Council of Chairs of Training Councils (CCTC)

CCTC 2020:
Social Responsiveness in Health Service Psychology Education and Training Toolkit

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Council of Chairs of Training Councils (CCTC) 2020 Conference

Consensus Statement on Socially Responsive Health Service Psychology Education and Training

At the CCTC 2020 Conference, psychology training councils worked to achieve together what a single council cannot do alone. This was essentially a call to action for the Health Service Psychology (HSP) training community. Attendees identified ways training programs can act on long-standing concerns about health-related inequities, social injustice, systemic racism, and the role of unrecognized privilege. The goal was to shift norms, structures, and practices in HSP education and training to ensure that training faculty/supervisors are competent to prepare the next generation of psychologists to be socially responsive. In the spirit of cultural humility, we fully acknowledge that this is not a definitive document, and we recognize that important voices and perspectives may not have been fully represented.

Social responsiveness involves using our professional roles to actively address key issues affecting the public while assuming the inherent interdependency of all stakeholders and recognizing the interaction among our professional values, institutional structures, and personal biases. CCTC 2020 adopted the term *social responsiveness* as a way to broaden and contextualize this work in relation to other constructs, such as social justice, advocacy, inclusion, and community engagement.

Conference attendees, working in content-specific groups, developed general principles and specific recommendations, and provided tools and strategies for each of the following training domains:

- Diversifying HSP pipelines
- Revisiting our program structures with increased shared governance
- Liberating and transforming our curriculum across all levels of training
- Moving toward socially responsive HSP research training
- Socially responsive ethics and professionalism
- Social justice and advocacy
- Socially responsive community engagement
- Socially responsive evaluation of students, educators, and programs
- Socially responsive lifelong learning

As leaders in the education and training of health service psychologists, we believe it is time to act collectively and with urgency to promote a shared and transformative mission of social responsiveness. This effort requires a paradigmatic shift in HSP training at all levels and in all programs. We view this consensus statement and the work products generated by the CCTC 2020 Conference attendees as actionable steps. We invite others to identify how best to use these resources to continue growth toward socially responsive HSP education and training.

Introduction

Making substantial changes in Health Service Psychology (HSP) education and training can be difficult. Consideration of various stakeholders, willingness for investment, and ability to facilitate change are all important intersecting components that contribute to the larger picture and overall success. One of the most vital components of this toolkit is the consensus statement – because it reflects a shared vision for these important changes. How the changes will occur will be as unique and varied as the individuals who work, train, and benefit from our psychology training.

As such, the CCTC 2020 Steering Committee respectfully offers these broad and impactful recommendations for HSP training councils with their comprehensive scope, reach, and resources as well as recommendations for individual training programs, whose ability to initiate profession-wide changes can start with a single step. Program-wide changes will include those that can be implemented by training directors, faculty members, supervisors, post-doctoral residents, interns, and graduate students.

RECOMMENDATIONS FOR TRAINING COUNCILS

With their outstanding potential to reach large audiences, the HSP training councils and liaison groups have extraordinary opportunities to distribute information and support the education and training community to become more socially responsive. With this platform in mind, there are many concrete steps to consider which could be taken one at a time, or as a package of interventions.

- Consider publicly endorsing the CCTC 2020 Consensus Statement and distributing to training council members and beyond.
- Invest and build time into your regular governance meetings and member conferences to review, discuss, and present the materials in the toolkit.
- Seek partnership and mutual understanding with APA / CPA Education Directorates for wider distribution of the toolkit to the larger psychology education and training community. This could include providing recommendations for accreditation guidelines and shared partnership for dissemination of the toolkit items.
- For training councils with financial means, consider offering grant or seed money for member programs or individual members of your council with the goal of trialing the tools, evaluating them, and sharing widely their results with other training communities.

RECOMMENDATIONS FOR PROGRAMS

Exploring this extensive toolkit can be both an exciting and intimidating process. Level of investment and program readiness and receptivity to change will be important factors for programs to consider as they plan their implementation of the various tools in the kit. Bridges et al. (2017) suggested training programs first identify the level of investment or commitment they can make, ranging from "dipping a toe" to "diving in" (p. 169).

- Assess program readiness and commitment for change (one or two staff, or more global commitment).
- Assess program resources to facilitate desired changes.
- Designate a working group within your program to oversee suggested changes.
- Review suggestions below for desired implementation strategy (incremental vs. broad program changes).

Below are several hypothetical examples of how programs can begin to shift towards socially responsive HSP training. Such changes are ideally and most productively made in a spirit of shared responsibility between faculty/supervisors and trainees. By adopting a collaborative change process, programs can ensure that programmatic shifts are themselves educational.

Incremental Changes. Programs that prefer to make incremental changes to their education and training could start with a single aspect of training in lieu of sweeping modifications across the training program. A starting point could involve small shifts that are feasibly implemented and periodically evaluated, thereby informing decisions about future investments. This could involve the commitment to review and adapt for your specific program a single tool from a single module at each supervisor development meeting. This also could involve seeking and receiving commitment from a single faculty member/supervisor to review the toolkit and offer suggestions, or assignment of one tool from the module to each faculty member/supervisor to review and report back to the training program over the course of an academic year. Each of the modules can stand alone and offer rich opportunities for programs to explore at their own pace.

Broad Program Changes. Programs that seek a more substantial investment in socially responsive HSP training should first assess faculty/supervisor readiness for change and the degree to which there is consensus for planned changes. A useful starting point might involve crafting a program mission statement that can guide subsequent efforts to move toward socially responsive HSP research training. Another avenue for promoting a broader set of changes within your programs could involve establishing expected concrete goals and competencies pertaining to socially responsive HSP training.

Thank you for your interest in the CCTC 2020 toolkit. Your continued engagement in making our education and training more socially responsive is critical in serving our students and the public. These changes must start with us as educators and they require critical self-reflection as a training community.

Bridges, A. J., Cavell, T. A., Ojeda, C. A., Gregus, S. J., & Gomez, D. (2017). Training in integrated behavioral health care: Dipping a toe or diving in. *the Behavior Therapist, 40*(5), 169–180.

Suggested Toolkit Citation

Council of Chairs of Training Councils (2021). *CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit.* https://www.cctcpsychology.org

MODULE 1:

Diversifying the HSP pipeline

Diversifying the HSP pipeline

OVERVIEW

Health Service Psychology's ability to serve a diverse public necessitates that the field diversify the voices and perspectives across the training spectrum. Efforts thus far to diversify HSP pipelines across all training levels have fallen short, limiting our field's ability to comprehensively understand and respond to the psychological suffering of diverse communities and individuals. Evidence suggests that insufficient recruitment and retaining of diverse students and faculty, curricular issues, and monolithically developed systems and structures all contribute to unacceptably low diversity in HSP. High quality health service in psychology requires a broad and comprehensive approach to diversifying training and education within our field. In order to do so, we need a multidimensional framework that addresses each level along the training pathway for programs and HSP as a whole.

GOAL

The goals of the guidelines being recommended are to diversity the pipeline at every level of HSP training and to do so in a comprehensive way. The guidelines will assist in diversifying programs at the doctoral, internship and postdoctoral levels by addressing the following: a) recruitment and retaining of diverse cohorts of trainees, b) recruitment and retaining of diverse faculty and HSP trainers, c) curricular changes that connect and support traditionally underrepresented students, d) financial barriers that disproportionately and negatively impact traditionally underrepresented students, e) program atmosphere. Guidelines for creating platforms for students from a wide range of backgrounds and identities to receive social support from mentors and peers within and across programs is also addressed.

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **Graduate students**
2. **Internships**
3. **Postdoctoral Residency/Fellowship**
4. **Virtual Support Across the Pipeline**

Diversifying HSP Pipeline

PRODUCT GRID

	Undergraduate	Graduate	Internship	Postdoctoral
Student recruitment	Marketing to Undergraduate Students Recruitment into Undergrad Psychology	Virtual recruitment, Applicant Contact, Best Practices, Standardization	Intern Recruitment	Reducing Financial & Curricular Barriers
Student retention	Virtual Peer Support & Drop-In Consultation	Mentorship Program - Grad to Undergrad Retention Pathways, Academic/Social Supports Virtual Peer Support & Drop-In Consultation	Internship DEI Curriculum Development & Quality Improvement Virtual Peer Support & Drop-In Consultation	Reducing Financial & Curricular Barriers Virtual Peer Support & Drop-In Consultation
Faculty Recruit	Recruiting Diverse Faculty	Recruiting Diverse Faculty	Internship Faculty Recruitment & Retention	Post-doc Faculty Recruitment (same principles apply)
Faculty Retention	Recruiting Diverse Faculty	Recruiting Diverse Faculty	Internship Faculty Recruitment & Retention	Post-doc Faculty Recruitment (same principles apply)
Curricular Changes	Combined Programming, Doc Talks, Resources	[See Module 3]	Internship DEI Curriculum Development & Quality Improvement	Reducing Financial & Curricular Barriers
Additional Training on systemic racism, diversity, etc.	Combined Programming, Doc Talks, Resources	[See Module 3]	Internship DEI Curriculum Development & Quality Improvement	Reducing Financial & Curricular Barriers
Program Atmosphere		Mentorship Program - Grad to Undergrad Retention Pathways, Academic/Social Supports	Internship DEI Curriculum Development & Quality Improvement	Reducing Financial & Curricular Barriers

CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit
Module 1: Diversifying the HSP pipeline

Diversifying HSP Pipeline for Undergraduate Students

OVERVIEW OF CONTENTS

PROBLEM 1

Undergraduate psychology programs may not effectively market their programs to reach diverse applicants from high school, 2-year college (including Community College) and undergraduate students who have not identified a major

PRODUCT 1a: How to make your undergraduate program attractive to diverse high school, 2-year college (including Community College), and current undergraduate students

PRODUCT 1b: How to inform high school, 2-year (including Community College) and undergraduate about your program

PROBLEM 2

Diverse students may not find psychology programs attractive: Systemic barriers prevent diverse students from gaining admission to undergraduate psychology programs and/or completing their studies

PRODUCT 2a: How to attract diverse faculty to your undergraduate program

PRODUCT 2b: How to diversify the pipeline from high schools and 2-year college (including Community Colleges) to University

PROBLEM 3

Undergraduate students may lack knowledge in cultural responsiveness and graduate school preparedness

PRODUCT 3a: Assess opportunities to combine undergraduate and graduate programming to promote understanding of culturally responsiveness graduate training and preparedness for undergraduate students

PRODUCT 3b: Offer a series of "doc talks" by CCTC panelists tailored towards addressing diversity considerations at graduate school level

PRODUCT 3c: Share an electronic toolbox of resources

CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit
Module 1: Diversifying the HSP pipeline

7

Undergraduate psychology programs may not effectively market their programs to reach diverse applicants from high school, 2-year college (including Community College) and undergraduate students who have not identified a major.

Make undergraduate programs attractive to diverse high school/2 year college (including Community College), and current undergraduate students

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PURPOSE

Create communications, programming, and resources to attract more diverse students into undergraduate programs in psychology.

WHO

Faculty, Supervisors, Administrators, CCTC

HOW

1. Ensure that your undergraduate psychology program/university website is ADA compliant and accessible to differently-abled individuals.

2. Publish a diversity statement outlining specific commitments, goals, diversity initiatives and action plans from your undergraduate program and university.

3. Offer diversity scholarships to students based on race, nationality, socioeconomic status, and other social identities.

   » Consider possibility of partnering with other universities, institutions and/or organizations to create national scholarships/fellowships specifically for diverse undergraduate students majoring in psychology

4. Compile a list of existing scholarships, grants, and fellowships related resources relevant to diverse undergraduate students (see Appendix A examples) and share it with high school/ 2 year college (including Community College), current undergraduate students.

5. Provide and require diversity, equity and inclusion (DEI) training and social justice focused training for all undergraduate students.

   » Conduct on-going diversity, equity and inclusion oriented surveys to understand issues and systemic barriers faced by existing students on campus

6. Openly promote a culture where diversity is celebrated via campus communications, statements from President/Dean's offices.

7. Clearly communicate where and how to connect with diverse groups within and outside campus (e.g. religious, ethnic, gender, country-specific groups).

8. Open communication channels between high schools, 2-year colleges (including Community College) and undergraduate psychology programs/university to allow opportunities for diverse students to become acclimated to undergraduate life.

   » For example, collaborate with TOPSS (Teachers of Psychology in Secondary Schools). Host talks at high schools and invite high school students to events on campus

   » Offer to have psychology undergraduate and graduate students speak on psychology topics in high school classes and at 2-year colleges (including Community College)

9. Offer and publish diversity focused undergraduate internship opportunities.

10. Develop and cultivate culturally responsive mentorship where mentors will be available to undergraduate students to help with academic planning and navigate the program.

11. Publicize all these program components to students from high schools and 2-year colleges and current undergraduate students (prior to choosing a major) to raise awareness about options available to them.

BENEFITS TO PROGRAM PARTICIPANTS

- Diversify the pipeline of psychology workforce
- Become a model program/university where diverse students are welcomed and succeed
- Attract State, Federal, Provincial, Territorial funding opportunities to advance research and program implementation efforts focused on addressing diverse needs

TRACKING OUTCOMES

1. It is expected that all faculty, staff, and administrators will support diversifying the program.

   » Measure program related experience and impact via periodic surveys/evaluations

   » It is recommended that programs track and compare the ratio of self-identified under-represented applicants applying to programs

   » Programs are also encouraged to assess for students' diverse needs on a regular basis

APPENDIX A – SAMPLE DIVERSITY BASED SCHOLARSHIP OPPORTUNITIES

   » Undergraduate Scholarship Program (CIA)
   Students participating in this program complete work sessions during each summer break, increasing your knowledge and job responsibilities while assisting intelligence professionals and applying your academic skills.

   » Filipino-American Psychology Scholarship
   For graduating seniors who will pursue a PhD or MA studies in psychology (clinical, counseling, social, organizational, industrial, community, health or other field of psychology).

   » APA Division 36: Society for Psychology and Spirituality
   For students who are currently enrolled as an undergraduate or graduate may apply for an award to support a current or future project; this could take the form of master's thesis or doctoral dissertation research, or an undergraduate independent study or honors thesis.

   » AAHD Frederick J. Krause Scholarship on Health and Disability

   » The American Foundation for the Blind (AFB) and American Council of the Blind (ACB)

   » University of Toronto Scholarships for local and international students.

   » The University of British Columbia Scholarships and Awards for International students (Undergraduate programs)

   » Deborah Partridge Wolfe International Fellowship (Undergraduate)
   The purpose of this fellowship is to provide financial assistance for African American women undergraduate students studying abroad, and/or undergraduate foreign students studying within the U.S.

   » Morris K. Udall Undergraduate Scholarships
   These merit-based scholarships support students demonstrating commitment to careers related to the environment, tribal public policy, or Native health care.

   » Research Supplements to Promote Diversity in Health-Related Research for Undergraduate Students (NIAID)
   Diversity supplements support scientists who are members of an underrepresented group at the following levels: high school, undergraduate, medical, graduate, postdoctoral, and junior faculty.

   » Margaret McNamara Educational Grants to Study in USA and Canada

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PRODUCT 1B

Inform diverse high school, 2-year college (including Community College) and undergraduate students about your program

WHO

For: Faculty, Supervisors, Administrators

HOW

1. Advertise your program in ethnic minority focused organizational websites.

2. Attend conferences hosted by national ethnic minority organizations and promote your program.

3. Collaborate with TOPSS (Teachers of Psychology in Secondary Schools) to promote your program among high school students.

   » For example, partner with already existing innovative psychology programs at the high school level https://www.apa.org/monitor/2012/04/psychology

4. Collaborate with organizations such as the College Board to offer targeted advertising, mentoring and information sharing with diverse students who take AP and psychology classes (for example, Psychology 101/Psychology 105).

5. Adopt universal communication methods actively utilized by diverse communities and organizations to promote undergraduate programs.

» For example, find out what social media platforms are used by high schoolers and college students and target program/information delivery via those platforms

6. Host diversity specific open houses to promote specialized programs and attract a diverse group of applicants.

BENEFITS TO PROGRAM PARTICIPANTS

- Diversify the pipeline of psychology workforce
- Become a model program/university where diverse students are welcomed and succeed
- Attract State, Federal, Provincial, Territorial funding opportunities to advance research and program implementation efforts focused on addressing diverse needs

TRACKING OUTCOMES

1. It is expected that all faculty, staff, and administrators will support diversifying the program.

   » Measure program related experience and impact via periodic surveys/evaluations

   » It is recommended that programs track and compare the ratio of self-identified under-represented applicants applying to programs

   » Programs are also encouraged to assess for students' diverse needs on a regular basis

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PROBLEM 2
Diverse students may not find psychology programs attractive, and systematic barriers prevent diverse students from gaining admission to undergraduate psychology programs or completing such programs.

PRODUCT 2A
Attract diverse faculty to your undergraduate program

PURPOSE

Create diversity focused systems, processes, and approaches within programs to attract and retain diverse students

WHO

Faculty, Supervisors, Administrators

HOW

1. Intentional hiring of diverse personnel at all levels including, leadership roles.

2. Ensure intentionality that taught courses on diversity, in addition to subject matter expertise and teaching experience, include perspectives from lived experiences as qualifications.

3. Require ongoing diversity, equity and inclusion (DEI) training and social justice focused training for all program faculty and staff.

4. Create a culturally responsive mentoring program for new faculty members to increase retention and career advancement.

5. Collect data from routine surveys and interviews (including exit interviews) to understand diversity issues in your program/university.

6. Allocate funds for diversity-specific programming/research.

7. Recognize contributions from diverse faculty through awards, grants, and fellowships.

   » Offer opportunities for faculty to attend university-based and national diversity based leadership development programs; e.g. APA Women Leadership Conference https://www.apa.org/pi/women/programs/leadership

BENEFITS TO PROGRAM PARTICIPANTS

- Diversify the pipeline of psychology workforce
- Become a model program/university where diverse students are welcomed and succeed
- Attract State, Federal, Provincial, Territorial funding opportunities to advance research and program implementation efforts focused on addressing diverse needs

TRACKING OUTCOMES

1. It is expected that all faculty, staff, and administrators will support diversifying the program.

   » Measure program related experience and impact via periodic surveys/evaluations

   » Evaluate data from exit interviews over time

   » Track awards, grants and fellowships received by faculty for diversity related efforts

How to diversify the pipeline from High schools and 2-year colleges (including Community Colleges) to University

WHO

Faculty, Administrators

HOW

1. Partner with high school teachers to develop a plan to transition students to psychology majors.
2. Partner with psychology departments/professors to develop a plan to transition 2-year colleges, including community college students to psychology majors.

BENEFITS TO PROGRAM PARTICIPANTS

- Diversifying the pipeline of psychology workforce
- Becoming a model program/university where diverse students are welcomed and succeed

- Attract State, Federal, Provincial, Territorial funding opportunities to advance research and program implementation efforts focused on addressing diverse needs

TRACKING OUTCOMES

1. It is expected that all faculty, staff, and administrators will support diversifying the program.
2. Measure program related experience and impact via periodic surveys/evaluations.
3. It is recommended that programs track and compare the ratio of self-identified under-represented applicants offered acceptance prior and after initiating this product, as well as on an annual basis.

PROBLEM 3
Undergraduates may lack knowledge regarding culturally responsive training in HSP graduate programs.

PRODUCT 3A

Assess opportunities to combine undergraduate and graduate programming to promote cultural responsiveness and graduate school preparedness in undergraduate students

PURPOSE

Establish organizational connections via programming between undergraduate and graduate programs within and between universities/institutions to better inform undergraduate students about cultural responsiveness and graduate school preparedness in HSP.

WHO

Faculty, Supervisors, Administrators, CCTC

HOW

1. Each institution in which undergraduate and graduate programs co-exist should assess for co-programming opportunities to promote cultural responsiveness and graduate school preparedness in undergraduate students; e.g. collaborative research symposia, combined school fair events, diversity based educational programming.

» Offer combined events with an intentional, diversity focus to facilitate undergraduate connections with graduate programs that offer strong diversity focused programming. Examples might include:

- Call for proposals for undergraduate symposia could encourage submissions from "Diversity focused projects"
- Invite graduate programs to specifically highlight commitment towards diversity focused programming and professional development of students, faculty and staff

» Restructure graduate fairs to reflect specific aspects of HSP programs including diversity education and training

» Promote preparedness of undergraduate students for graduate school in HSP through professional symposia where advocacy efforts, clinical and research is presented.

2. Actively discuss with faculty, staff, and administrators how to combine undergraduate and graduate programming to promote culturally responsive development of students.

