley Graham, April 12, 1993 - February 2, 2012
The Bronx, New York City, New York
Shot: February 2, 2012, New York City Police Officer

Kenneth Chamberlain Sr., April 12, 1943 - November 19, 2011
White Plains, New York
Tasered/Electrocuted/Shot: November 19, 2011, White Plains Police Officers

Alonzo Ashley, June 10, 1982 - July 18, 2011
Denver, Colorado
Tasered/Electrocuted: July 18, 2011, Denver Police Officers

Derek Williams, January 23, 1989 - July 6, 2011
Milwaukee, Wisconsin
Blunt Force/Respiratory distress: July 6, 2011, Milwaukee Police Officers

Raheim Brown, Jr., March 4, 1990 - January 22, 2011
Oakland, California
Shot: January 22, 2011, Oakland Unified School District Police

Reginald Doucet, June 3, 1985 - January 14, 2011
Los Angeles, California
Shot: January 14, 2011, Los Angeles Police Officer

Derrick Jones, September 30, 1973 - November 8, 2010
Oakland, California
Shot: November 8, 2010, Oakland Police Officers

Danroy "DJ" Henry Jr., October 29, 1990 - October 17, 2010
Pleasantville, New York
Shot: October 17, 2020, Pleasantville Police Officer

Aiyana Mo'Nay Stanley-Jones, July 20, 2002 - May 16, 2010
Detroit, Michigan
Shot: May 16, 2010, Detroit Police Officer

Steven Eugene Washington, September 20, 1982 - March 20, 2010
Los Angeles, California
Shot: March 20, 2010, Los Angeles County Police

Aaron Campbell, September 7, 1984 - January 29, 2010
Portland, Oregon
Shot: January 29, 2010, Portland Police Officer

References Cited in Appendix A:

Ater, R. (2020, September). IN MEMORIAM: I CAN'T BREATHE [Web log post]. Retrieved 2020, from https://www.reneeater.com/on-monuments-blog/tag/list+of+unarmed+black+people+killed+by+police

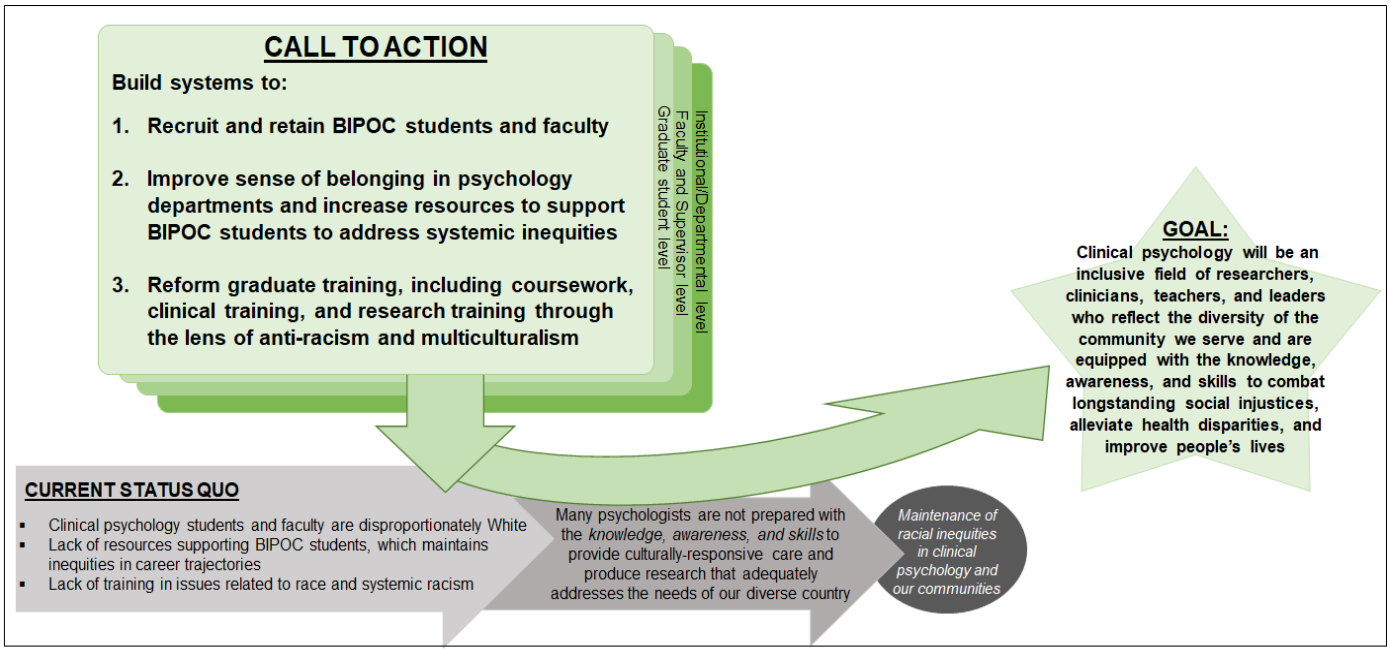

Figure 1. Conceptual model of the key areas for structural reform addressed in this Call-to-Action (spanning multiple organizational levels) which we propose as necessary steps to interrupt current outcomes and ultimately contribute to a more diverse, equitable, and inclusive field of clinical psychology.