3. Create a nationwide digital platform where undergraduate students and graduate programs in HSP can connect.

   » Possibly collaborate with CCTC, APPIC, APA Education Directorate (https://www.apa.org/ed), CUR (https://www.cur.org), CUDCP (https://cudcp.wildapricot.org), NCSPP (https://www.ncspp.net), CCPTP (https://www.ccptp.org), CDSPP, COGDOP (https://www.cogdop.org) and similar organizations to identify a technology platform and share administrative responsibilities

   » Consider building a clearing house of student research and cv/resumes accessible to training directors from diversity focused programs

   » Highlight research based on diversity issues from HSP programs/faculty through nationwide digital platforms

   » Advertise and disseminate information about the platform among interested undergraduate students

BENEFITS TO PROGRAM PARTICIPANTS

It is expected that all faculty, staff, and administrators will support diversifying the program. Additional benefits:

- Diversifying the pipeline of psychology workforce
- Becoming a model program/university where diverse students are welcomed and succeed
- Attract State, Federal, Provincial, Territorial funding opportunities to advance research and program implementation efforts focused on addressing diverse needs

TRACKING OUTCOMES:

1. Collect demographic data and an evaluation from students and mentors.

2. Ask participants to fill out an evaluation form.

3. Include "the database/clearing house" as an answer in the graduate school application form question "where did you hear about the program?" and other similar places to track impact.

RECOMMENDED READINGS

Lopez, A. E. (2015, 2015/07/03). Navigating cultural borders in diverse contexts: building capacity through culturally responsive leadership and critical praxis. Multicultural Education Review, 7(3), 171-184. https://doi.org/10.1080/2005615X.2015.1072080

PRODUCT 3B

Offer a series of "doc talks" for interested undergraduate students tailored to addressing diverse student needs

WHO

HSP Associations/Council of Chairs of Training Councils (CCTC), graduate and undergraduate programs

HOW

1. Offer a series of "doc talks" for interested undergraduate students by panelists tailored towards addressing diversity considerations at graduate school level. Topics to consider addressing include:

   » What is cultural responsiveness?
   » How to best fund diverse students
   » Different program foci (clinical, counseling, school)
   » Disability Services
   » International student resources
   » Goodness of fit between student and program

2. Recruit liaisons from HSP Associations / CCTC to strengthen relationships with organizations that serve underrepresented undergraduate student groups to share information regarding "doc talks"; see Appendix B for examples.

BENEFITS TO PROGRAM PARTICIPANTS:

It is expected that all faculty, staff, and administrators will support diversifying the program. Additional benefits:

- Diversifying the pipeline of psychology workforce
- Becoming a model program/university where diverse students are welcomed and succeed
- Attract State, Federal, Provincial, Territorial funding opportunities to advance research and program implementation efforts focused on addressing diverse needs

TRACKING OUTCOMES

1. Collect demographic data and an evaluation from students and mentors.

2. Ask participants to fill out an evaluation form.

3. Include "the database/clearing house" as an answer in the graduate school application form question "where did you hear about the program?" and other similar places to track impact.

Organizations that serve underrepresented undergraduate student groups

1. APA Divisions such as 35 (Society for the Psychology of Women), 44 (Society for the Psychology of Sexual Orientation and Gender Diversity), 45 (Psychological Study of Culture, Ethnicity and Race)

2. National Ethnic Minority Psychology Associations

   » Asian American Psychological Association (AAPA)
   » National Latinx Psychological Association (NLPA)
   » Society of Indian Psychologists (SIP)
   » Association of Black Psychologists (ABPsi)

3. Psi Chi International Psychology Honors Society - Diversity Matters

4. College Students with Disabilities

   » Black, Disabled and Proud
   » National Coalition for Latinxs with Disabilities
   » National Center for College Students with Disabilities
   » DREAM (Disability Rights, Education Activism and Mentoring)
   » AHEAD (Association on Higher Education and Disability)

PRODUCT 3C

Share an electronic toolbox of resources with undergraduate students majoring in psychology

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WHO

Undergraduate and graduate programs

HOW

1. Compile a list of already existing resources on the graduate school process and make it available to undergraduate students as an electronic toolbox. See Appendix C.

BENEFITS TO PROGRAM PARTICIPANTS

- Graduate school preparedness in students will increase
- If carried out as a collaborative effort, schools and programs could compile a comprehensive list of resources that could be shared nationally/internationally

TRACKING OUTCOMES

- Collect data from students via evaluations forms on usefulness and effectiveness of the toolkit

RECOMMENDED READINGS

- APA Psychology Training Program Resources for Recruiting Students of Color
- APAGS Committee for the Advancement of Racial and Ethnic Diversity (APAGS-CARED) Student and Program Resources

APPENDIX C

Already existing resources for interested undergraduate students on graduate school processes:

This is an aspirational, non-exhaustive sample of an electronic toolbox:

1. APA dictionary of psychology
2. Applying to graduate school
3. Finding the right graduate program
4. APAGS Graduate Roadmap
5. APAGS Doctoral Program Smart Shopping—Overview
6. Affording and repaying graduate school
7. APAGS Resource guide for ethnic minority graduate students
8. Resources for International Students (gradpsychblog. org/?s=international#.YEevFZNKiHF, www.apa.org/science/about/psa/2019/03/managing-stresses-international)
9. Podcasts on Graduate Schools, Careers and Hot topics
10. How to create an individual development plan
11. Grants, Awards and Funding Opportunities in psychology

Graduate Student Recruitment and Advancement

OVERVIEW OF THE CONTENTS

PROBLEM 1

Diverse undergraduates may not consider HSP (HSP) graduate programs to be a possibility or HSP as a viable career option.

PRODUCT 1a: Mentorship program for undergraduate students considering HSP

PRODUCT 1b: Virtual open houses and information sessions

PRODUCT 1c: Peer contact system for HSP applicants

PROBLEM 2

Standard admissions criteria may favor majority and traditional students

PRODUCT 2a: Develop best admissions practices regarding criteria and processes

PRODUCT 2b: Virtual-only interviews for graduate admissions

PRODUCT 2c: Standardized approach to review of applicant materials and interview

PROBLEM 3

Students from underrepresented groups may encounter unique challenges that impede their ability to complete HSP graduate programs.

PRODUCT 3a: Provide pathways to support retention of students

PRODUCT 3b: Targeted social and academic support

PRODUCT 1A
Mentorship program for undergraduate students considering HSP

PURPOSE

To increase awareness of, interest in, and knowledge about HSP for underrepresented undergraduate students through graduate student modeling and dialogue.

WHO

HSP Graduate Programs, graduate students, and undergraduate students

HOW

HSP graduate programs housed in institutions with undergraduate programs, in collaboration with student leadership within the graduate program, will develop and support a mentorship program for traditionally underrepresented undergraduate students potentially interested in HSP. Graduate programs not located on the same campus with undergraduates will partner with regional colleges and universities if any, to develop and support a mentorship program for traditionally underrepresented undergraduate students who express interest in HSP.

1. The graduate program will partner with student leaders committed to social responsiveness and collaboratively:

    a) Identify ways to reach out to graduate students of traditionally underserved or marginalized communities to determine if they would like to become undergraduate mentors.

    b) Develop a system of pairing graduate mentors with undergraduate mentees from the same or local institutions.

    c) Create a posting for distribution to the undergraduate population of the institution in which interested potential mentees can sign-up. Mentees will be asked if there are particular identities or interest areas in which the mentee would like represented in a mentor, if possible.

2. The program will have a designated graduate student coordinator who, with consultation of a faculty advisor and student Diversity committee (if such a committee exists) will continually support the mentorship program.

3. The program will have a designated faculty advisor who has a specific interest in supporting traditionally underrepresented students. The role of the faculty advisor is to support the graduate student coordinator and graduate student mentors.

MENTORSHIP PROGRAM BENEFITS

It is expected that HSP graduate programs will support faculty and graduate student mentors in furthering diversity initiatives within the program. Additional benefits may include:

1. Betterment of the HSP graduate program and the field.

2. Potential financial support for undergraduate mentees toward application costs to HSP programs. Such support may come from the larger institution, the undergraduate program, or outside organizations.

3. Potential financial support for graduate student mentors and student coordinators, such as work study, assistantships, and application costs to internship programs. Such support may come from the larger institution, graduate program, or outside organizations via research- or community-based grants.

4. Formal recognition of faculty advisor's service commitment and time in annual progress reviews, advancement opportunities, etc.

5. Student coordinator and graduate student mentors will have the ability to highlight their advocacy, service, mentorship efforts on their CV and AAPI.

MATERIALS:

Mentorship program materials may include:

1. A brief questionnaire for HSP graduate students, preferably from traditionally underrepresented or marginalized communities, interested in mentoring an undergraduate student.

2. A brief questionnaire for undergraduate students from traditionally underrepresented or marginalized communities interested in receiving a graduate student mentor.

3. A posting to distribute widely to the undergraduate institution's students.

4. A system of pairing and tracking mentor-mentee connections.

5. A written description of the mentorship program detailing the benefits (including financial support, if available), processes, and expectations for faculty advisors and graduate student mentors and coordinators.

6. A mentorship program evaluation form to gather feedback from all participating stakeholders.

TRACKING OUTCOMES

HSP programs would engage in ongoing mentorship program evaluation by systematically analyzing program participant feedback and their admissions cycle outcomes. On a larger scale, feedback about the impact would be gathered through ongoing data gathering collected by APA annual reports regarding representation in doctoral programs. It is anticipated that the impact of this mentorship program would take 3-5 years to be observed, and longer to show substantive success. It is also hoped that positive experiences of mentees, as well as the felt impact and financial support will create a mentee-mentor pipeline over time.

HSP Graduate Admission Virtual Open House and Information Sessions

PURPOSE

To more widely disseminate information to a more diverse audience of prospective applicants with minimal cost. Some potential students may not have access to information about the range of graduate school options, program information, admissions criteria, funding, etc. due to the time and expense required to attend in-person events such as diversity fairs.

WHO

HSP Graduate Programs, current graduate students, and prospective applicants

HSP Graduate programs will provide information about HSP and their programs through virtual open houses and information sessions.

HOW

1. HSP graduate programs will independently or in partnership with other graduate programs, provide HSP information sessions and open houses to prospective applicants using videoconferencing platforms, such as Zoom.

2. HSP graduate programs will advertise their open houses widely through multiple communication platforms including the graduate program's home webpage, relevant social media platforms (e.g., twitter, instagram, facebook, LinkedIn, etc), training council and organization webpages (e.g., APA, Psi Chi, McNair Scholars, etc), listservs (e.g., Student Doctor Network), etc.

3. Assemble a diverse representation of current faculty, students, and possibly alumni to participate in the virtual events.

4. During the virtual events, current faculty, students, and alumni, including those from underrepresented or marginalized populations if available, will discuss HSP careers as well as the specifics about their graduate program. Content should be comprehensive and include information about diversity fellowships, current DEI initiatives, cultural climate, and any student organizations committed to cultural awareness and diversity.

5. During the virtual events, ensure time for prospective applicants to ask questions, particularly to current students.

6. Use a combination of synchronous and asynchronous modes of communication such that prospective applicants can watch the material at times that do not conflict with their academic and employment obligations.

7. Make offer during virtual events and on graduate program webpage to connect prospective applicants to graduate student admissions mentors, preferably from underrepresented populations, who can answer their questions throughout the application process (see product 1c).

MATERIALS

1. Create advertisements for virtual information sessions and open houses to be used on the graduate program's home webpage, relevant social media platforms (e.g., twitter, instagram, facebook, LinkedIn, etc), training council and organization webpages (e.g., APA, Psi Chi, McNair Scholars, etc), and listservs (e.g., Student Doctor Network), etc.

2. Create asynchronous information videos that prospective applicants can access at times that do not conflict with their academic and employment obligations.

3. Create downloadable program information documents including those detailing diversity fellowships, current DEI initiatives, cultural climate, and any student organizations committed to cultural awareness and diversity.

4. Create a system to match interested prospective applicants to a current graduate student admissions mentor, preferably from an underrepresented population.

5. Create virtual event evaluation form that assesses the degree to which the prospective applicant felt that their

understanding of HSP and the specific graduate program increased, how the virtual event impacted the likelihood that they would apply to a HSP graduate program, and obstacles to applying to HSP programs.

VIRTUAL PROGRAM BENEFITS

1. Betterment of the HSP graduate program and the field.

2. Potential financial support for graduate student admissions mentors, such as work study, assistantships, and application costs to internship programs.

3. Formal recognition of faculty service commitment and time in annual progress reviews, advancement opportunities, etc.

4. Graduate student admissions mentors will have the ability to highlight their service and mentorship efforts on their CV and AAPI.

TRACKING OUTCOMES

HSP programs would engage in ongoing virtual event programming evaluation by systematically analyzing program participant feedback and their admissions cycle outcomes. On a larger scale, feedback about the impact would be gathered through ongoing data gathering collected by APA annual reports regarding representation in doctoral programs.

PRODUCT 1C

System for connecting applicants with current HSP graduate students

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HSP graduate programs will develop a system to connect **applicants** with current graduate students throughout the application process. This may use phone or video modalities, and be in individual or group formats. Departments may consider creation of an advocacy in psychology elective with a professional development component (for credit) in which the above graduate student activity is part of the syllabus.

PURPOSE

To offer increased support to applicants of diverse backgrounds and traditionally underrepresented populations, and increase likelihood of applicant success for such candidates.

WHO

Graduate programs, current graduate students, and applicants

HOW

1. HSP programs can supply applicants with a list of graduate students, preferably from underrepresented or marginalized populations, who are available to support them throughout the application process.

2. Should the HSP program prefer to match applicants to current graduate students, they could employ a matching process. For example, applicants will be sent a brief questionnaire, asking:

    a) If they are interested in connecting with a current graduate student to support them through the application process; and

    b) If there are particular identities or interest areas in which the applicant would like represented in a graduate student contact if possible

3. Alternatively, HSP programs may wish to collaborate with other programs to achieve greater diversity when developing graduate student support networks for applying to HSP graduate programs.

4. The program will have a designated graduate student coordinator who, with consultation of a faculty advisor and student Diversity committee (if such a committee exists) to determine the best structure to support applicants from underrepresented groups.

5. The program will have a designated faculty advisor who has a specific interest in supporting traditionally underrepresented students. The role of the advisor is to support volunteer graduate students engaged in connecting with applicants, and play a consultative role in developing the best structure for applicant support.

BENEFITS TO PROGRAM PARTICIPANTS

It is expected that all programs will support faculty and graduate students in furthering diversity initiatives within the program. Additionally, benefits may include:

1. Betterment of the program and the field.

2. Potential financial support for graduate student mentors and student coordinators, such as work study, assistantships, and application costs to internship programs. Such support may come from the larger institution, graduate program, or outside organizations for research-based or community-based grants.

3. Formal recognition of faculty advisor's commitment and time in annual progress reviews, advancement opportunities, etc. for their service.

4. Student coordinator and graduate student mentors will have the ability to highlight their advocacy and mentorship efforts on their CV and AAPI.

MATERIALS

1. A list of graduate students, preferably from underrepresented or marginalized populations, who are available to support applicants throughout the application process.

2. An expectation document for participating graduate students and the faculty advisors.

TRACKING OUTCOMES

It is recommended that HSP programs track and compare the ratio of self-identified under-represented applicants offered acceptance prior and after initiating this product, as well as on an annual basis.

PROBLEM 2
Standard admissions criteria may favor majority and traditional students.

PRODUCT 2A
Develop a set of best practices regarding admissions criteria and practices

PURPOSE

To establish admissions criteria that do not favor privileged and majority applicants with the ultimate goal of diversifying students admitted to graduate programs. For example, existing data shows that the GRE is not culturally responsive/ecologically valid for certain groups; students without extensive financial support may not be able to pay for GRE preparation courses; students who have their own families or need to work may have less opportunity to do extensive research or volunteer work or to take on club leadership positions than students who are relatively free of those responsibilities; students from lower SES backgrounds or without family financial support may not be able to travel abroad to develop second language skills; first generation college students may not have friends or family members who are familiar with graduate admissions and able to help with essays and other materials.

WHO

The HSP field. CCTC will encourage, and organizations such as APA might fund research to examine current and potential (future) admissions criteria to learn how current content and processes of admissions disproportionately exclude diverse candidates. Graduate schools and programs will need to consider which of their typical formal and informal criteria filter out qualified students from underrepresented groups.

HOW

1. This may require funding for research into the impact of different explicit and implicit criteria, currently in use, as well as processes and procedures that may be barriers to admitting diverse students, as well as funding research into best practices.

2. Conduct research to examine the specific impact of the modifications of these standard admissions criteria and processes due to COVID-19 (such as the elimination of GRE scores, greater use of virtual open houses, and the exclusive use of virtual interviews), to develop a set of best practices that more programs might adopt.

3. This research needs to be conducted across many different programs to examine the outcomes of different aspects of admissions. CCTC, APA, or a collaborative group of training councils could coordinate these efforts to obtain the most useful data.

TRACKING OUTCOMES

The initial studies of inequitable admissions processes and criteria will provide feedback on problematic and on promising aspects of admissions. As programs adopt best practices, ongoing follow-up studies at the program and training community levels will provide further information on whether these efforts are successful.

PRODUCT 2B
Virtual-only Interviews for Graduate Admissions

PURPOSE

There exists unequal access to some HSP programs because of travel costs and time commitment associated with in-person interviews. The purpose of this product is to level the playing field across applicants so those with financial resources are not advantaged.

WHO

Graduate Programs and applicants

HOW

1. HSP programs will consider offering virtual-only interviews for graduate admissions.

2. Be considerate of applicant's time zone when scheduling.

3. Consider creating pre-recorded welcome video so that the applicants can prepare asynchronously on their own schedule.

4. Select a videoconferencing platform. Consider possible limitations of various platforms (i.e., 45 min limit on free Zoom accounts)

5. Prior to interviews, ask applicants if they are concerned about virtual access or are in need of any accommodations (i.e., visual/hearing impairments, privacy issues, internet connectivity issues, etc.)

6. Add buffer time (e.g., 5-10 minutes) between each interview to allow for technical issues during virtual interviews.

7. Use breakout rooms to facilitate small group discussion.

8. Use screen share (interview questions/vignettes/video)

9. Have a technology failure safety plan (i.e., phone numbers of participating faculty/students easily accessible)

10. Consider having open video-conferencing rooms for informal meeting spaces between applicants.

11. Consider having some group interview formats in which applicants can observe how faculty interact with each other.

12. Consider offering a virtual tour- either live or pre-recorded.

13. Consider developing an interview day webpage to prepare applicants for what to expect.

14. Since a doctorate education involves many years of training and applicants may want to see the programs and locale before committing, applicants should be invited to visit the campus and meet with program representatives **after** they have been offered admission.

MATERIALS

1. Videoconferencing platform (e.g., Zoom) access

2. Possible video-recorded virtual tour of campus, department, clinic, labs, etc.

3. Interview rating forms

4. Virtual interview day evaluation form

TRACKING OUTCOMES

Programs should evaluate feedback from applicants about the virtual interview process, the admissions data comparing the rate of interview offer acceptance by underrepresented applicants with in-person versus video-conferencing interview modalities, and overall admission rates of underrepresented populations.

PRODUCT 2C

Standardized approach to review of applicant materials, including information obtained during the admissions interview

PURPOSE

To reduce bias during review of applicant materials and when conducting admission interviews. While subjective judgments are inevitable and even necessary, development and utilization of rubrics for evaluating applicant information can help facilitate a process that is as fair as possible.

WHO

Faculty and any others involved in the HSP graduate admissions process

HOW

1. To reach some consensus on necessary and desirable characteristics in a HSP graduate student (e.g., academic, clinical and research preparation in the context of opportunity, DEI contributions, advocacy perseverance, psychological-mindedness, empathy, critical thinking, etc.), the program will facilitate discussion among faculty.

2. Achieve a balance between unstructured interviews and those following a highly constrained format to ensure that all HSP candidates have similar opportunities to provide information about themselves and their interests.

MATERIALS

1. An evaluation or scoring matrix to ensure that a HSP graduate program's valued characteristics and competencies are assessed uniformly across applicants.

2. Guidelines for systematic review of information elicited during interviews, including a standardized rating system with behavioral anchors.

TRACKING OUTCOMES

It is recommended that HSP programs track and compare the ratio of self-identified under-represented applicants offered acceptance prior to and after initiating this product, as well as on an annual basis.

Provide pathways to support retention of students

PURPOSE

To improve connection and support, broadly defined, for students from traditionally underrepresented groups throughout the years of the HSP graduate program.

WHO

Graduate Programs, Departments, and Universities

HOW

1. HSP programs will match incoming students with at least one enrolled graduate student and one faculty contact, both preferably from underrepresented or marginalized populations, who are both available to assist with the transition into the program.

    a) The peer contact system may involve continuing the mentoring arrangement from when the student was an applicant (see above) or establishing a new relationship.

    b) Facilitating the student's transition into graduate school and throughout their enrollment in the program could be structured in a hierarchical manner by creating vertical teams of students from one year to the next. Such a system would ensure that support for students from diverse backgrounds and traditionally underrepresented populations is available on a continuous basis.

    c) Incoming students will be assigned a core faculty advisor when the enrollment decision is communicated. The advisor's role will include the various functions of typical mentors, including but not limited to academic decision-making. The program will establish guidelines regarding frequency of in-person meetings as well as other expectations for faculty.

2. Offer funding opportunities that support and increase diversity.

    a) Need-based scholarships for underrepresented persons in graduate school

    b) A financial matching effort (e.g., APA, CCTC, corporate partnerships) for scholarship support for students from underrepresented populations

    c) Loan repayment for HSP graduates serving underserved areas

MATERIALS

1. A brief questionnaire for graduate students interested in being a peer mentor to an incoming student.

2. A brief questionnaire for incoming students to elicit their expectations and goals for the mentoring relationships.

3. Explanatory materials describing the vertical peer support system and the role of the faculty advisor, including a written description of the benefits, processes, and expectations for all participants.

4. A mentorship program evaluation form to gather feedback from all participating stakeholders.

5. Downloadable information that describes diversity fellowships and other funding-related opportunities.

TRACKING OUTCOMES

HSP programs may wish to identify peers and faculty who appear to be particularly effective in their respective roles. Some of the strategies and practices used by those individuals could be incorporated into training workshops.

Targeted academic and social development activities

PURPOSE

Provide or identify available resources to enhance and advance the training of students from traditionally underrepresented groups who may enter HSP graduate school with varying and uneven levels of knowledge and skills.

WHO

Graduate Programs and Departments

HOW

1. Offer a summer bridge program designed to assist students from diverse backgrounds and traditionally underrepresented populations with the transition to graduate school. Goals of the program could include early mentorship, advanced introduction to program and campus resources, acquisition of skills through workshops, community building, etc.

2. Develop a formal mechanism for sharing information about available resources through the university or in the local community to address concerns identified by incoming and continuing students.

3. Affinity, identity or support groups might be established across HSP graduate programs so that concerns can be discussed with, and emotional and social support can be provided by others outside of the student's own program.

4. Programs or departments might hire a part-time facilitator to help address conflicts or concerns that arise during the program. That person might be a local program graduate, adjunct faculty member, faculty member in a different department, or a local clinician or consultant. The ombudsperson will act as a mediator between parties when conflicts arise.

MATERIALS

1. Upon entry, a voluntary questionnaire can be administered to identify areas of concern in which a student might like extra support, such as public speaking or participating in classes, writing, statistics, stress management, organizational skills, etc.

2. Descriptions of available programs and resources

Internship

OVERVIEW OF THE CONTENTS

PROBLEM 1

Intern cohorts do not consistently represent the diversity of the communities that they serve. Programs may not attract and recruit diverse intern cohorts.

PRODUCT 1: A set of recommendations for various program components to attract and recruit diverse intern cohorts.

PROBLEM 2

Internship program faculty and staff do not consistently represent the diversity of the communities that they serve. Programs may not attract and retain diverse faculty and staff.

PRODUCT 2: A set of recommendations to recruit and retain diverse training faculty and staff to an internship program

PROBLEM 3

Internship programs do not have a systematic approach to curriculum development and program assessment that is consistent with training in the knowledge and skills necessary to serve a diverse population. Programs may not maintain consistent, programmatic focus on issues of diversity, equity, and inclusion.

PRODUCT 3: A set of strategies to create and maintain a robust, meaningful, and constantly improving programmatic focus on diversity among interns, training faculty and staff and training activities.

PRODUCT 1 - INTERN RECRUITMENT

This product provides a set of recommendations for various program components to attract and recruit diverse intern cohorts.

PURPOSE

Ensuring increased diversity along the psychology graduate education pipeline requires that internship programs take an intentional and systematic approach to intern recruitment, examining and making changes where necessary at all points in the internship program and training year.

HOW

1. Diversity vision/mission statement – Internships should develop their own diversity-focused statement that complements the larger organizational vision and encourage their parent organization to include diversity in their mission statement (See Appendix A for sample – Miami VA).

   Questions to consider when crafting or evaluating a diversity vision/mission statement:

   i. How is the statement intentionally focused on diversity?

   ii. How is the strength of the institution tied to diversity?

   iii. Does the mission statement explicitly state the values of the program?

   iv. What are you doing in your environment to make this an inclusive space that welcomes everyone and values diverse perspectives?

   v. If an intern applicant were to come to the site, what specific diversity knowledge, skills, and competencies should they expect to be trained on?

   vi. Was your statement developed with collaboration from stakeholders at all levels of the organization (including trainees) and reflective of the community needs?

2. Ensure admission criteria and application rating systems recognize achievements and contributions of individuals from traditionally underrepresented groups.

   Criteria and systems should balance traditional, academic achievement (e.g., number of publications, presentations) with other, non-traditional activities (e.g., holding multiple jobs to finance education, advocacy/outreach/service activity, volunteer work, lived experience) and/or demonstration of a commitment to diversity in academic activities e.g., practicum experiences targeted to diverse and/or underserved populations, research experiences targeted to diverse and/or underserved populations, focused coursework.

3. Recruit directly from schools, programs, organizations, and communities that have high proportions of diverse students. Examples may include:

   A. APA Minority Fellowship

   B. Historically Black Colleges and Universities

   C. Involve interns and reach out through APA Student groups listservs or members:

   i. APAEMGS, concerning ethnic minority issues

   ii. APAGSABILITIES, concerning disability issues

   iii. APAGSINTERNATIONAL, for international students studying psychology in the U.S.

   iv. APAGSLGBT, a forum for students to discuss issues relevant to Lesbian, Gay, Bisexual and Transgender concerns in psychology

   D. Target diverse graduate training programs that share your specialties and goals, and/or are within your geographic region. Cultivate long-term relationships via open-houses, guest lectures, and other mechanisms

   E. Recruit at diversity-focused conferences

4. Consider exclusively virtual interviews.

   A. Review and share learnings from the 2020/21 interview cycles to improve accessibility and quality of virtual interviews

   B. Develop recommendations to address potential drawbacks of virtual interviews (e.g., addressing prospective candidates need for information about local area and culture)

5. Ensure program's value of and emphasis on diversity and inclusion is evident in public-facing materials.

   A. Include diversity mission/vision statement described above

   B. Describe accessibility and accommodation policies for persons with disabilities

   C. Seek post-match feedback about the welcoming and inclusive nature of program website, brochure, etc. from applicants (See Appendix B)

6. Partner with agency leadership to:

   A. Increase accessibility and accommodations for individuals with disabilities who might otherwise be deterred from this professional pipeline (e.g., sign language interpreters, assistive technology)

   B. Advocate for and facilitate employability of international applicants

   C. Advocate for agency hiring practices to reflect community needs

7. Develop a written plan to shift to outreach from passive recruitment activities.

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PROBLEM 2

Internship program faculty and staff are not representative of the diversity of the country. Programs may not attract and retain diverse faculty and staff.

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PRODUCT 2 - INTERNSHIP FACULTY RECRUITMENT AND RETENTION

This product provides recommendations to recruit and retain diverse training faculty and staff to an internship program.

PURPOSE

Ensuring increased diversity along the psychology graduate education pipeline requires that internship programs take an intentional and systematic approach to faculty and staff recruitment and retention, examining and making changes where necessary.

HOW

1. Have a strategic plan that states how diversity at the staff level serves the greater mission of the facility (can relate back to diversity mission statement/internship mission statement).

2. Hire more **diverse staff** in faculty/staff and administrative positions:

   a) Ensure that job descriptions and position qualifications include specific training, skills and accomplishments in the areas of diversity, individual differences, and inclusion

   b) Ensure recruitment efforts include reaching out to relevant networking organizations e.g., Diversity Listserv, National Latinx Psychological Association, Association of Black Psychologists

   c) Ensure that application rating systems are operationalized to capture and reward diverse backgrounds and experiences

   d) Offer financial incentives such as sign-on bonus, relocation assistance, loan payment assistance, housing assistance

   e) Offer remote work possibilities to expand recruitment beyond local areas

3. Offer leadership opportunities to diverse candidates. Prepare staff for these positions (e.g., support leadership training) and support them in these roles.

4. Promote diversity training for faculty and staff.

   a) Have current staff be required to participate in a certain amount of diversity trainings per year to meet their performance goals (or "...as a standard performance goal")

   b) Amount can be met by meeting a specific number of trainings or percentages

   c) Link evaluation criteria to diversity vision/mission statement

   d) Link achievements in this area to promotion

PRODUCT 3 – INTERNSHIP PROGRAM DEVELOPMENT AND QUALITY IMPROVEMENT

This product outlines strategies to create and maintain a robust, meaningful, and constantly improving programmatic focus on diversity among interns, training faculty/staff and training activities.

PURPOSE

Ensuring increased diversity along the psychology graduate education pipeline requires that internship programs take an intentional and systematic approach to planning and evaluating the structure, process, and content of diversity-related training activities.

HOW

1. Diversity Committee: shapes the diversity training program on a yearly basis.

    a) Committee meets regularly to review, plan and process diversity training

    b) Exists within an organizational structure that empowers this committee to influence curriculum and culture

    c) Include student members

    d) Meeting minutes retained and made accessible to all

    e) All members have the same voting rights

    f) At the end of the training year, consider a yearly review of diversity training initiatives

2. Support trainees to serve in organizational and training leadership positions, particularly trainees with extensive experience in diversity matters.

3. Offer meaningful diversity-related training activities, such as:

    a) Diversity core curriculum – series of readings, didactics that support acquisition of knowledge and skills related to persons and families of diverse backgrounds

    b) Diversity training track or mini-rotation - series of experiential activities on diversity and inclusion that can help the trainee and staff to have a greater understanding of the experience of being from an underrepresented group

    c) Non-evaluative diversity professional development experiences. Could include group discussions re diversity and inclusion concerns facilitated by non-evaluative staff,

who can also serve as an ombudsperson and speak on behalf of trainees if needed

    d) Immersion activities, for example:

        i. Contacting and visiting local community sites that are best practices of diversity and inclusion

        ii. Immersion Luncheon to celebrate local staff diversity

    e) Include diversity lens and/or bring in subject matter experts during professional development sessions on core topics such as job searching, CV preparation, interviewing, negotiating, etc.

    f) Mentorship program (similar to that described at the graduate level)

    g) Apply evidence-based models that promote and integrate diversity (e.g., ADDRESSING MODEL, Socio-Ecological Model)

4. Program Evaluation of implementation of diversity initiatives to inform program improvement:

    a) Conduct a needs assessment on the success of addressing diversity within the program via staff, intern, and stakeholder surveys or interviews, including the experience of clients. Consider:

        i. Cultural diversity

        ii. Racial diversity

        iii. Religious diversity

        iv. Age diversity

        v. Sex / Gender diversity

        vi. Sexual orientation

        vii. Disability

    b) Collect Pre-Post Data on Diversity and Inclusion to evaluate program success in gaining a greater understanding of diversity

        i. Consider initiating a climate survey for both faculty/staff and trainees

ii. Consider asking interns to evaluate program's public facing materials for diversity, inclusion, welcoming diverse applicants, etc.

c) Compile summary data for all diversity training activities to help recalibrate diversity training to meet the needs of trainees and staff

d) Present data to trainees, staff and senior leadership at the end of the training year

e) On a regular basis, examine program's strengths and areas of need in the areas of diversity and inclusion and plan for improvement

Appendix A

Sample Diversity Statement

Miami VA Diversity Statement

Diversity Statement

The Miami VA is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce interns that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.

The Diversity Committee is comprised of Miami VA psychologists who are committed to helping trainees, psychologists and other stakeholders develop the increased awareness, knowledge, and skills necessary for working with a highly diverse patient population. It also aims to explore how, as mental health professionals our biases, power, privilege, assumptions, and life experiences affect our clinical work. Interested Trainees can serve as diversity committee members for their residency year. Student members are an integral part of the Diversity Committee and are encouraged to aid with planning as well as serve as a liaison with their cohort.

The Diversity Committee conducts a series of diversity didactics, immersion experiences, and reflective discussions to foster professional development. The didactic series includes diversity readings that aim to address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence (e.g., cultural perceptions of psychotherapy and psychotherapists, spirituality, socioeconomic status, disability, LGBTQ veterans, immigration/acculturation, aging, women's issues, etc.). Trainees and staff engage in immersion experiences by visiting with community resources that are implementing diversity in their care. Reflective discussions bring trainees and staff together to provide in-depth conversation on how to improve diversity in care. Lastly, the Diversity Committee assist trainees with their incorporation of diversity-based models into psychotherapy and assessment case conceptualizations. Trainees are requried to use the ADDRESSING model into clinical and assessment case presentations to demonstrate the application of diversity into their practice.

The Miami VA serves veterans from a highly diverse area, encompassing urban and suburban communities around Miami. Our heterogeneous setting gives trainees the opportunity to provide services to veterans from a variety of backgrounds. Veterans in this area are ethnically diverse, providing Trainees with the opportunity to develop competencies in working with patients from many different cultural backgrounds. Trainees have the opportunity to provide services to a variety of minority and underserved populations, which is vital to the training of well-rounded psychologists. The Miami VA has an active homeless program, which coordinates healthcare, services, and advocacy for homeless veterans. Lesbian, Gay, Bi-sexual, and Transgendered (LGBT) veterans are increasingly seeking services at the Miami VA, and the broader Miami metropolitan area features an active LGBT community. In this context, Interns will be able to develop their appreciation for diversity in sexual orientation. Increasingly, the veteran population includes greater numbers of women, which presents more opportunities for trainees to develop skills for competently addressing sex and gender issues in their training. The Miami VA provides services tailored to address the needs of veterans across their lifespan, and Interns are offered opportunities to work in settings where age-related issues are relevant (e.g., younger veterans setting education goals and re-integrating into their families after deployment, middle-aged veterans adjusting to retirement and medical problems, elders facing end-of-life issues). Trainees will also be encouraged to explore other dimensions of diversity, including but not limited to, national origin, immigration status, language differences, religious/spiritual beliefs, and physical ability.

Appendix B

Sample Internship Climate Survey with open-ended questions on website and brochure (courtesy of the Hawai'i Psychology Internship Consortium, Dr. Katlyn Hale, Program Director):

HI-PIC Intern Climate Survey

Directions: HI-PIC Interns, your perceptions of your training year here at HI-PIC are very important to the Training Committee, and provide us with valuable feedback and input as we continuously work to improve and update our program. Please take a few minutes to thoughtfully complete this questionnaire. Your responses will be aggregated, presented anonymously, and the Training Committee will be provided with survey results once your training year has been completed. Thank you for your input!

1. Please describe the aspects of the HI-PIC Internship experience that you liked and would suggest continuing in future years.
2. Please describe any aspects of the HI-PIC training experience that you perceive as a concern.
3. What are some suggestions you have for improving the HI-PIC Internship?
4. To what extent did you perceive HI-PIC's website and brochure to be welcoming and inclusive of diversity?
5. Is there anything else you'd like to share about HI-PIC's website and brochure, or any suggestions you'd like to make for improvement?
6. Please describe how you perceive the faculty, the HI-PIC internship, and/or your agency to be inclusive of individual differences and diverse voices? (e.g., strengths and/or areas for improvement).
7. Please describe how you perceive the faculty, the HI-PIC internship, and/or your agency to be aware of and incorporate individual differences and diversity into clinical or administrative practice.
8. Do you have any concerns regarding faculty, supervisors and/or your supervisory experience (e.g., individual supervision, group supervision)?
9. If you answered yes to the above question, please describe your concerns. Feel free to share suggestions for improvement.

Is there anything else you'd like to share about HI-PIC's attention to diversity throughout the internship, or any suggestions you'd like to make for improvement?

Post-Doctoral Residency/Fellowship

PROBLEM 1
Barriers to pursuing post-doctoral residency differentially impact diverse and traditionally underrepresented graduates and as a result, programs may not attract and recruit diverse cohorts.

PRODUCT 1

Reduction of the barriers that prevent individuals from pursuing postdoctoral fellowship training

PURPOSE

Increase awareness of challenges / barriers to post-doctoral programs and make recommendations to alleviate such challenges.

> Note: Financial burden for students start at the undergraduate level. These recommendations are part of a continuum that begins during an undergraduate career in Psychology and continues through the post-doctoral level.

HOW

1. Reduce financial burdens associated with post-doctoral application and interview processes:

    a) No-cost or reduced fee applications

    b) Reduce the cost of interviews

        i. Preliminary screening interview via video platforms (Zoom, Webex etc.)

        ii. Provide informations videos of program on website

        iii. Offer virtual program open houses / program fairs

        iv. Consider virtual interviews

        v. If in-person interviews are deemed a requirement, extend interview offers with enough lead time to allow for lower cost travel

    c) Encourage in-person interview housing with current postdocs as hosts

2. Create didactics / seminars to support Financial Literacy

    a) Topics may include debt management, retirement, insurance, property purchasing, professional finances (setting up a practice, credit counseling)

    b) Student loan related information

        – Non-penalized forbearance for loans during training

        – Early career options to help with loan repayment

3. Offer access to employers that support debt relief, early in the post-doctoral training year, including but not limited to military recruiters, federally qualified community health centers, Indian Health Service, National Health Service Corps.

4. Offer funds for professional development similar to that of staff for attendance at Conferences, professional memberships, etc.

5. Provide a safe environment for professional mentoring for post-doctoral trainees that includes:

    a) Structured and unstructured time for such mentoring, and,

    b) Public advertising stipulating that such mentoring is part of the program brochure that professional early career mentoring is part of program.

6. Provide faculty/staff trainers professional development time dedicated to awareness of financial burden for trainees, with particular focus on social disparities and differential impact on postdoctoral trainees.

MATERIALS

Materials include a detailed reading list for trainers regarding the above described financial burdens with differential impact for post-doctoral residents/fellows. Recommended reading list addressing diversity and associated topics requiring particular awareness and knowledge, including possible formats for discussion (faculty/staff and trainees together, faculty/staff only, etc.). Topics include:

- Self-assessment tool for determining community needs
- Development of library resources for programs
- Tool development to guide discussion regarding cultural considerations in supervision
- Supervisory feedback forms (including competence in diversity)
- Ongoing faculty/staff development related to diversity and post-doctoral training
- Retention/return of trainees to institution -> further development of a diverse pipeline.

BOOKS

1. Disability as diversity (Erin Andrews)
2. Understanding the experience of diversity (Dana Dunn)
3. Multiculturalism and diversity in clinical supervision: A competency-based approach (Edited by Carol Falender)
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2. Trainee perspectives on relational cultural therapy and cultural competency in supervision of trauma cases (Gomez)
3. Supervisee nondisclosure in clinical supervision: Cultural and relational considerations (Hutman, Ellis)
4. The interconnectedness between cultural humility and broaching in clinical supervision: Working from the multicultural orientation framework (Jones, Branco)
5. Teaching not-knowing: Strategies for cultural competence in psychotherapy supervision (Watson, Raju, Soklaridis)
6. The complexities of power in feminist multicultural psychotherapy supervision (Arczynski, Morrow)
7. Processes that inform multicultural supervision: A qualitative meta-analysis (Tohidian, Quek)
8. Race in supervision: Let's talk about it. (Schen, Greenlee)
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11. Training culturally competent psychologists: Where are we and where do we need to go? (Benuto, Singer, Newlands, Casas)
12. The multicultural guidelines in practice: Cultural humility in clinical training and supervision (Patallo)
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Virtual peer support across HSP programs at the doctoral, internship and postdoctoral levels

PURPOSE

To create access to safe and low risk peer support to HSP doctoral students, interns and post-doctoral trainees, using a virtual platform supported by national organization(s).

WHO

HSP graduate students, interns and post-docs

HOW

A virtual platform will be hosted by a national organization (e.g. APA BEA, National Register, APPIC) for students and trainees to self-identify and create virtual peer support groups across programs. The host takes no responsibility for membership or content of the group, rather provides access to the platform.

1. Any graduate student, intern or postdoctoral resident may create and consequently manage a video on-line peer support group at their same level of training, associated with an identity / identities most salient for them or a particular challenge about which that they would like or believe others would value peer support. Topics will be entirely student/trainee driven.

2. Hosting by the national organization, in this context, refers exclusively to providing weekly information about the program through a listserv or standing webpage, announcing the groups created including the links and schedule provided by the student/trainee organizer of each virtual peer support group. The hosting organization has no role in moderating such virtual peer support groups.

PROGRAM BENEFITS

1. Students and trainees across the HSP spectrum can access student-driven support related to specific identities or challenges, without concern for evaluative/career impacts.

2. Students can problem solve and receive validation in the hopes of reducing overall stress and sense of isolation, as well as providing feedback regarding navigating DEI challenges within their programs.

MATERIALS

Platform for advertising virtual peer support groups coordinated by students and trainees across the U.S. and Canada.

TRACKING OUTCOMES

National organization providing the platform may use surveys to determine satisfaction and impact of virtual peer support programs.

PRODUCT 1

Virtual drop-in problem solving support from an HSP consultant sensitive to the stressors of traditionally marginalized students.

WHO

HSP graduate students, interns, post-docs, HSP professionals

HOW

A virtual platform will be hosted by a national organization (e.g. APA BEA, National Register, APPIC) for students and trainees to seek out drop-in support and problem solving on a brief basis with an HSP professional unaffiliated with the student's program.

1. Any graduate student, intern or postdoctoral resident may seek drop-in support in a de-identified way, from a more seasoned HSP professional who is unaffiliated with the student/trainee's program. Students are welcome to provide information regarding the identities/equity concern that they would like to discuss.

2. Professionals within HSP may volunteer to offer hour-long blocks, at the frequency of their preference. Professionals may provide information regarding their own identities and/or brief biographical information relevant to being in the consultant role.

3. Hosting by the national organization, in this context, refers exclusively to creating the platform for the drop-in availability schedule. The hosting organization has no role in moderating the contacts other than providing the platform.

PROGRAM BENEFITS

1. Students and trainees across the HSP spectrum can access identity congruent and equity related problem-solving consultation without concern for evaluative/career impacts.

2. Students can problem solve and receive validation in the hopes of reducing overall stress and sense of isolation, as well as providing feedback regarding navigating DEI challenges within their programs.

3. Programs can consider consultant time and commitment in regard to professional development, performance review and tenure related activities (if applicable).

MATERIALS:

Platform for advertising the drop-in consultant service as well as the sign-up calendar.

TRACKING OUTCOMES

National organization providing the platform may use surveys to determine satisfaction and impact of drop-in consultation program.

Revisiting our program structures with increased shared governance

Revisiting our program structures with increased shared governance

OVERVIEW

Systems of governance in HSP/Professional Psychology training are, by their nature, hierarchical. This hierarchy has been experienced by some people as oppressive, in that it does not take into account the multiple voices and experiences of everyone included in the hierarchy, or does not value the input of all members equally. This lack of inclusiveness of all relevant stakeholders in governance reflects the current one-sided nature of these systems, in that they are not responsive enough to stakeholder needs, lead to feelings of disenfranchisement, distrust, ineffective communication, and result in less socially responsive governance. Excellence in education and training requires the creation of liberatory education and training systems thus creating more positive effects within training and among stakeholders. Our programs can then become diverse, inclusive, equitable, and community-oriented. We need program structures and processes to be socially responsive to allow for socially responsive training and education.

GOAL

The goals of the guidelines being proposed herein are multifaceted. The guidelines will assist programs in doing the following: a) provide a framework for developing a set of fair, transparent missions, visions, and values shared by all members and stakeholders of HSP/Professional Psychology training programs, including students/trainees, supervisors, faculty, and administrators, b) identify biases within our current training systems, c) develop flexibility within current governance structures, such that traditionally underrepresented voices in various committees or decision-making bodies can be heard or amplified, d) develop bylaws or other program-specific documentation to support their transition to a more socially-responsive, shared model of governance, while still maintaining the necessary evaluative functions required by training programs, and e) evaluate and define themselves based on their ability to ensure inclusion in decision making as needed and to ensure participation.

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **Definition, values, practices, accountability, and questions for consideration regarding socially-responsive shared governance**

2. **Socially-responsive shared governance self-assessment tool**

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INTENDED AUDIENCE

These guidelines and preliminary toolkit are intended for training programs (graduate, internship, post-doc/fellowship) for their self-evaluation and self-improvement; for trainees, faculty, and staff; and for administrators or institutional leaders outside the program motivated to increase stakeholder involvement in shared governance.

STATEMENT OF GUIDING PRINCIPLES

Socially Responsive Shared Governance:

Socially responsive shared governance involves an intentional commitment and systematic approach to an application of a set of values and practices that hold education and training programs accountable to multiple stakeholders.

1. **Values - Guiding programmatic values that support socially responsive shared governance.** Programs are encouraged to engage in a process of exploring their guiding programmatic values related to socially responsive shared governance. These may include (but are not limited to): fostering mutual respect, openness, collaboration, justice, liberation, equity, inclusiveness, transparency.

2. **Practices - Practices that ensure adherence to the values of social responsiveness**

   a) **Participatory decision making processes and practices.** Programs are expected to define their decision making processes including stakeholder representation and input. Participatory decision making is NOT one dimensional and can be shown in multiple practices, domains and programmatic tasks, some of which include the following:

      i. Practice of equitable hiring;
      ii. Practice of equitable evaluation processes;
      iii. Language included in the training program;
      iv. Clear roles and responsibilities;
      v. Explicit recognition of power dynamics and efforts to increase balanced and shared power/ paying attention to use and necessity of hierarchy in organizations;
      vi. Shared vision of social responsiveness - within components of training

   b) **Insuring diverse identity representation across stakeholders and participants**

3. Accountability - Accountability to students, faculty/trainers/supervisors, educational and training organizations that our programs are housed in, as well as local, national, global and professional communities. Accountability involves continuous reflection and feedback to/from/within these communities.

a) Checks and balances - to ensure the model remains socially responsive

   i. Programmatic Reflection
   ii. External review (reciprocal agreement between programs to serve as "site visitors")
   iii. Having a feedback loop with stakeholders

The following questions can be used as a starting point in the assessment of your programme's current approaches to governance, and to what degree your program values and practices socially responsive shared governance.

Values

- What are the values of your system?
- How did you form these?
- Is there a shared understanding of your system's values?
- Is there a shared vision of social responsiveness within the components of the training?

Practices

- Functions that would benefit from self-reflection about current approach to socially responsive shared governance:

  » Hiring/Recruitment (faculty/staff; student):
  » Evaluation (trainee, supervisor, staff; may be different for different stakeholders)
  » Curriculum Development
  » Retention
  » Policy and procedure development and change (including program documents)
  » Research/scholarship
  » Roles and responsibilities
  » Communication

- Questions to ask about each socially responsive shared governance within each function:

  » Who are your program's stakeholders (students, faculty, staff, community members)?
  » Which stakeholders currently have input (decision-making)?
  » Which stakeholders currently do not (participatory or not included)?
  » How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?
  » Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?

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» How are you including/incorporating all stakeholders' voices?

» How do they know they are being heard?

» When do they feel they are not heard?

» How are decisions communicated?

» How are processes developed?

» How does use of language (oral or written) facilitate or hinder socially responsive shared governance?

» Based on your responses above, what is needed for your program to become a more socially responsive shared governance?

Accountability

- What are your checks and balances - to ensure your model remains socially responsive?

- Are roles and responsibilities regarding accountability clearly defined?

- Consider partnering with another program for external perspective

- It may be critically important to identify who in the program will take the lead and keep the progress moving toward creating more shared governance once the process has begun.

- Track outcome by assessing whether the changes are resulting in additional voice

AN EXAMPLE

- UMass Boston Diversity Committee handbook

CONSIDERATIONS AND COMMON OBSTACLES AND PITFALLS

- Navigating differences in perspective from different stakeholders while valuing the contributions and perspectives of all involved

- Navigating the interpersonal process that often arises from this work

- Delineation of when voices are being heard for the sake of hearing the voices and when they make a difference

- Approach to decisions when full consensus is not achieved. Empowering participation vs decision-making in all areas

- Role of process of decision-making/participation vs outcome, transparency

- Lack of incentives to work differently

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Socially-Responsive Shared Governance Self-Assessment

Who are you?	Student
	Faculty
	Supervisor/Trainer
	Administrator
	Staff
	Community member

PROGRAM VALUES

What are the values of your system?	
How did you form these?	
Is there a shared understanding of your system's values?	
Is there a shared vision of social responsiveness within the components of the training?	

PROGRAM FUNCTIONS

Please complete the following questions within each of the functional domains of your program.

Hiring/Recruitment	
Who are your program's stakeholders (students, faculty, staff, community members)?	
Which stakeholders currently have input (decision-making)?	
Which stakeholders currently do not (participatory or not included)?	
How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?	
Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?	
How are you including/incorporating all stakeholders' voices?	
How do they know they are being heard?	
When do they feel they are not heard?	
How are decisions communicated?	
How are processes developed?	
How does use of language (oral or written) facilitate or hinder socially responsive shared governance?	
Based on your responses above, what is needed for your program to become a more socially responsive shared governance?	

Evaluation (trainee, supervisor, staff; may be different for different stakeholders)	
Who are your program's stakeholders (students, faculty, staff, community members)?	
Which stakeholders currently have input (decision-making)?	
Which stakeholders currently do not (participatory or not included)?	
How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?	
Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?	
How are you including/incorporating all stakeholders' voices?	
How do they know they are being heard?	
When do they feel they are not heard?	
How are decisions communicated?	
How are processes developed?	
How does use of language (oral or written) facilitate or hinder socially responsive shared governance?	
Based on your responses above, what is needed for your program to become a more socially responsive shared governance?	

Curriculum and Program Development	
Who are your program's stakeholders (students, faculty, staff, community members)?	
Which stakeholders currently have input (decision-making)?	
Which stakeholders currently do not (participatory or not included)?	
How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?	
Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?	
How are you including/incorporating all stakeholders' voices?	
How do they know they are being heard?	
When do they feel they are not heard?	
How are decisions communicated?	
How are processes developed?	
How does use of language (oral or written) facilitate or hinder socially responsive shared governance?	
Based on your responses above, what is needed for your program to become a more socially responsive shared governance?	

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Retention	
Who are your program's stakeholders (students, faculty, staff, community members)?	
Which stakeholders currently have input (decision-making)?	
Which stakeholders currently do not (participatory or not included)?	
How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?	
Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?	
How are you including/incorporating all stakeholders' voices?	
How do they know they are being heard?	
When do they feel they are not heard?	
How are decisions communicated?	
How are processes developed?	
How does use of language (oral or written) facilitate or hinder socially responsive shared governance?	
Based on your responses above, what is needed for your program to become a more socially responsive shared governance?	

Policy and procedure development and change (including program documents)	
Who are your program's stakeholders (students, faculty, staff, community members)?	
Which stakeholders currently have input (decision-making)?	
Which stakeholders currently do not (participatory or not included)?	
How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?	
Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?	
How are you including/incorporating all stakeholders' voices?	
How do they know they are being heard?	
When do they feel they are not heard?	
How are decisions communicated?	
How are processes developed?	
How does use of language (oral or written) facilitate or hinder socially responsive shared governance?	
Based on your responses above, what is needed for your program to become a more socially responsive shared governance?	

Research/scholarship	
Who are your program's stakeholders (students, faculty, staff, community members)?	
Which stakeholders currently have input (decision-making)?	
Which stakeholders currently do not (participatory or not included)?	
How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?	
Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?	
How are you including/incorporating all stakeholders' voices?	
How do they know they are being heard?	
When do they feel they are not heard?	
How are decisions communicated?	
How are processes developed?	
How does use of language (oral or written) facilitate or hinder socially responsive shared governance?	
Based on your responses above, what is needed for your program to become a more socially responsive shared governance?	

Roles and responsibilities	
Who are your program's stakeholders (students, faculty, staff, community members)?	
Which stakeholders currently have input (decision-making)?	
Which stakeholders currently do not (participatory or not included)?	
How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?	
Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?	
How are you including/incorporating all stakeholders' voices?	
How do they know they are being heard?	
When do they feel they are not heard?	
How are decisions communicated?	
How are processes developed?	
How does use of language (oral or written) facilitate or hinder socially responsive shared governance?	
Based on your responses above, what is needed for your program to become a more socially responsive shared governance?	

Communication	
Who are your program's stakeholders (students, faculty, staff, community members)?	
Which stakeholders currently have input (decision-making)?	
Which stakeholders currently do not (participatory or not included)?	
How are power dynamics explicitly recognized and what are efforts to increase balanced and shared power?	
Are roles and responsibilities clearly defined? How do they hinder or enhance socially responsive shared governance?	
How are you including/incorporating all stakeholders' voices?	
How do they know they are being heard?	
When do they feel they are not heard?	
How are decisions communicated?	
How are processes developed?	
How does use of language (oral or written) facilitate or hinder socially responsive shared governance?	
Based on your responses above, what is needed for your program to become a more socially responsive shared governance?	

Potential Obstacles to implementation	
How does your program navigate differences in perspective from different stakeholders while valuing the contributions and perspectives of all involved?	
How does your program function interpersonally when doing challenging work? What patterns do you see serving as a barrier?	
Is your program able to delineate when voices are being heard for the sake of hearing the voices and when they make a difference?	
How does your program approach decisions when full consensus is not achieved? Is there room for empowering participation vs decision-making power?	
How invested is your program in doing this work with little incentive? What incentives would assist in this work being embraced by the majority of the staff/faculty/students/ stakeholders?	

PROGRAM ACCOUNTABILITY

What checks and balances exist to ensure your model remains socially responsive?	
Are roles and responsibilities regarding accountability clearly defined?	
Would you consider partnering with another program for external perspective or peer review?	
Who in the program will take the lead and keep the progress moving toward creating more shared governance once the process has begun?	
Have the changes resulted in the inclusion of additional voices?	

Liberating and transforming our curriculum toward social responsiveness across all levels of training

Liberating and transforming our curriculum toward social responsiveness across all levels of training

OVERVIEW

The curriculum, at all levels of training, from academic programs to internships to postdoctoral fellowships, is primarily centered in white Eurocentric positivist perspectives and frameworks. Voices of psychologists of color and other marginalized groups are rarely included in the curriculum and any efforts towards diversity, equity, inclusion and social justice are typically siloed and not integrated into our education and training programs. Past efforts to diversify the overall curriculum have been primarily additive. While the profession-wide standard (via APA or CPA accreditation) is infusion of this content into the curriculum, there is no agreed upon definition of what that means and how it should be implemented. However, despite increased interest in making our curriculum and training more inclusive and more focused on social justice at all levels of psychology training, what and how psychology is taught has not been significantly changed. Some of this may be due to various individual, cultural, and institutional barriers such as attitudes, climate, lack of readiness, and limited resources and competence. In order to move forward and make systemic changes within and across training programs of all types, it is important to evaluate and address the readiness, motivation, and competence of faculty to make these changes.

GOAL

The goal is to liberate and transform the curriculum at all levels of training. The aim is to: a) promote critical consciousness, b) foster critical thinking in order to learn the limits of previous scholarship, theories, frameworks, and models, c) center marginalized voices, d) engage students in co-constructing knowledge, e) center BIPOC students' ways of being, knowing and doing, e) critique the academy, f) teach and demonstrate how to apply multiculturally socially just approaches to all aspects of our work, g) foster advocacy and action—providing students and faculty/trainers/supervisors with the opportunity to walk the talk, and h) incorporate the practice of curriculum transformation so deeply into our training programs that syllabi audits become part of everyday efforts in training. It is also vital that we assess and understand the motivation and readiness of faculty, trainers, and supervisors to engage in this change process. Through deeper understanding of behavioral change models and knowledge about how white supremacy values and attitudes are part of our training, we will increase our ability to address the individual, cultural, and institutional barriers that interfere with our ability to transform our curriculum.

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **Academic Course & Internship/Postdoctoral Seminar Inclusiveness Audit Tool**

2. **Liberated Syllabus Project**

    a) Standard syllabus

    b) Liberated syllabus

3. **Readiness guide, references, and resources**

Curriculum Transformation

CURRICULUM AUDIT AND SAMPLE SYLLABI TOOLKIT

This Curriculum Toolkit provides resources and tools for faculty/internship and postdoc training directors to transform their individual courses/didactic seminars and overall curriculum in ways that highlight the distinction between the status quo and a transformative model. This toolkit is intended for individual faculty members, trainers/supervisors as well as training committees and program faculty.

This curriculum toolkit consists of two primary components. First, we adapted and further developed a curriculum audit tool (adapted with permission from Nova Southeastern University College of Psychology) to assist faculty/training directors in evaluating course/seminar content, instructor methods and behaviors, diverse learning styles, course/seminar norms and expectations, and evaluation tools and methods. This toolkit presents a process for self-exploration along with some links and resources to help expand, critique, and enhance under-represented and new voices and perspectives. The second component of this toolkit are before/after examples of a Course/Seminar Syllabus on Psychological Interventions that will help faculty/training directors envision what true curricular transformation might entail.

1. The Academic Course & Internship/Postdoctoral Seminar Audit Tool can be used in a pre-post manner. First, educators/trainers can use the audit checklist to evaluate their current teaching approaches and plans. Then based on the results, they can begin the process of transforming what and how they teach.

2. The Before-After Syllabus Examples are meant to serve as a reference for educators/ trainers to help them envision how to transform their approach to education/training.

Success will involve wide dissemination of these tools across all levels of training with the goal of changing how and what we teach. We encourage distribution via listservs, newsletters, and social media along with ongoing scholarship on the impact of these toolkits with the hope of further developing training science to assist us in our curricular transformation.

CRITIQUE

It is important to note that despite our efforts to discuss how to transform our curriculum, syllabi, and teaching/training, the approach we share is both incremental and reductionistic. By using a process where we systematically evaluate and change utilizing approaches such as audit tools and setting goals and objectives, we continue to normalize and preserve the status quo. Ultimately this step-by-step approach, even when necessary, hinders true change and diminishes transformation. However, we realize that we need to meet academic faculty and internship and post-doctoral training committees and staff where they are in hopes of building capacity for true transformation.

Academic Course & Internship/Postdoctoral Seminar Inclusiveness Audit Tool

Goal: Our goal is to evaluate current academic courses and internship or postdoctoral seminar curricula. The purpose of this audit tool is for the institutionalization of Diversity, Equity, Inclusion, and Social Justice content in Health Service Psychology (HSP) Training Programs at all levels.[1]

COMPONENTS	STAGE ONE Emerging	STAGE TWO Developing	STAGE THREE Transforming
CURRICULUM	The curriculum as it is currently constituted is only minimally related to diversity and inclusiveness. Efforts to change the curriculum do not explicitly acknowledge the importance of diversity, inclusion and equity as an asset to innovative curricular practice.	The current curriculum reflects a value for diversity, inclusion and equity in certain areas and not in others. Curricular change efforts acknowledge the importance of diversity, inclusion and equity but not consistently.	Evidence of a strong value for diversity, inclusion and equity is easily apparent throughout the curricular offerings at the institution. Curricular change efforts integrate a value for diversity, inclusion and equity as an informing influence. Curricular change is a reciprocal process in which the institution changes by learning from new, diverse influences.

Given that examining the presence and value of equity, diversity, inclusion, and social justice throughout academic curriculum and seminar training across internships and post-docs is subjective, this tool is designed as a starting place to understand the current state of your curriculum or training plan and enact change efforts that integrate a value for equity, diversity, inclusion, and social justice as an informing influence.

Use this assessment tool to evaluate your own course or training seminar. Consider your strengths and areas for growth. Share this insight with colleagues and develop strategies to make improvements. Prioritize getting multiple perspectives using this tool, ideally from trainees or students. Do not limit evaluations to the instructor alone. Use the open-ended questions that follow the audit tool to engage in both self-reflection and dialogue with colleagues. Consider ways to build in support and accountability throughout the year.

After examining additional resources, this guide provides:

1. A framework for understanding where you are and where you need to go to create truly inclusive courses or training seminars that foster equity and social justice in the classroom, training program, institution, and community.

2. An audit of specific course and seminar syllabi and content that reflects inclusive teaching and learning approaches designed to take diverse experiences and identities into perspective and transform how the course is taught.

3. Reflection questions to deepen your understanding of what was learned from the audit, what best practices have been adopted, how to apply this learning to the training program, and identify future areas of growth and plans for future growth.

4. A framework for creating SMART goals that are generated by using this audit tool and engaging with reflection questions.

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1   This tool was adapted, with permission, from a tool developed by Nova Southeastern University College of Psychology.

ACADEMIC COURSE & INTERNSHIP/POST-DOCTORAL SEMINAR AUDIT TOOL

	1 Emerging	2 Developing	4 Transforming
Language (Syllabus/Written) • Gender neutral • Person-first (i.e., person with a disability), if applicable • Attunement to regional/community differences • Review for outdated terminology			
Process **Establishing Conceptual Framework** • Incorporate a Critical Lens (critical consciousness, critical race theory, queer theory, feminist theory) to examine core theories and perspectives that serve as a foundation for the course topic • Incorporate critical consciousness into teaching https://modules.sanfordinspire.org/wp-content/uploads/2016/10/Using_Critical_Consciousness_to_Challenge_Inequity_Resource-1.pdf			
Communication • Establish class norms/ground rules for communication • Establish level of self-disclosure by presenter and participants • Center lens and positionality (e.g., through ADDRESSING model; Hays, 2008)			
Establishing Principles for Dialogue Establish rules for inclusive learning environments (i.e., respectful classroom discussions, difficult conversations, how to address conflict should it arise)			
Utilization of Interfaith or Multicultural Calendar Important dates (i.e., exams, assignment due dates, etc.) must reflect consultation of interfaith or cultural calendar (e.g., Indigenous People's Day, Dr. Martin Luther King Jr's Birthday).			
Perspectives Wide range represented (e.g., authors/researchers of color, female authors/researchers, LGBTQ authors/researchers, etc.); add links to repository, different APA divisions, journals, and other organizations or resources that are relevant to the course/seminar			
Content Readings provide information on a wide range of diversity, inclusion, and identity intersections (i.e., populations, communities, perspectives)			

	1 Emerging	2 Developing	4 Transforming
Accessibility & Cost Multiple formats are offered (i.e., E-books, videos with subtitles, CEUs or online training programs (free or institution pays for access), webinars, TED talks, conferences [especially those developed for people with marginalized identities]) that represent cost consideration (i.e., readings free to students).			
Learning Variety Honor differing learning styles or language proficiencies by offering education and training using different modalities that include a variety of transparent opportunities for students to demonstrate knowledge (e.g., presentations, practical assessments, experiential papers, essay/applied exams, equity and community engagement projects, practical interventions, role plays, case examples, specific tools). • Use rubrics to evaluate assignments. Show trainees rubric or evaluation in advance of the learning activities or assignments. • Take the time in advance to ensure that trainees understand expectations and criteria for evaluation. • Ensure that evaluation rubrics assess attention to diverse perspectives and incorporate equity, diversity, and social justice			
Teaching Variety Outline of syllabus or seminar schedule utilizes variety in teaching (i.e., opportunities to work individually and collectively; practical demonstrations; peer mentors). Ways to introduce variety include guest lectures (in-person and online); utilizing classroom activities and exercises bringing in people representing the community; connecting to local community wisdom, leaders, and needs; and engaging directly with the community in their spaces.			
Integration and Pacing Syllabus or seminar schedule is designed to meet trainee developmental needs and allows time for reflection and integration of diversity/inclusion topics across the training sequence as well as demonstrates respect for individual differences in cognitive and emotional processing time (i.e., appropriate time between content and assessment/assignments). • Consider the sequence and timing of topics so they create readiness and build on each other. • Examine how often diversity content is included in each topic/discussion/lecture (rather than having a separate day that focuses on diversity content)?			

	1 Emerging	2 Developing	4 Transforming
Diversity/Equity/Inclusion/Social Justice Assignments Include specific assignments (e.g., case presentations, projects, papers) or assessments that explicitly address and incorporate diversity, equity, inclusion and social justice.			
Student/Trainee Voices Input and feedback from students and trainees are valued and included in the design of the curriculum, course or training sequence and program evaluation activities. For example, student/trainee input is sought in developing assignments (e.g., reaction papers, group projects) assessments (e.g., of performance or program evaluation) and activities (i.e., discussions, ongoing feedback, serving on internal committees, having a voice in agency/department leadership) • Invite formal and informal feedback from students/ trainees at various intervals in a manner that recognizes the power differences between students and faculty such that students/trainees feel safe enough to be honest and so that they are protected from negative consequences. • Use feedback to make curricular and training program enhancements. • Share feedback with colleagues and collaborate on continued improvement.			

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After you have completed the Academic Course & Internship/Postdoctoral Seminar Inclusiveness Audit Tool, respond to the following questions.

1. What best practices have you already integrated into your course(s) that are transformative? What was the impact of those practices?

2. What practices have you adopted (or would you like to adopt) that you think would be useful to the entire faculty or training staff? Are there changes that should be made throughout the department or training program (e.g., everyone uses the same calendar with attention to important interfaith and multicultural dates)?

3. In what areas is your growth still emerging? Which resources do you need to utilize or incorporate (e.g., examples, departmental support for guest speakers, reading guides with representation information, release time to identify and implement best practices) in order to continue the work of transforming your teaching and training?

4. What changes do you plan to make, as a result of this evaluation?

SMART GOALS

Once you decide what changes you want to make to your teaching/training, setting goals is one approach to assist you in the process. Using SMART Goals offers a way to develop objectives and plans for how you'll reach your intended outcomes (for more information, see smart-goals.htm).

1. Specific (define a clear, specific goal):

2. Measurable (write out how you will track progress):

3. Attainable (be sure this goal is realistic and list any challenges or additional resource needed):

4. Relevant (how does this goal align with accreditation and training program goals, organizational values, etc.):

5. Time-bound (assign target dates to complete goals):

Liberated Syllabus Project

The purpose of the syllabi examples developed for this toolkit is to illustrate how infusing anti-oppressive and liberatory content and pedagogy throughout a "typical" graduate-level course can be accomplished without sacrificing the foundational knowledge and skills taught. For the before/after sample syllabi shared, the goal is to broaden and deepen what is known about evidence-based treatment, and go beyond what is traditionally taught in a similar course utilizing a critical and nuanced framework.

The "original" syllabus represents an aggregate of well-designed courses in evidence-based individual psychotherapy treatments. Like many such courses, it includes a learning outcome and some attention to diversity, often through the focus on a single day or the inclusion of several readings.

The "standard" syllabus represents a higher level of integration and focus on interventions and the therapeutic relationship from a culturally-informed perspective. Each skill taught (e.g., cognitive-behavioral therapy [CBT] skills) is done with a balance between an empirically-based enactment of the skill and an acknowledgement that cultural background and context may greatly influence what and how specific skills or interventions are implemented. While the readings provided in the Transformed Syllabus are meant to provide examples of how to expand what is taught, they are by no means inclusive of all of the available literature.

The method employed for the development of this "liberated" syllabus included four steps, which are recommended when transforming syllabi to be anti-oppressive. In addition, it is recommended that you consult the more in-depth Academic Course & Internship/Postdoctoral Seminar Inclusiveness Audit Tool that is also part of this toolkit.

1. **Self-reflection**

   A thorough understanding of yourself as an instructor and course designer is necessary for liberating your syllabus. We recommend utilizing the ADDRESSING framework (Hays, 2008), for example, as one way of understanding your own background and cultural identity, with a specific focus on identifying the lenses through which you view the world, and their associated assumptions or biases. In addition to examining your own identity, you should also consider how and what you were taught in your own education on the topic, again with a focus on what biases existed and were reinforced by that experience.

2. **Identifying what voices are present and absent in the content of your course**

   An obvious focus in the sample liberated syllabi is the inclusion of BIPOC, queer, and other traditionally marginalized voices. You should be deliberate in the inclusion of voices that are traditionally underrepresented in the topic, psychology, higher education, and society in general.

3. **Identifying what methodologies are represented and not represented in the content of your course**

   The overwhelming majority of what constitutes "psychological science" is based on Western, positivist, quantitative, peer-reviewed empirical literature, all which is housed in a dominant culture of elitism and racism. While there is obviously great value to this body of knowledge—and the goal is not to avoid that knowledge—other methodologies that are more critical, narrative, non-Western, and qualitative have traditionally been underrepresented in psychology education and training. Again, you should be deliberate in including diverse methodologies that go beyond published quantitative research.

4. **Infuse culture, diversity, and critical thinking throughout the course**

   Rather than relying on a week or two on culture or diversity issues in a given course, critical thinking about the impact of culture should be infused throughout. Two steps are recommended to accomplish this goal. First, the initial class session should set the stage for thinking critically about models and content that will be presented in the course. Relying on critical theory and critical consciousness to critique the constructs to be studied is essential. This may include specific readings on deconstructing "evidence," discussions about who gets to decide what science is, and/or material that is critical of the dominantly-taught content of that course. Second, you should conduct a careful audit of *every single class period/topic*, to ensure that culture and critical thinking are reflected in the learning materials and activities. For example, every single class period, think about whose voices are dominant, whose voices are silent, have eyes and ears out for patterns in the process that may be perpetuating what we're trying to deconstruct. Again, being deliberate about addressing culture, diversity, and critical evaluation of dominant models in every single topic/week ensures that cultural perspectives are not merely an "add-on" to a course but rather are infused.

It is our hope that the Academic Course & Internship/Postdoctoral Seminar Inclusiveness Audit Tool and Before/After Sample Syllabi can be used as a unit to provoke conversations among faculty and trainers who want to transform how and what they teach. Extensive time and effort are needed to transform our teaching and training and it is our hope that this toolkit will serve as an exemplar and inspiration to those who use it.

Standard (Aggregated) Syllabus

INDIVIDUAL PSYCHOTHERAPY INTERVENTIONS

COURSE DESCRIPTION

The primary purpose of this course is to develop a solid foundation of psychotherapy knowledge and skills, with a particular focus on empirically-supported interventions within the therapeutic relationship. Students will learn basic communication skills, heighten self and interpersonal awareness, and develop skills to facilitate client change. Students will also explore the ways that individual differences may manifest themselves in communication and connection. Additionally, students will become familiar with the empirical base supporting the use of various skills and techniques in psychotherapy.

COURSE OBJECTIVES

By the end of the course, the student will demonstrate the ability to do the following:

- Demonstrate knowledge of the empirical base of different psychotherapeutic techniques
- Build rapport and develop a trusting therapeutic alliance with clients
- Adhere to the APA ethics code and legal guidelines for psychotherapy
- Demonstrate basic competence in the provision of individual therapy sessions
- Exhibit appropriate counselor/client boundaries
- Identify and appropriately address issues of diversity that require therapeutic adaptation

TYPICAL TEXTBOOKS / REQUIRED READINGS

Barlow, D.H. (2014). *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual – 5th edition*. The Guilford Press.

Beck, J.S. (2011). *Cognitive Behavior Therapy: Basics and Beyond (2nd Edition)*. The Guilford Press.

Burns M., Tilman-Riley, T.C. & Rathvon, N. (2017). *Effective School Interventions: Evidence-Based Strategies for Improving Student Outcomes (3rd edition)*. Guilford Press.

Cozolino, L. (2004). *The making of a therapist.* Norton. ISBN 978-0-393-70424-2

Evans, D., Hearn, M., Uhlemann, M., & Ivey, A. (2011). *Essential interviewing: A programmed approach to effective communication, ninth edition*. Cengage. ISBN-13: 9781305271500

Gotlieb, L. (2018). *Maybe you should talk to someone: A therapist, her therapist, and our lives revealed.* Houghton Mifflin Harcourt.

Hill, C. E. (2020). *Helping skills: Facilitating exploration, insight, and action (5th ed.)*. American Psychological Association.

Riley-Tillman, T. C., & Burns, M. K. (2009). *Evaluating Educational Interventions: Single-Case Design for Measuring Response to Intervention*. Guilford Press.

Shinn, M. R., Walker, H. M & Stoner G. (2002). *Interventions for Academic and Behavioral Problems II*. National Association of School Psychologists.

COURSE REQUIREMENTS

1. Class Participation (15%)
2. Discussion Questions (10%)
3. In-Class Role Play Exercises (15%)
4. Midterm Exam (30%)
5. Final Paper (30%)

1. **Class Participation** – Class participation will make up 15% of your grade. It is imperative that you be prepared, engaged, and regularly participate in class; this includes reading course material, completing out-of-class assignments, and asking questions or initiating discussions in class.

2. **Discussion Questions/Comments** – Each of you will be expected to e-mail the instructor two discussion questions, by Wednesday at 7pm, based on the readings for that week. Discussion questions/comments will make up 10% of your grade. If your questions/comments are on time, relevant to the topic for that week, and generally reflect completion of the readings, you will receive full credit. Do not submit questions that you could easily answer yourself in a five-minute Google search.

Discussion questions/comments can represent topics that you think would be interesting to discuss further in class or may also reflect issues that you feel like need clarification (i.e., things you didn't quite understand). If you notice connections between different readings, that could also be used to generate a discussion question/comment. A substantial portion of each class will be devoted to group discussion, including the questions and comments each student raises. Your submissions help me gauge topics of particular interest to the class and issues that need further clarification.

3. **In-Class Role Play Exercises** – Although you will be encouraged to practice different therapeutic techniques in and out of class a number of times, on two occasions during the semester you will be assigned to role play a particular technique with another student. Together, these will make up 15% of your grade.

4. **Midterm Exam** - The exam will count towards 30% of your grade. This exam will cover the first half of the course and will be short-answer and essay format.

5. **Final Paper** - You will write a 12-15 page paper (in APA format) that critically reviews treatment outcome studies (e.g., CBT; third-wave treatments) of a disorder of your choice (this content should comprise ~60% of the paper) and provides a future direction/ modification that addresses a gap in the literature (this content should comprise ~40% of the paper). The future direction/modification portion of the paper could include developing a novel intervention or technique for the disorder (e.g., incorporating aspects from positive psychology), or applying an existing intervention/technique in a new context (e.g., exposure-based intervention for eating disorders; utilizing support persons), or modifying an existing intervention/technique to meet a need (e.g., additional treatment modules for individuals with certain personality traits—negative emotionality, perfectionism, etc.).

This paper will require you to become familiar with the latest treatment-outcome findings for a given disorder, to identify gaps or challenges in current empirically-supported treatments, to integrate material from multiple sources, to think critically, and to be creative yet scientifically-minded. Thus, your paper should: 1) include a critical review of treatment outcome studies for the condition you have selected (e.g., which treatment has the strongest evidence? what is the evidence? which treatments are suitable alternatives?), 2) identify limitations of or challenges with current treatments, 3) identify and provide a rationale for your proposed future treatment direction/modification, 4) include a detailed description of your intervention approach, and 5) describe how you would implement the approach to enhance the treatment.

COURSE CALENDAR

Date	Topic & Readings

Class 1	*Introduction to Individual Psychotherapy*
	    Overview and goals
	    The Science of Psychotherapy
	    Linking Assessment and Intervention

Class 2	*The Therapeutic Relationship*
	    Listening, Reflecting, and Questioning Skills
	    Problem Solving in Psychotherapy
	    Empirically-Supported Nonspecific/Common Factors in Therapy

Class 3	*CBT: Identifying and Attending to Thoughts, Beliefs, and Emotions*
	    Basic Techniques in CBT
	    Evidence Base of CBT

Class 4	*CBT: Session Structure and Treatment Planning*
	    CBT Conceptualization
	    More CBT Techniques

Class 5	*Motivational Interviewing: Dealing with Ambivalence*
	    Transtheoretical Model
	    MI and Substance Use Disorders

Class 6	*Motivational Interviewing: Techniques*
	    MI Techniques
	    Application of MI to Other Disorders

	SPRING BREAK
Class 7	*Mid-Semester Review* Role-Play Exercises and Midterm Exam
Class 8	*Acceptance and Commitment Therapy* ACT Techniques and Application
Class 9	*Suicide Assessment* Collaborative Assessment and Management of Suicidality (CAMS)
Class 10	*Depression: CBT and Behavioral Activation* CBT/BA Techniques
Class 11	*Sleep Disturbance* CBT-I Techniques
Class 12	*Anxiety: CBT and Other Techniques* Evidence-Based Techniques for Anxiety Disorders
Class 13	*Cultural Competence* Adapting Evidence-Based Interventions

Class 14	*Therapist Self-Disclosure*
	    Self-Disclosure
	    Maintaining Boundaries in Psychotherapy

Class 15	*Therapist Self-Care and Vicarious Trauma*
	    Self-Compassion
	    Maintaining Self-Care in Psychotherapeutic Environments
	    Role-Play Exercises

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Liberated Syllabus

INDIVIDUAL PSYCHOTHERAPY INTERVENTIONS

COURSE DESCRIPTION

The primary purpose of this course is to develop a solid foundation of psychotherapy knowledge and skills, with a particular focus on empirically-supported interventions within a deliberately culturally sensitive context. Students will learn basic communication skills, heighten self and interpersonal awareness, and develop skills to facilitate client change. Students will also explore the ways that their own culture and the culture of their clients can affect communication, connection, and healing. Additionally, students will become familiar with the empirical base--and its shortcomings--supporting the use of various skills and techniques in psychotherapy, as well as techniques to adapt interventions appropriately to address these shortcomings.

COURSE OBJECTIVES

By the end of the course, the student will be able to:

- Employ empirically-supported psychotherapeutic skills while always considering the tension of questioning the true "evidence base" behind them (what works for whom, when, when who is delivering them, etc.).
- Demonstrate knowledge of the empirical base--and the limitations--of different psychotherapeutic techniques.
- Build rapport and develop a trusting therapeutic alliance with clients.
- Initiate and navigate appropriate, explicit discussion with clients about culture.
- Conceptualize cases from multiple culturally-informed perspectives.
- Select appropriate interventions, given particular clients, problems, and cultural contexts.
- Provide sensitive and useful consultative feedback to peer clinicians.
- Identify and appropriately address issues of diversity that require therapeutic adaptation.

COURSE REQUIREMENTS

CLASS PARTICIPATION (10% of the final grade): Students are expected to engage actively in the class. This includes participating in class activities around self-reflection, understanding their own culture and biases, and thinking through how these may impact their psychotherapy work. Participation will not be evaluated based exclusively on how much students speak during class discussions, as there are many ways to participate. Students will have many opportunities to show engagement in the material throughout the term.

STUDENT-RECRUITED PANEL (5% of the final grade; every student will get full credit for this when it occurs successfully): Students will work as a group and be fully responsible for "staffing" a panel of about four individuals to talk about what psychotherapy looks like in different settings and cultures. Students should be mindful to include a diverse range of individuals, including socio-demographic, cultural, and contextual diversity, different roles in the psychotherapy process (some providers, some clients), and a range of neuro- and psychological functioning. Students should also, however, be mindful not to expect panelists to fully represent or speak for any group other than themselves personally. The panelists will each be invited to speak about their experiences with psychotherapy for about 10 minutes, and after all panelists have presented, students will be expected to engage in a Q&A session with them about psychotherapy from their perspectives.

MIDTERM NON-PRESENTED POWERPOINT (20% of the final grade): Students will select and research a psychotherapy that is not traditionally considered "empirically supported" from a Western, peer-reviewed, quantitative perspective (e.g., indigenous therapies, Eastern practices, 12-step programs). Students will present their research (including a description of actual practices within the therapy, a discussion of its cultural support, and other discussion about the potential uses of the treatment) in a Power Point presentation to be turned in (not presented).

CASE CONCEPTUALIZATION PAPER (30% of the final grade): Students will prepare a final paper, due at the end of the term, focused on case conceptualization (the instructor may provide case vignettes; students may choose a character from fiction; or students may choose actual cases they are working with, if they are engaged in clinical work already). The paper should include two separate conceptualizations, one from a CBT perspective and one from another perspective of the student's choice. Each

of the two conceptualizations should explicitly address cultural and diversity issues throughout. Each conceptualization should also provide empirical support for the model presented, as well as a discussion of the limitations of the empirical support (i.e., where it might fall short for this individual client).

TRIADS (35% of the final grade): During weeks focused on specific clinical/psychotherapeutic skills, students will participate in experiential role-plays in groups of three. Each member of the group will rotate through being the "client," being the clinician, and being the observer. After each role-play, all three students will rate the clinician's demonstration of the focus skill on a common rubric. The "client" and observer will then give qualitative feedback to the clinician, before rotating roles. All rubric ratings (which include an item focused on whether culture was explicitly addressed in the work) will be submitted to the instructor of the course at the end of each activity period.

RESPECT FOR DIVERSITY AND INCLUSION

This course will aim to address the learning needs of all of the students. Every effort will be made to utilize materials and create a classroom environment that is respectful and inclusive of diverse voices, experiences, and identities. Acknowledging and honoring the diversity of student experiences and perspectives is essential to the deepening of knowledge. Suggestions about alternative and additional ways to honor the value of diversity and inclusion in this course are encouraged. If there are any conflicts between religious observances and course requirements, accommodations can be made.

Each individual in this class is a cultural being with a set of interactive identities that brings privilege and/or marginalization, on both the interpersonal and structural level (e.g., education, healthcare). Systems of oppression permeate all spaces, including the classroom. Acknowledging the reality of this oppression, practicing self-awareness around power and behavior, and seeking to repair mistakes are collective responsibilities held by all class participants.

COURSE SEQUENCE

Please note: These topics, assignments, and readings are subject to change. The readings below are just samples and examples of possible readings for a transformed syllabus.

	Topics	Some Suggestions for Instructors	Readings
Week 1	• Review and agreement of class ground-rules • Positionality (Who is delivering the EBP? Who's receiving it?) • Questioning Evidence-Based Practice (Whose Evidence Is It Anyway? What counts as "evidence"? What assumptions underlie what "evidence" survives?) • Considering Cultural Adaptation Throughout • Applying "psychological science" to human suffering—What assumptions are made? • Critical Psychology Perspectives?	WCSCI steinhardt.nyu.edu/center-counseling-and-community-wellbeing/wcsci Incorporating critical consciousness modules. sanfordinspire.org/wp-content/uploads/2016/10/Using_Critical_Consciousness_to_Challenge_Inequity_Resource-1.pdf	OPTIONS FOR ACROSS THE WEEKS: Petersén, A. C., & Olsson, J. I. (2015). Calling Evidence-Based Practice into Question: Acknowledging Phronetic Knowledge in Social Work, *The British Journal of Social Work*, 45(5), 1581–1597, https://doi.org/10.1093/bjsw/bcu020 Nevo, I., & Slonim-Nevo, V. (2011). The Myth of Evidence-Based Practice: Towards Evidence-Informed Practice, *The British Journal of Social Work*, 41(6), 1176–1197, https://doi.org/10.1093/bjsw/bcq149 Hays, P. A. (2009). Integrating evidence-based practice, cognitive–behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40*(4), 354–360. https://doi.org/10.1037/a0016250 Jones, J., Lee, L., Zigarelli, J. *et al.* (2017). Culturally Responsive Adaptations in Evidence-Based Treatment: the Impact on Client Satisfaction. *Contemporary School Psychology*, 21, 211–222. https://doi.org/10.1007/s40688-016-0118-6 La Roche, M. J., & Christopher, M. S. (2009). Changing paradigms from empirically supported treatment to evidence-based practice: A cultural perspective. *Professional Psychology: Research and Practice, 40*(4), 396–402. https://doi.org/10.1037/a0015240 Brown, L. S. (2006). Still Subversive After All These Years: The Relevance of Feminist Therapy in the Age of Evidence-Based Practice. *Psychology of Women Quarterly*, 30(1), 15-24. doi:10.1111/j.1471-6402.2006.00258.x Zigarelli, J. C., Jones, J. M., Palomino, C. I., & Kawamura, R. (2016). Culturally Responsive Cognitive Behavioral Therapy: Making the Case for Integrating Cultural Factors in Evidence-Based Treatment. *Clinical Case Studies*, 15(6), 427–442. https://doi.org/10.1177/1534650116664984 Efficacy vs. Effectiveness; Internal vs. External Validity Christopher, J. C., Wendt, D. C., Marecek, J., & Goodman, D. M. (2014). Critical cultural awareness: Contributions to a globalizing psychology. *American Psychologist*, 69(7), 645–655. doi:10.1037/a0036851 Bernal G, & Scharrón-del-Río, M. R. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity in Ethnic Minority Psychology*, 7(4, 328-42. doi: 10.1037/1099-9809.7.4.328. PMID: 11759270. French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Duenas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist, 48*, 14-46. DOI: 10.1177/0011000019843506 Mosley, D. V., Hargons, C. N., Meiller, C., Angyal, B., Wheeler, P., Davis, C., & Stevens-Watkins, D. (2020, March 26). Critical Consciousness of Anti-Black Racism: A Practical Model to Prevent and Resist Racial Trauma. *Journal of Counseling Psychology*. Advance online publication. http://dx.doi.org/10.1037/cou0000430

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Week 2	• Self-Reflection, Personal Assumptions and Biases in Clinical Practice	Reflective Local Practice activity in class Use positionality as a lens and consider having students complete a positionality or social identity map seen in Jacobson & Mustafa (2019) newdiscourses.com/tftw-position-positionality	Sandeen, E., Moore, K. M., & Swanda, R. M. (2018). Reflective local practice: A pragmatic framework for improving culturally competent practice in psychology. *Professional Psychology: Research and Practice, 49*(2), 142–150. https://doi.org/10.1037/pro0000183 Positionality: Jacobson, D., & Mustafa, N. (2019). Social identity map: A reflexivity tool for practicing explicit positionality in critical qualitative research. *International Journal of Qualitative Methods, 18*, 1-12.
Week 3	• Common Factors in Psychotherapy • Culture and Common Factors/Humanistic Perspectives • Making culture explicit and navigating difference in the therapeutic relationship	TRIADS-practice and demonstrate explicit discussion about culture with a "client"	www.multiculturalmentalhealth.ca/en/clinical-tools/cultural-formulation Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C., & Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations, 2*(4), 221-233. doi:10.1037/pri0000055 Pitner, R. O., & Sakamoto, I. (2005). The role of critical consciousness in multicultural practice: Examining how its strength became its limitation. *American Journal of Orthopsychiatry, 75*, 684-694. DOI: 10.1037/0002-9432.75.4.684 Whaley, A. L., & Davis, K. E. (2007). Cultural competence and evidence-based practice in mental health services. *American Psychologist, 62*, 563-574.
Week 4	• Cognitive-Behavioral Therapy (CBT) Evidence • CBT Applied to Diverse Populations • What's Missing from the CBT Evidence		Graham, J. R., Sorenson, S., & Hayes-Skelton, S. A. (2013). Enhancing the Cultural Sensitivity of Cognitive Behavioral Interventions for Anxiety in Diverse Populations. The Behavior therapist, 36(5), 101–108. Zigarelli, J. C., Jones, J. M., Palomino, C. I., & Kawamura, R. (2016). Culturally responsive cognitive behavioral therapy: Making the case for integrating cultural factors in evidence-based treatment. Clinical Case Studies, 15(6), 427-442.
Week 5	• CBT Case Conceptualization and Treatment Planning • Assumptions in CBT Case Conceptualization (decontextualized problems, medical model, non-systems focused, individualistically-culturally-oriented, etc.)	Case Vignettes	Cultural Adaptations of CBT researchgate.net/ publication/319947798_Cultural_Adaptations_of_Cognitive_Behavioral_Therapy net/publication/319947798_Cultural_Adaptations_of_Cognitive_Behavioral_Therapy Wang, D. C., Aten, J. D., Boan, D., Jean-Charles, W., Griff, K. P., Valcin, V. C., Davis, E. B., Hook, J. N., Davis, D. W., Van Tongeren, D. R., Abouezzeddine, T., Sklar, Q., & Wang, A. (2016). Culturally adapted spiritually oriented trauma-focused cognitive-behavioral therapy for child survivors of restavek. *Spirituality in Clinical Practice, 3*(4), 224-236. https://doi-org.ezproxy.library.univ.edu/10.1037/scp0000101
Week 6	• CBT Skills 1 (cognitive interventions) • What works for whom and when?	TRIADS-practice and demonstrate cognitive interventions	Graham, J. R., Sorenson, S., & Hayes-Skelton, S. A. (2013). Enhancing the Cultural Sensitivity of Cognitive Behavioral Interventions for Anxiety in Diverse Populations. *The Behavior Therapist, 36*(5), 101–108. Bercean, A. V., Breen, L. J., McEvoy, P. M., Yeak, S., & Rooney, R. (2020). Improving the cultural sensitivity of cognitive-behavioral therapy for Chinese migrants with depression: Community members' and clinicians' perspectives. *Professional Psychology: Research and Practice, 51*(6), 613-622. https://doi.org/10.1037/pro0000326.supp

Week 7	• CBT Skills 2 (behavioral interventions) • What works for whom and when?	TRIADS-practice and demonstrate behavioral interventions	Graham, J. R., Sorenson, S., & Hayes-Skelton, S. A. (2013). Enhancing the Cultural Sensitivity of Cognitive Behavioral Interventions for Anxiety in Diverse Populations. *The Behavior therapist*, *36*(5), 101–108. Benuto, L. T., & O'Donohue, W. (2015). Is culturally sensitive cognitive behavioral therapy an empirically supported treatment? The case for Hispanics. *International Journal of Psychology and Psychological Therapy*, *15*, 405–421
Week 8	• CBT Skills 3 (psychoeducational interventions) • What works for whom and when?	TRIADS-practice and demonstrate psychoeducational interventions	Graham, J. R., Sorenson, S., & Hayes-Skelton, S. A. (2013). Enhancing the Cultural Sensitivity of Cognitive Behavioral Interventions for Anxiety in Diverse Populations. *The Behavior therapist*, *36*(5), 101–108.
Week 9	• Transtheoretical and Unified Protocol Models • Motivational Interviewing • Application to different cultures	TRIADS-practice and demonstrate motivational interviewing interventions	Arora, P. G., Godoy, L., & Hodgkinson, S. (2017). Serving the underserved: Cultural considerations in behavioral health integration in pediatric primary care. *Professional Psychology: Research and Practice*, *48*(3), 139–148. https://doi.org/10.1037/pro0000131 Benuto, L. T., Newlands, R., Singer, J., Casas, J., & Cummings, C. (2020). Culturally sensitive clinical practices: A mixed methods study. *Psychological Services*. https://doi.org/10.1037/ser0000493 Lee, C. S., Colby, S. M., Rohsenow, D. J., Martin, R., Rosales, R., McCallum, T. T., Falcon, L., Almeida, J., & Cortés, D. E. (2019). A randomized controlled trial of motivational interviewing tailored for heavy drinking latinxs. *Journal of Consulting and Clinical Psychology*, *87*(9), 815–830. https://doi.org/10.1037/ccp0000428 Brondino, M. J., Henggeler, S. W., Rowland, M. D., Pickrel, S. G., Cunningham, P. B., & Schoenwald, S. K. (1997). Multi-systematic therapy and the ethnic minority client: Culturally responsive and clinically effective. In D. K. Wilson, J. R. Rodrigue, & W. C. Taylor (Eds.), *Application and practice in health psychology. Health-promoting and health-compromising behaviors among minority adolescents* (p. 229–250). American Psychological Association. https://doi.org/10.1037/10262-010 Montgomery, L., Burlew, A. K., Kosinski, A. S., & Forcehimes, A. A. (2011). Motivational enhancement therapy for African American substance users: A randomized clinical trial. *Cultural Diversity and Ethnic Minority Psychology*, *17*(4), 357–365. https://doi.org/10.1037/a0025437 (This is a special issue, Working to Reduce Health Disparities)
Week 10	• Student-Recruited Panel on...EBP in your own community	Community and citizen perspectives in training www.apa.org/about/governance/citizen-psychologist/curriculum https://www.apa.org/ed/precollege/ptn/2016/09/psychologically-literate-citizen	

Week 11	• Feminist, Queer, and Liberation Psych Perspectives	Case Vignettes	Carr, E. R., & West, L. M. (2013). Inside the therapy room: A case study for treating African American men from a multicultural/feminist perspective. *Journal of Psychotherapy Integration*, 23(2), 120–133. https://doi.org/10.1037/a0031422
			Eaton, N. R. (2014). Transdiagnostic psychopathology factors and sexual minority mental health: Evidence of disparities and associations with minority stressors. *Psychology of Sexual Orientation and Gender Diversity*, 1(3), 244–254. https://doi.org/10.1037/sgd0000048
			Burton, M. (2013). Liberation psychology: A constructive critical praxis. *Estudos de Psicologia (Campinas)*, 30, 249-259. 10.1590/S0103-166X2013000200011.
			Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counseling and Development, 86*, 288-295.
			Hanna, F. J. (2011). Freedom: Toward an integration of the counseling profession. *Counselor Education and Supervision, 50*, 362-385.
			Semp, D. (2011) Questioning heteronormativity: using queer theory to inform research and practice within public mental health services, *Psychology & Sexuality, 2*(1), 69-86, DOI: 10.1080/19419899.2011.536317
			Israeli, A. L., & Santor, D. A. (2000) Reviewing effective components of feminist therapy. *Counselling Psychology Quarterly, 13*(3), 233-247, DOI: 10.1080/095150700300091820
Week 12	• Culturally-Responsive Case Conceptualization and Treatment Planning	Case Vignettes	crsjguide.pressbooks.com/chapter/cc14/
			Cuellar, I., Martinez, C., Jimenez, R., & Gonzalez, R. (1983). Clinical Psychiatric Case Presentation: Culturally Responsive Diagnostic Formulation and Treatment in an Hispanic Female. *Hispanic Journal of Behavioral Sciences, 5*(1), 93–103. https://doi.org/10.1177/07399863830051006
Week 13	• Suicide Assessment and Management • Collaborative Assessment and Management of Suicidality • Cultural meaning of suicidality	TRIADS-practice and demonstrate CAMS evaluations	Jobes, D. (2016). Managing suicidal risk: A collaborative approach (2nd ed.). Guilford Press.
			Understanding Black Suicidality: cams-care.com/resources/educational-content/a-guide-to-contextualizing-the-reality-of-systemic-racism-and-black-suicidology-part-3-working-with-suicidal-black-youth
			Chung-Do, J. J., Bifulco, K., Antonio, M., Tydingco, T., Helm, S., & Goebert, D. A. (2016). A cultural analysis of the NAMI-NH Connect Suicide Prevention Program by rural community leaders in Hawai'i. *Journal of Rural Mental Health, 40*(2), 87–102. https://doi.org/10.1037/rmh0000044
Week 14	• Third Wave Interventions (ACT, MBCT, DBT, etc.) • Cultural implications of third wave interventions		Fuchs, C., Lee, J. K., Roemer, L., & Orsillo, S. M. (2013). Using Mindfulness- and Acceptance-Based Treatments With Clients From Non-dominant Cultural and/or Marginalized Backgrounds: Clinical Considerations, Meta-Analysis Findings, and Introduction to the Special Series. *Cognitive and behavioral practice, 20*(1), 1–12. https://doi.org/10.1016/j.cbpra.2011.12.004
			Hayes, S. C., Muto, T., & Masuda, A. (2011). Seeking cultural competence from the ground up. *Clinical Psychology: Science and Practice, 18*(3), 232–237. https://doi.org/10.1111/j.1468-2850.2011.01254.x
			Masuda, A., Ng, S. Y., Moore, M., Felix, I., & Drake, C. E. (2016). Acceptance and commitment therapy as a treatment for a Latina young adult woman with purging: A case report. *Practice Innovations, 1*(1), 20–35. https://doi.org/10.1037/pri0000012

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Module 3: Liberating and transforming our curriculum toward social responsiveness across all levels of training

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ONLINE RESOURCES

cte.ku.edu/creating-inclusive-syllabus

luc.edu/fcip/professionaldevelopment/anti-racistpedagogyseries/

modules.sanfordinspire.org/wp-content/uploads/2016/10/Using_Critical_Consciousness_to_Challenge_Inequity_Resource-1.pdf

contemplativepracticesforantioppressionpedagogy.com

mlpp.org/21-day-racial-equity-challenge/#1563823093248-b9ca8739-38fb

mlpp.org/21-day-racial-equity-challenge/#1563823093248-b9ca8739-38fb

ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/photovoice/main#:~:text=change%20their%20situations.-,What%20is%20Photovoice%3F,and%20share%20them%20with%20others

docs.google.com/document/d/1PrAq4iBNb4nVIcTsLcNlW8zjaQXBLkWayL8EaPlhobc/mobilebasic

sacd.sdsu.edu/cie/cie-resources/syllabus-statements

docs.google.com/document/d/1ydqHnUeaHPGT6jkOgtHiDiWh1U1ogs_aFWhoam_7vvM/edit

howtotalkaboutdiversity.com

heterodoxacademy.org/blog/diversity-related-training-what-is-it-good-for/

liberatedgenius.com/about/

www.fastonlinemasters.com/affordable/nursing/healthcare-equity-resources/

Curriculum Transformation Readiness Toolkit

OVERVIEW: WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE?

There has been increased interest in making our curriculum and training more inclusive and more focused on social justice at all levels of psychology training. However, despite the interest, what and how psychology is taught has not been drastically changed. Some of this may be due to various individual, cultural, and institutional barriers such as attitudes, climate, lack of readiness, and limited resources and competence. In order to move forward and make systemic changes within and across training programs of all types, it is important to evaluate the readiness, motivation, and competence of faculty to make these changes. Although there is a need for practical tools, resources, and strategies, it is also essential that faculty members, training directors, staff, supervisors, and all involved in training engage in a process of self-assessment to gauge their skill level, readiness, and willingness to make meaningful curriculum changes. Among training staff and faculty, there may be discomfort, resistance, or uncertainty that need to be understood and addressed. If we are unable to address these issues, it is unlikely that our efforts to transform our curriculum and training will be successful, and therefore, we will continue to do harm.

GOAL: WHAT IS THE CHANGE WE ARE TRYING TO MAKE?

As part of the larger goal of liberating and transforming the curriculum and all levels of training, it is vital that we assess and understand faculty motivation and readiness to engage in this change process. Through addressing and assessing motivation, readiness, and competence, we will have a sense of the varying levels of comfort, awareness, knowledge, and skills and will therefore know how to best proceed. Through deeper understanding of behavioral change models and knowledge about how white supremacy values and attitudes are part of our training, we will increase our ability to address the individual, cultural, and institutional barriers that interfere with our ability to transform our curriculum.

This Readiness Toolkit provides resources to help program chairs/training directors understand the level of readiness, motivation, and competence among their staff and faculty members. This knowledge will assist them in identifying where and how to intervene to ensure that their training program progresses towards a transformed and inclusive curriculum that centers equity, justice, inclusion, and the voices and research of BIPOC scholars and practitioners.

INTENDED AUDIENCE

This toolkit is intended for individual faculty, trainers/supervisors as well as training committees and program faculty.

TOOLKIT PRODUCTS

This Readiness Toolkit consists of two primary components. First, we created a document to guide faculty/trainers in their efforts to transform their curriculum. It is not enough for individual faculty members or trainers to change how and what they teach. Academic programs and internship/postdoctoral training programs must alter their underlying culture, perspectives, and practices to center transformation and create new training and teaching models. Underlying tenets are offered to share the beliefs and assumptions that undergird this toolkit. Next, we share a developmental model/approach to assist individual faculty members and trainers in examining their own perspectives. Without such self-examination, it is unlikely that academic and training programs will be able to move towards transformation. Then, a series of questions are offered to help faculty and trainers evaluate where their program is in the process of creating an anti-racist multicultural organization. Finally, some references and resources are shared to assist faculty members and trainers in their own development.

IMPLEMENTATION AND IMPACT

Success will involve wide dissemination of these tools across all levels of training with the goal of changing how we engage with faculty, trainers, and supervisors to ensure success. We will encourage users to distribute the tools via listservs, newsletters, and social media and to engage in scholarship on the impact of the interventions with the goal of sharing their perspectives or research results with others through a range of communication outlets including conferences, journals, newsletters, and social media. The anticipated impact utilizes a critical self and institutional evaluation that may challenge teaching, comfort with curriculum/training, recruitment and retention of BIPOC students, and faculty engagement in social justice. Feedback will provide opportunities to move toward anti-racist practices in teaching and training.

BASIC TENETS AND ASSUMPTIONS

- We view readiness as a developmental process with phases (see Continuum on Becoming an Anti-Racist Multicultural Organization).

- We view this developmental process as cyclical, that faculty and organizations can recycle through these phases.
- Everyone is on their own journey with this process; we believe that individuals (as well as academic programs/internship and postdoctoral training programs are best served when they choose activities and resources according to their own developmental phase/process.

This process occurs within an ongoing loop of critical self-reflection and action; action without thought equals harm and thought without action also equals harm.

DEVELOPMENTAL MODEL/PERSPECTIVES/ADDRESSING MODEL

A developmental perspective can be critical in assessing faculty and program readiness for the difficult and risky work of liberating and transforming the curriculum and anchoring future training within a social justice framework. While we may feel the need to rush to action during these dangerous times, it's important to concurrently cultivate awareness of our own individual social privilege. This moves from the tenant that well-intentioned action without awareness could inadvertently harm others and sabotage the work. Thus, we urge faculty to engage in a process of self-reflection starting with their own social privilege, exploring the dark corners of consciousness in order to build a foundation of intentionality and humility that can drive needed action. Below is an excerpt that offers the rationale for adopting a developmental perspective in this work to promote awareness.

The following is an excerpt from Bergkamp, J. Martin, A., & Olson, L. (In Press). Social Privilege: Flipping the Coin of Inequity. In *The Psychology of Inequity, Volume 1: Motivations and Beliefs*. Praeger Press.

A DEVELOPMENTAL PERSPECTIVE

Psychology has long been the source of developmental theory, spanning from the moral and cognitive to the sexual and social. Piaget (1976) established the dynamic cognitive leaps children make from birth to adolescence, influencing primary education ever since. Kohlberg (1981) took Piaget's model a step forward elucidating how our moral and ethical values increase in sophistication over time. Erikson (1968) labeled the essential tensions that define stages across the lifespan. Bandura (1997) bridged the behavioral and cognitive, positing that social learning results in self-efficacy. These models have infused contemporary Western thought, wrestling with questions of continuity versus discontinuity and stability versus change. They provide a temporal map that permits individuals to move and grow over time. The developmental perspective allows for progression and growth, accumulation and scaffolding, in which change is natural and normal.

While exploring different aspects, developmental models share certain characteristics. First, most models are value-neutral, pointing out what is the normal progression of human experience. For example, Piaget's stages capture how most children commonly learn over time versus how they should develop. Second, most models have cognition, affect, social and behavioral aspects to each stage in order to capture the full range of experience. Third, development is sequential and cumulative with each stage serving as an essential building block for the next stage. An individual usually does not skip a stage without some adverse consequences. And lastly, while developmental models are usually depicted in a linear fashion, it is common to regress, especially in times of change and stress. This results in a holarchical movement in which the individual may spiral between two stages.

As previously discussed, the arena of social privilege is fraught with shame, anger, and isolation. The "call-out culture" results in fear to open up to others about our confusion regarding the latent and inevitable racism, sexism, and ableism that have been ingrained in all of us. The Woke/Not Woke dichotomy gives no room for gray, only a demand that we think, say, and act on the ideal values of equity. While aspiring to move from an agent to an ally, we will all certainly struggle to shake the socialization that reinforces implicitly privileged thought, feeling, and behavior. Applying a developmental lens to social privilege can offer permission, relief, and encouragement in the unsettling task of acknowledging our privilege and moving to disrupt the structures and institutions that serve to gatekeep resources. Social privilege is implicit and covert, breeding on the lack of conscious awareness. The value-neutral developmental perspective counteracts the accusation of intentionality in social privilege and instead establishes that our lack of social privilege awareness is natural and normal. Thus, not being aware of our social location does not infer mal intent, despite its negative consequences on others. For example, Sue (2017) stated:

> This is not to deny that the majority of White Americans (and those in the counseling profession) do not (a) consciously value social justice; (b) consider themselves good, moral, and decent human beings; (c) stand against overt forms of racism (hate crimes); and (d) believe they would actively fight against injustice and unfairness (Dovidio, Gaertner, Kawakami, & Hodson, 2002). Despite this stance, however, White individuals are products of their social conditioning and prisoners of a White world-view that shapes and influences their racial reality (Bell, 2004). Thus, it may be overly harsh to conclude that they are too clueless and unenlightened about race and racism to be *true* White allies (p. 708).

Developmental psychologists would posit that an individual cannot simply jump from initial privilege awareness to sophisticated and nuanced ally behavior. Just like Piaget established that

a child cannot skip concrete thought and go directly to abstraction. Similarly, we do not simply go from not woke to woke, there are contributing factors, social interactions, and cognitive frameworks required for the development of effective allyship. Since development is sequential and cumulative, we must give ourselves and others permission to progress instead of demanding that we leap to the desired outcome.

Coming to terms with our own social location and privilege is difficult, and the fear of being called-out as not woke can be counterproductive. Developmental theory includes the aspect of regression, in which negative experiences can cause an individual to get stuck or sink into a prior stage. A sense of compassion for privileged individuals who are trying to increase their capacity of allyship can be a powerful motivator. Just as we soften when we see a child struggling to learn, we can offer ourselves some forgiveness in not fully understanding the pervasive power of our social privilege.

Psychologists have utilized a developmental perspective to elucidate racial identity development, which often alludes to racial privilege, but does not clearly call it out. Developmental models by Cross (1978), Thomas (1971; as cited by Ponterotto, 1988), and Root (1996) supported and guided the perspective shift from a singular reality to multiple realities and focused largely on the developmental experience of persons marginalized within American society. Models such as these could be resources to practicing psychologists, but the foundational guidelines for implementing such models in culturally competent practice have been mostly theoretical (D.W. Sue, 2004), philosophical, or aspirational (D.W. Sue, 2017; S. Sue, 2006). Contemporary critique of these models is that they focus solely on racial target ranks and put the burden of liberation squarely on the individual of color.

Psychologists must consider the use of models focused only on one side of a therapeutic relationship could "reinscribe White hegemony" (Spanierman, Poteat, Whittaker, Schlosser, & Arévalo Avalos, 2017, p. 619) and other systems of power. Ignoring the development of the psychologist as a factor in the relationship may cause more harm than benefit to the client. Helms (1984) and Ponterotto (1988) proposed developmental stage theories for White counselors while Bennett (1986) introduced a model for understanding the dynamics of an intercultural relationship: a relationship in which persons differed in their cultural background. These models assume the counselor is in a position of power over the client, which is often though not always the case.

Other than White Racial Identity Theory (Helms & Carter, 1993), the Psychosocial Costs of Racism to Whites Scale (Spanierman & Happner, 2004), the Racial Consciousness Development Model (Ponterotto, 1988), and the Model of Intercultural Sensitivity (Bennett, 1986), developmental theories specific to persons with privilege and in positions of power in American

society are conspicuously absent from the developmental or clinical psychology literature. Studies specific to training culturally competent therapists have either applied scholar-conjectured models in classroom training (Case, 2015; Ferber & Herrera, 2013; D. J. Goodman & Jackson III, 2011) or focused on small cohorts of culturally competent White counselors to explore growth of a culturally competent perspective (Atkins, Fitzpatrick, Poolokasingham, Lebeau, & Spanierman, 2017; Case, 2007; L. A. Goodman, Wilson, Helms, Greenstein, & Medzhitova, 2018; Ouellette & Campbell, 2014; Pruegger & Rogers, 1994)

Studies attempting to understand the counselor in a position of power have mostly focused on the racial identity experience of the White counselor or therapist. Sue (2017) asks "Describing a person's racial awakening and awareness is important, but how does it help us explain why some White individuals transform and others do not?" (p. 712).

Coming to terms with our own social location and the ascribed privilege, both in the personal and professional sense, is hard work. A developmental perspective can provide notions of permission, acceptance, progression, compassion, and hope. While there are various developmental models exploring racial identity and cultural competency, there are not many resources applied directly to social privilege. We encourage the field of psychology to contribute to this gap.

CONSIDERING THE SYSTEMS PERSPECTIVE

Using the following questions faculty/instructors/supervisors are encouraged to engage in critical self-reflection as they set curriculum, training goals, and teaching plans, while utilizing a systems perspective. The aim of the questions below is to improve awareness among faculty/instructors/supervisors and encourage them to reflect on their training models, prioritize anti-racist pedagogies, and examine how various aspects of organizational practices may be perpetuating systemic racism. In answering the following questions, individuals may deepen their understanding of how they and their organizations can continue to grow and develop anti-racist practices. This evaluation can be done multiple times, as one will likely change over time or may be well-developed in one area and less so in another. As individuals, we are all shaped by many factors including awareness, knowledge, identity, privilege, comfort, opportunities, accountability, and life experiences and it is essential that we examine and take the actions necessary for transformation.

The following questions are related to assessment of individual and organizational placement on the "Continuum on Becoming an Anti-Racist, Multicultural Organization" (Crossroads Ministry, n.d.) philanos.org/resources/Documents/Conference%202020/Pre-Read%20PDFs/Continuum_AntiRacist.pdf

1= Exclusive, An Exclusionary Institution

** Not relevant as no APA accredited doctoral academic programs or internship/ postdoctoral programs would be allowed to be an exclusionary institution.

2 = Passive, A "Club Institution"

1. What is the level of diversity among the faculty and training staff and is there a limited number of tokenized BIPOC*?

2. What are the official policies regarding diversity and/or social justice in your department/ internship/postdoctoral/clinical setting have?

3. What intentional efforts to include BIPOC members in all committees and decision-making positions exist in department/internship/postdoctoral/clinical settings?

4. What intentional and on-going efforts to increase the diversity of the faculty and training staff body exist in the department/ internship/postdoctoral/clinical setting?

5. What efforts or activities exist to intentionally examine White power and privilege and its impact on teaching, training, practices, decision-making, and other aspects of the organization's functioning?

6. What noticeable efforts exist to challenge and change monocultural norms, policies, and procedures of dominant culture?

7. How do faculty and training staff engage in discussions on issues of diversity and social justice frequently and publicly?

8. How do faculty and training staff respond to, accept, and/or embrace the discomfort, tension, and/or anxiety associated with engaging issues of diversity and social justice?

9. How are all faculty included in program decision-making?

10. When and how does it feel that your program is giving "lip service" to values of diversity and equity?

*Centola, D., Becker, J., Brackbill, D., & Baronchelli, A. (2018). Experimental evidence for tipping points in social convention. *Science, 360*(6393), 1116-1119. This study suggests that 25% is necessary critical mass to move beyond tokenism.

3 = Symbolic Change, A Compliance Organization

1. What official diversity-related policies (e.g., due process, recruitment of diverse faculty) does your organization have?

2. What are the ways in which your program's commitment to diversity is more "symbolic"? (e.g., we address it in our handbook but not in practice)?

3. When discussing multicultural issues, what groups do you include? To what extent do you address intersectionality among those groups?

4. What intentional inclusion efforts have you/your program carried out?

5. What changes have you seen as a result of your inclusion efforts?

6. How do you silence conflict or silence those who "make waves" among faculty/training staff/students?

7. Are there any individuals who are resistant to change? And are those few individuals pushing for change identified as "trouble-makers"?

4 = Identity Change, An Affirming Institution

1. What barriers to meaningful diversity and inclusion exist in your institution? What racial barriers exist in your institution?

2. What efforts are you making to support and ensure anti-racism training at all levels of your organization?

3. What systems have you put in place to address and measure the impact of policies or changes we have instituted to address systemic racism and institutionalized white privilege?

4. What steps have you taken in terms of actively promoting and supporting traditionally underrepresented and supported groups?

5. Would you define your organization as anti-racist? What areas are you neglecting in your policies and practices you are utilizing?

6. How does systemic racism impact your department/internship/postdoctoral/clinical setting?

7. How do you see institutionalized white power and privilege in your department/ internship/postdoctoral/clinical setting? Amongst faculty and staff? Students and trainees?

8. In what ways does your institution engage in an anti-racist stance? How so? How can it be improved? What is intentionally being done to identify as an "antiracist" institution?

9. What accountability measures are in place to address racial oppression in your department/internship/postdoctoral/clinical setting?

10. What commitments have you made in your program to dismantle racism and eliminate inherent white advantage? What actions have been taken to dismantle advantages for people who benefit from unearned privilege on the basis of race, SES, gender, and other identities?

11. How have you empowered members in your program (students, staff, faculty) from historically disadvantaged groups? How have you recruited from historically disadvantaged groups? Maintained and upheld their success in your program? Any potential barriers to their success in your program?

12. What structures are in place that perpetuate white power and privilege? How does one begin to dismantle and/or change these structures?

5 = Structural Change, A Transforming Institution

1. Has your institution completed the steps necessary to become an affirming institution, as described in Domain 4?

2. Based on the analysis of systemic racism within the organization, as conducted for domain 4, have you obtained a commitment to the process of intentional institutional restructuring from all levels of power within the department, program or institution? If not, how can you do so?

3. In celebrating the diversity of your community and organization, what restructuring have you done to your teaching, supervision, research, service and administration?

4. What aspects of the institutional life of your organization (e.g., department/ internship/ postdoctoral/clinical setting) currently serve as barriers to full participation of BIPOC and to inclusion of their worldview, cultures and lifestyles? How can these aspects and barriers be restructured to ensure the full participation of all members of your organization, particularly BIPOC? What is the auditing process you can use to ensure full participation of POC, including their worldview, culture and working styles?

5. Do your structures, policies and practices center inclusive decision-making and power sharing across all levels of the institution and all aspects of its work?

6. How are BIPOC faculty, staff and students reimbursed for extra tasks and programs they are required to do to implement structures, policies and practices with inclusive decision-making and other forms of power sharing at all levels of the organization?

7. How has your organization committed to the struggle to dismantle racism in the wider community? What are your benchmarks for success and what actions are being taken to reach them? Do you carry out a regular evaluation of progress and utilize the results to inform future committed action toward the dismantling of racism?

8. What types of outreach has your organization done to racially oppressed communities? Does your organization have clear lines of accountability to racially oppressed communities? How does your organization demonstrate this accountability on a regular basis?

9. In what tangible and intangible ways do you see your anti-racist multicultural diversity as an institutionalized asset? Would racially (and other) oppressed communities see your organization as one that is anti-racist and multicultural?

10. In what ways has your organization redefined and rebuilt all relationships and activities in society, such that they are now based on our anti-racist commitments?

6 = Fully inclusive, Anti-Racist Multicultural Organization in a Transformed Society

1. What do you do within your institution to monitor systemic racism and other forms of oppression?

2. What type of goal or visioning work has been done about what an antiracist program would look like? What plans have been developed? What work has been done to develop a liberatory training program?

3. What does your institution do to center and elevate diverse voices and perspectives and make sure all are involved in important discussions and decisions?

4. How do you maintain a sense of restored community and mutual caring in department/internship/postdoctoral/clinical setting?

5. How does your institution maintain active allyship with others in community involvement, advocacy, and activism (social responsiveness)?

6. How much administrative and financial support does your institution provide your faculty to be involved in state, regional, national, and international professional organizations that do antiracist and social justice work?

Continuum on Becoming an Anti-Racist Multicultural Organization

Exclusive — An Exclusionary Institution	2. Passive — A "Club" Institution	3. Symbolic Change — A Compliance Organization	4. Identity Change — An Affirming Institution	5. Structural Change — A Transforming Institution	6. Fully Inclusive Anti-Racist Multicultural Organization in a Transformed Society
∀ Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans	∀ Tolerant of a limited number of "token" People of Color and members from other social identify groups allowed in with "proper" perspective and credentials.	∀ Makes official policy pronouncements regarding multicultural diversity	∀ Growing understanding of racism as barrier to effective diversity	∀ Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity	∀ Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression.
∀ Intentionally and publicly enforces the racist status quo throughout institution	∀ May still secretly limit or exclude People of Color in contradiction to public policies	∀ Sees itself as "non-racist" institution with open doors to People of Color	∀ Develops analysis of systemic racism	∀ Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their world view, culture and lifestyles	∀ Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices
∀ Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels	∀ Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life	∀ Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff	∀ Sponsors programs of anti-racism training	∀ Implements structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the institutions life and work	∀ Members across all identity groups are full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interest
∀ Usually has similar intentional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc.	∀ Often declares, "We don't have a problem."	∀ Expanding view of diversity includes other socially oppressed groups	∀ New consciousness of institutionalized white power and privilege	∀ Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities	∀ A sense of restored community and mutual caring
∀ Openly maintains the dominant group's power and privilege	∀ Monocultural norms, policies and procedures of dominant culture viewed as the "righ" way" business as usual"	*But...*	∀ Develops intentional identity as an "anti-racist" institution	∀ Anti-racist multicultural diversity becomes an institutionalized asset.	∀ Allies with others in combating all forms of social oppression
	∀ Engages issues of diversity and social justice only on club member's terms and within their comfort zone.	∀ "Not those who make waves"	∀ Begins to develop accountability to racially oppressed communities	∀ Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments	∀ Actively works in larger communities (regional, national, global) to eliminate all forms of oppression and to create multicultural organizations.
		∀ Little or no contextual change in culture, policies, and decision making	∀ Increasing commitment to dismantle racism and eliminate inherent white advantage		
		∀ Is still relatively unaware of continuing patterns of privilege, paternalism and control	∀ Actively recruits and promotes members of groups have been historically denied access and opportunity		
		∀ Token placements in staff positions: must assimilate into organizational culture	*But...*		
			∀ Institutional structures and culture that maintain white power and privilege still intact and relatively untouched		

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Online Resources

www.sanyas.ca

www.sjncenter.org/resources-for-racial-equity-organizational-work

www.socalgrantmakers.org/news/evaluating-your-internal-practices-become-anti-racist-organization

ymcamidtn.org/sites/default/files/2020-07/misc-20-advancing-anti-racism-strategies-resource.pdf

leagueofchicagotheatres.org/anti-racism-edi-resources

www.edchange.org/multicultural/language/quotes_alpha.html#A

heterodoxacademy.org/blog/diversity-related-training-what-is-it-good-for

www.dismantlingracism.org

mlpp.org/21-day-racial-equity-challenge/#1563823093248-b9ca8739-38fb

www.aecf.org/resources/race-equity-and-inclusion-action-guide

Moving Toward Socially Responsive HSP Research Training

Moving Toward Socially Responsive HSP Research Training

OVERVIEW

Programs that seek to provide socially responsive (SR) research training in Health Service Psychology benefit when faculty and trainees share responsibility for identifying relevant shifts in research-related educational and training experiences. A move toward SR research training will likely require recalibrating what is meant by "good science" and going beyond philosophical and theoretical foundations of psychological science limited to western positivistic traditions or an over-reliance on so-called WEIRD samples. Faculty and students should also recognize the role of interpretive power in their research. Finally, SR research in Health Service Psychology assumes coordination and interdependence among those engaged in producing, consuming, and supporting research and the shared commitment to the health and wellbeing of society.

GOAL

Because health-related inequities undermine the health and wellbeing of all sectors of society, Health Service Psychologists should be socially responsive in their role as producers, consumers, or supporters of research. This toolkit can guide programs committed to socially responsive research training. It is recommended that programs begin by assessing capacity for and readiness to modify current approaches and consider ways to fully involve trainees in the process of program change.

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **Infographic Overview**
2. **Recommendations for producing, consuming and supporting socially-responsive research training**

Socially Responsive Research Training

Health-related inequities affect the wellbeing of all sectors in society. The 2020 Joint CCTC Conference brought together training councils to collaboratively develop resources to ensure that faculty are able to train the next generation of *Health Service Psychologists* (HSPs) to be socially responsive. These goals can be furthered by making socially responsive decisions when producing, consuming, and supporting research.

For more resources geared towards promoting social responsiveness within HSP, visit: **www.cctcpsychology.org**

Producing

- Building your Research Team
- Generating Research Questions
- Designing New Data Collections
- Analyzing Data
- Interpreting and Writing
- Disseminating

Consuming

- Situating Findings in Context
- Evaluating Research
- Applying to Clinical Work
- Applying to Teaching
- Applying to Policy-Making and Advocacy

Supporting

- Setting Curricula
- Mentoring Students
- Evaluating Students
- Instilling and Reinforcing Institutional Practices and Culture

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Social responsiveness involves using our professional role to 1) actively address key issues affecting the public while 2) seeking input from all stakeholders and 3) recognizing the interaction among our professional values, institutional structures, and personal biases. **All psychological science, regardless of the research area, will benefit by a commitment to incorporating additional aspects of social responsiveness into the research process**. Identifying key changes in research training will promote an inclusive science to serve all people.

Producing

Consider the impact of your research decisions in terms of how they either promote or interfere with social responsiveness. Without such consideration, default research practices will continue to perpetuate discrimination that unintentionally masquerades as science.

➔ **Table 1**

Consuming

Notice the merits of research based on its use of socially responsive research practices. Notice moments where a socially unresponsive decision may change the interpretation, generalization, or application of the research. Acknowledge that we all have areas in our own work to increase social responsiveness.

➔ **Table 2**

Supporting

Pursue opportunities to support and celebrate socially responsive research practices. Acknowledge and push against incentive structures within individual research groups, overall programs, and national organizations that interfere with sustained efforts to incorporate social responsiveness into research training.

➔ **Table 3**

Use Tables 1-3 to help identify areas where you are already making socially responsive decisions in producing, consuming, and supporting research training, and areas where you would like to work towards growth. These are intended to be living documents, modified as our understanding of socially responsive research improves and changes.

TABLE 1: SOCIALLY RESPONSIVE HSP TRAINING: PRODUCING RESEARCH

Note: Below is a step-by-step guide for faculty and students who are producing research. Use this table to identify areas where you are already making socially responsive decisions and areas where you want to grow. These are intended to be living documents, modified as our understanding of socially responsive research improves and changes.

STEP	RECOMMENDATIONS
1. Building a Research Team	
Members of research team	• Consider how your research team is formed. Encourage involvement of undergraduate and graduate students, postdoctoral trainees, staff, faculty, and community partners from diverse backgrounds and identities, considering intersecting factors such as age, race, ethnicity, gender, sexual orientation, ability, socioeconomic status, education, family structure, beliefs, geographic location, language, country of origin, and other lived experiences. • Appropriately compensate involvement from members of your research team. Consider financial incentives, academic incentives (e.g., course credits, work-study programs), as well as professional development incentives (e.g., authorship on papers, co-investigator roles). • Consider that some students from underrepresented backgrounds may not be aware of research opportunities or may vary widely in their prior knowledge about how to apply for research positions. Be prepared to reach out to qualified students from underrepresented groups and consider ways to address potential barriers to involvement (e.g., consider their financial means to accept volunteer positions). • Connect with the community by involving stakeholders and community advisory boards across stages of the research process (described below in this table). • Create opportunities for stakeholders to have decision-making roles on the team when feasible and appropriate (e.g., co-investigators, co-authors on papers or presentations). • Enlist consultants for perspectives on the team's engagement in social responsiveness.
Research team values	• Establish a research team mission statement that outlines core values and includes an explicit statement on social responsiveness. • Ensure that new research team members understand and commit to the mission of social responsiveness and how it informs the team's research agenda. • For each project, articulate how it will advance the team's mission in social responsiveness. • Engage in regular team discussions to reflect on how social responsiveness is being operationalized and addressed in the research projects.
2. Generating Research Questions	
Focus of questions	• Encourage faculty and students to diversify their research projects in relation to focus, aims, populations, and methods. • Include aims that benefit marginalized and underrepresented populations. • Encourage research questions framed with a strengths-based perspective for groups that are historically underserved and marginalized; avoid a deficit focus or frameworks that blame oppressed individuals and groups for the impact of oppression. • Include members of the sampled population/stakeholders in developing research questions. Explore diverse "ways of knowing" that incorporate community perspectives while further expanding upon conventional Western scientific methods (e.g., Simonds & Christopher, 2013). • Ensure that the team's research questions and line of inquiry are relevant and consistent with local communities' strengths, needs, and interests.

Accounting for culture and context	• Consider ways in which the research questions/design might contribute to or challenge existing bias or inequity. • Evaluate the literature used to frame the research question to ensure that any bias in perspective is intentionally acknowledged and minimized. For example, consider if the literature base provides a robust enough foundation for conducting research with groups that are underrepresented and marginalized and be explicit in indicating when it does not. • Ensure that the research questions and design address with-in group variation. • Take steps to minimize risk of any unintentional reinforcement of harmful stereotypes. • Analyze the extent to which systemic factors (e.g., institutionalized racism) and contextual factors (e.g., ethnic identity) could be influencing the topic of study. Use systems-centered language to describe the inevitable impact of systemic oppression on individuals and groups.
Self-reflection	• Engage in self-reflection when generating questions by asking: How are my various identities, values, experiences, biases, and worldview driving the question I am asking? • Intentionally reflect on the subjective quality of research questions and research subjectivities (e.g., biases), irrespective of the methodologies being employed. • Engage in cultural humility by systematically examining researcher perspectives, cultural context, social location and how these attributes are impacting the generation of research topics and research questions.
3. Research Design	
Participant Recruitment	• Consider potential distrust of medical providers and researchers based on the historical legacy of mistreatment of some groups by medical/academic professionals (e.g., Tuskegee syphilis study). Consider how potential distrust will impact recruitment engagement in research. • Avoid using or referring to participants from a majority identity (e.g., White, male, or heterosexual) as a "normative" comparison group. • Consider if the sample is a "convenience sample" and how using a convenience sample limits the interpretation and generalizability of the findings. Consider oversampling to ensure adequate representation of individuals from marginalized groups. • Engage members of the target community in designing the recruitment and retention plans.
Methods and Measures	• Consider using both quantitative and qualitative methods (i.e., mixed methods). • Consider engaging stakeholders in research efforts, such as through the use of Community-Based Participatory Research (CBPR) or Participatory Action Research (PAR) methods. • Evaluate the reliability and validity of measures used when drawing inferences about groups represented by research participants. • Consider cultural equivalence of measures used (e.g., issues of cultural bias and measurement error in the development and/or adaptation of assessment tools). • Measure aspects of identity using inclusive language. • Consider the language of the tools being used in relation to the languages of the potential participants. • Seek to align research questions, experimental tasks, and/or interventions under study with participants' lived experiences. Specifically, design interventions that carefully consider contextual and cultural factors to help maximize ecological validity of experimental tasks and to ensure treatment acceptability and appropriateness of interventions.

Procedures	• Consider the interpersonal context of researcher-participant interaction. In particular, take into consideration how researcher demographics (e.g., race/ethnicity) might influence the experiences of participants during data collection.
	• Routinely assess and report race and ethnicity of all participants, including heterogeneity in race/ethnicity within minoritized samples (if this does not compromise participant confidentiality/anonymity). When reporting on race/ethnicity and other identity factors, provide participants with the option to select multiple identities, in order to capture multi-racial/bi-racial identities and others, rather than restricting to one category.
	• Consider barriers to participation and develop strategies for reducing those barriers.
	• Consider establishing and using a community-advisory board to address questions about potential bias or barriers.

4. Data Analysis	
Analyzing data	• Avoid treating race/ethnicity and socioeconomic status as "nuisance" variables. If power is sufficient, consider exploring potential subgroup differences (e.g., testing for moderation), including intersectionality of identity variables.
	• As appropriate, engage confirmatory factor analysis (CFA) or other types of validity analyses to ensure that measures are appropriate for populations being examined.
Interpreting analyses	• When reporting race/ethnicity-related differences, make an effort to test for potential contextual/social explanatory factors (e.g., mediators) that could explain group differences and reveal social determinants of health that are the root causes underlying racial disparities.
	• Consider how community members and key stakeholders interpret these results. Engage in validity checks and think about what other factors have not been fully considered.

5. Writing	
Study constructs	• Consider multiple perspectives and alternative conceptualizations when describing the constructs under study.
	• Evaluate if the constructs under study are specific to a particular cultural background, even if typically considered a "universal" construct.
Relevance of research problem	• Discuss how the research problem is relevant to the interests and needs of the participants and local community.
Theoretical framework	• Use frameworks that consider the cultural and historical contexts of participants' lives.
	• Acknowledge limitations of generalizability when connecting to extant theoretical frameworks.
Participant characteristics	• Routinely describe the multiple demographic characteristics of participants; provide greater detail for characteristics that are relevant to the research questions being asked.
	• Describe institutional contexts and other structural characteristics that are relevant to participants and the research being conducted.
Researcher characteristics and setting	• Acknowledge potential sociocultural and historical contextual factors in the research setting that may be influencing the research process.
	• Describe the demographic characteristics of the researchers as well as their power and positionality (e.g., insider/outsider) relative to the participants (e.g., in Author Notes, a statement at the front of the manuscript, or in the Discussion section).
Sampling procedures	• Discuss efforts to include diverse populations that are relevant to the research questions.
	• Indicate if the sample is a "convenience sample" and how using a convenience sample limits the interpretation and generalizability of the findings.

Data collection strategy and measure selection	• Provide a rationale for the data collection strategy, including considerations of cultural and linguistic preferences and needs. • Describe the limitations of the assessment tools used regarding psychometric quality for the population under study as well as the steps that could be taken to gather validity evidence. • Describe the ecological validity of measures selected, including how well measures or interventions tested align with participants' lived experiences and, if not, why this was not possible or feasible.
Data analysis and interpretation	• Discuss research questions and hypotheses and interpretations of findings with colleagues who are knowledgeable about the population being studied. • Discuss findings with members of the target group to enhance data interpretation and to identify additional factors to consider in future studies. • Consider cultural, contextual, and structural factors that may be influencing results, as well as structural/contextual barriers that may impede following through on recommendations made. • Recognize that participants' cultural and contextual backgrounds are complex and dynamic factors rather than static and unchanging constructs. • Consider potential contextual mediators and influences from institutionalized and structural inequities when interpreting differences among demographic subgroups. • Contextualize findings in terms of robustness (size of effects), types of inferences that can be drawn (e.g., correlational, causal), novelty (e.g., first study or 5th replication), and generalizability (e.g., applicable groups, regions of the country). • Solicit input from community stakeholders regarding the implications of and recommendations of the findings.
6. Disseminating Research	
Dissemination	• Make meaningful efforts to disseminate research findings beyond the usual scientific circles (i.e., journals, colleagues), including outlets with wider community and public engagement (e.g., social media, blogs, vlogs, newsletters, community forums). • Share research findings with members of communities represented in the sample and use research findings to advocate for community needs. • Discuss ways that research findings can be used to potentially benefit (or may possibly harm) communities of interest in the short and long term. • Include community advisory members and partners in dissemination efforts and presentations.

TABLE 2: SOCIALLY RESPONSIVE HSP TRAINING: CONSUMING RESEARCH

Note: Below is a step-by-step guide for faculty and students when consuming/using research in applied settings. Use this table to identify areas where you are already making socially responsive decisions and areas where you want to grow. These are intended to be living documents, modified as our understanding of socially responsive research changes.

STEP	RECOMMENDATIONS
1. Reading and Interpreting Research Findings (regardless of application)	
Awareness of psychological research in context	• Ensure that all research team members have an understanding and an appreciation for the role of interpretive power in the use of research findings. • Increase awareness and knowledge about the ways in which psychological research impacts and is impacted by structures of power and systemic factors (e.g., racism). • Increase awareness and knowledge about the historical context of psychological and medical research, including the historical legacy of mistreatment by medical/academic professionals (e.g., Tuskegee syphilis study). • Increase awareness and knowledge of the demographic characteristics of individuals involved in psychological research, including the long history of under-representation of researchers from marginalized groups, which influences the types of research questions asked and the interpretation of findings. • Increase awareness and acknowledge the decision-making power of funding institutions and journal editors/reviewers, which directly influence the types of research findings funded and published.
Evaluation of research	• Consider the extent to which the research meets the goals and recommendations outlined above for socially responsive production of research (Table 1). • Discuss research findings with colleagues with differing experiences to identify applications, limitations, biases, and possible alternative explanations.
2. Using Research Findings in Applied Settings	
Clinical applications	• Examine the extent to which underrepresented and marginalized groups were included in the research, particularly when generalizing research results to specific patients/clients in clinical settings. If the research findings have not been replicated in a specific identity or social group, consider the risk for misapplication of findings and potential impact on clinical outcomes particularly for historically underrepresented, marginalized, or oppressed groups. • In the absence of well-powered research that investigates group differences in treatment effects, the strongest empirically supported treatments to date should be offered. Well-powered, rigorous research on subpopulations should be conducted to further investigate fit across underrepresented groups. • Consider ways in which individual-level factors (e.g., researcher biases) and system-level factors (e.g., institutional racism) might have impacted the research findings and their clinical implications.
Teaching and educational settings	• Seek to include research by scholars from diverse backgrounds in course readings. • Consider the extent to which selected readings leverage interpretive power (i.e., understanding individuals' experiences/behaviors in relation to their cultural contexts). • Consider the extent to which selected readings include a range of methodologies (e.g., quantitative, qualitative, mixed, participatory) that allow for a more complete understanding of the phenomena in the populations being studied.
Policy and advocacy	• Advocate for the inclusion of positionality statements on how researchers' own cultural values, experiences, and assumptions shape their empirical approach. • Advocate for research that supports policies within educational programs, hospitals, clinics, and communities that serves to dismantle systemic injustices.

TABLE 3: SOCIALLY RESPONSIVE HSP TRAINING: SUPPORTING RESEARCH

Note: Below is a step-by-step guide for faculty when supporting student training in socially responsive research. Use this table to identify areas where you are already making socially responsive decisions and areas where you want to grow. These are intended to be living documents, modified as our understanding of socially responsive research changes.

Entity / Level	Initiative / Need
Curriculum	• Coursework/training should cover the history of systemic racism in psychology and ways in which psychological research has been harmful or used as a tool for oppression. • Coursework/training should address how one's own academic institution has impacted local communities and implications for doing research with these communities. • Coursework/training (e.g., a course in research methods) should be organized and taught with attention to socially responsive research by, for example, including lectures and readings on how social responsiveness should be considered or included in all phases of the research process. • Coursework/training should include methodological approaches that capture the experience and needs of marginalized groups, including qualitative and mixed methods approaches and community-based participatory research.
Research mentoring	• Research advisors/mentors should evaluate the limitations of all research approaches, models, and assumptions, including the traditional and emerging ones, and embrace a broader view of acceptable approaches. • Mentors should be able to describe and clearly demonstrate how they have implemented principles of social responsiveness into their own research. • Mentors should support student interest and training in socially responsive research activities. • Mentors should encourage all students to consider implications of social responsiveness regardless of research topic.
Student evaluation	• Programs/departments should broaden the range of research methods that they support for student projects including mixed-method approaches (i.e., quantitative and qualitative methods) and other approaches that may enhance social responsivity (e.g., community based participatory research (CBPR), participatory action research (PAR) methods). • Consideration of socially responsive practices should become the norm, along with more traditional considerations, regardless of the specific topic of research. • Programs/departments should evaluate trainees' research, in part, on the degree to which social responsiveness was considered and included at each step of their work. The use of a checklist or rubric for such evaluations is encouraged.
Institutional practices and culture	• Institutions should prioritize recruitment, hiring, and retention of faculty whose scholarship directly addresses socially responsive topics and/or regularly uses socially responsive methods and considerations within their studied topic. • Institutions must work to create and reinforce a culture of socially responsive research, including, for example, self-evaluation of areas of growth and raising expectations for socially responsive scholarship across settings (individual mentoring, courses, meetings, departmental presentations). • Institutions should incorporate and value socially responsive scholarship in decisions regarding faculty tenure, promotion, and raises while recognizing current challenges to funding and publishing such research. • Institutions should encourage advocacy, action research, and "public scholarship" disseminated through nontraditional means such as social media, blogs, interviews, as well as more traditional outlets.

HYPOTHETICAL EXAMPLES OF PROGRAM IMPLEMENTATION

Making substantial changes in how programs provide research training in Health Service Psychology (HSP) can be difficult. Bridges et al. (2017) suggested training programs first identify the level of investment or commitment they can make, ranging from "dipping a toe" to "diving in" (p. 169). Offered here are hypothetical examples of how programs can begin to shift towards socially responsive HSP research training. Such changes are ideally and most productively made in a spirit of shared responsibility between faculty and participating trainees. By adopting a collaborative change process, programs can ensure that programmatic shifts are themselves educational.

Minimal investment. Programs that prefer making incremental changes to their research training could start with a single aspect of training in lieu of sweeping modifications across the curriculum. A minimal approach could involve small shifts that are feasibly implemented and periodically evaluated, thereby informing decisions about future investments. A minimal investment could be led by a single faculty member, thereby avoiding a premature request for program-wide support. As one example, doctoral training programs could concentrate initially on revising its introductory course in research methods. Another example might involve review of how training faculty offer research mentoring. This approach places initial emphasis on faculty competence in conducting socially responsive HSP research, which should indirectly enhance research mentoring.

Maximal investment. Programs that seek a more substantial investment in socially responsive HSP training should first assess faculty readiness for change and the degree to which there is consensus for planned changes. Indeed, a useful starting point might involve crafting a *program mission statement* that can guide subsequent efforts to move toward socially responsive HSP research training. Another avenue for promoting a broader set of changes could involve *establishing expected competencies* pertaining to socially responsive HSP research training (e.g., Fassinger and Morrow 2013; Fouad et al., 2009). ***Recommendations offered in our toolkit are a step forward, but training programs should ultimately develop clear, concrete expectations and behavioral anchors (i.e., knowledge, attitudes, skills) for trainee competence in socially responsive HSP research training.*** If programs are truly committed to socially responsive HSP training, faculty and trainees will need to operate from a shared set of concrete expectations, explicit learning outcomes, and competency benchmarks. Tables 1-3 in our toolkit provide recommendations for *training faculty*, but these recommendations can also be used to identify key competencies *for trainees* in the domain of socially responsive HSP research training.

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*SYLLABUS REPOSITORY: A shared repository of syllabi for research methods courses that emphasize socially responsive HSP research training was created on Google Drive. If you have a syllabus that you are willing to share with other faculty, we encourage you to share it in this folder: https://drive.google.com/drive/folders/1AWdk6toBZTo1MGzYcLB2Iky5vFroFdyG?usp=sharing

Socially Responsive Ethics and Professionalism

Socially Responsive Ethics and Professionalism

OVERVIEW

Ethics codes and standards were developed from a colonized viewpoint and therefore, are not reflective of the larger population. Consideration needs to be given to inclusive ethical decision making. As well, consideration of social awareness and responsiveness as key professionalism attributes over the psychologist's career span (lifelong learning) are considered.

GOAL

Improve knowledge of and subsequent access to within our field to a socially responsive framework and lens when engaged in the actions of our profession specifically when faced with ethical dilemmas as well as just considering how we present to ourselves, our clients, our trainees, and our colleagues (professionalism). This will hopefully accomplish increased lifelong self-reflection and lifelong knowledge seeking.

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **Recommendations for equity, diversity, and inclusion in ethical decision making**
2. **Social Responsiveness in Professionalism Checklist**

    a) Social Responsive Tool for use with Professionalism Checklist

Recommendations for equity, diversity, and inclusion in ethical decision making

CORE ELEMENTS IN ETHICAL DECISION MAKING

Within health service psychology, there are several ethical decision-making models, many of which are anchored in the principle (Kitchener, 1984) or virtue (Meara et al, 1996) theories of ethics. We focused on three that are widely used: Knapp and colleagues (2015), Vasquez and Pope (2016) and Welfel (2016). These approaches have several common elements, including: a) identify the ethical issue(s) at play, b) consult with ethics codes and laws, c) consult with peers, d) consider (all) possible options, e) develop an action plan, and f) evaluate/reflect on course of action and outcome.

Identify the ethical issue

One of the first steps in any ethical dilemma is to carefully define and identify the problem. Across the models, there is an emphasis on identifying the multiple factors that are contributing to a dilemma. There is also a need to identify the key stakeholders in the dilemma, by determining who is being or will be impacted by your decision-making. This can include clients, supervisees, students, research participants, investigators, and the public, among others.

Consult with ethics codes and laws

A second common element in these guidelines is to consult with the APA and CPA ethics codes and the laws relevant to the jurisdiction in which the concern has emerged. Closely linked to identifying the problem, a careful reading of the ethics codes is likely to provide guidance for both defining the concern and presenting possible options for action. In addition to the ethics codes and standards, professional principles and guidelines are an important tool to consult. Importantly, psychologists are expected to aspire to these principles and also behave consistent with these aspirational guidelines. Finally, each jurisdiction has laws regulating the practice of psychology, and those laws must also be consulted when ethical dilemmas arise. Inherent in this step is the recognition that psychologists are obligated to follow professional codes and standards, as well as jurisdictional law, and are expected to abide by principles and guidelines.

Consult with peers and colleagues

It is important to recognize that peer consultation can help psychologists clarify their thinking and not rely too heavily on judgment made in isolation. Although this is recognized as an important step, extant guidelines do not provide substantial guidance on what qualifies as effective ways to engage with peers.

Consider (all) possible options

Across the decision-making models, there is recognition that multiple options may emerge as appropriate ethical resolutions. Not all options are equally effective for everyone. Some of these will clearly need to be ruled out because they are problematic or even harmful for one or more of the parties involved. However, the very nature of ethical dilemmas suggest that a single answer may not always be readily apparent.

Develop an action plan

Based on the careful steps elucidated in each decision-making model, an intentional action plan emerges. It is important to note that an action plan may also mean taking no action.

Evaluate/reflect on course of action

Finally, all of the authors recommend that psychologists spend time reflecting on the steps taken and outcome reached for each ethical dilemma, to further future learning. It is also critical to evaluate the impact of the actual actions taken on the involved stakeholders.

Each of these components is an important part of implementing ethical standards and responding effectively to ethical dilemmas. However, when examined from a socially responsive lens, it is also apparent that there are aspects of ethical decision-making that could be improved through intentional integration of culturally informed practices and considerations. Such integration will help psychologists and trainees develop an ethical decision-making approach that is more aligned with social justice.

OPPORTUNITIES TO EXPAND ETHICAL DECISION-MAKING MODELS

There are several rich culturally-informed perspectives on ethics and ethical decision-making developed by the Society of Indian Psychologists (SIP; Garcia & SIP, 2014), the National Latinx Psychological Association (NLPA; Domenech Rodríguez & Gallardo, 2018) and the Association of Black Psychologists (ABPsi; Whitten et al, 2019). Each of these commentaries places cultural values at the core of ethical practice. From those perspectives emerge a wide variety of alternative pathways to sound ethical decision-making. We have extrapolated some of the key ideas that can make ethical decision-making more socially responsive and culturally informed: expanding self-awareness, moving beyond self-awareness and self-reflection, explicitly integrate diversity and equity perspectives, and attending to power differentials.

Expanding self-Awareness

Welfel's (2016) model addresses the need to be sensitive and attentive to emerging ethical issues, with a focus on self-awareness, as the first step. We recommend expanding this by acknowledging that self-awareness to not only ethics but to the social and cultural context of ethics is an essential starting point to effective ethical decision-making. Even the most well-intentioned psychologist can improve their sensitivity to both ethics and culture as a first step in being socially responsive. As suggested by Garcia and colleagues (Garcia et al., 2003), one's view of the dilemma and the extent to which a situation is perceived as a dilemma can be influenced by one's awareness of their own cultural identity, acculturation, and role socialization. The Ethical Guidelines of the National Latina/o Psychological Association (NLPA) also provide guidance regarding professional activities as psychologists. Their guidelines are aspirational but note that "sociopolitical and cultural climates [that] are difficult, if not impossible to disentangle (Domenech Rodríguez & Gallardo, 2018, p.1."

Beyond self-awareness and self-reflection

By its very nature, self-reflection may not reveal implicit biases. We need to seek out ways to check on our own biases, be that relying on peers or mentors, or seeking out people with new and different perspectives to provide us with frank feedback. An important consideration for psychologists is to find a brave space (or a safe environment) in which to engage in this work, and also provide a space in which others can engage in this exploration in order to improve their own ability to engage in socially responsive decision-making.

It is also important to follow-up on our self-awareness of internalized bias and internalized racism by engaging in actions that will not only allow but require us to make changes after exploration. We need to understand how biases can interfere with our decision-making in a particular situation, be it clinical, teaching, or research, and take active steps to guard against this.

Ultimately, we assert that psychologists have an ethical obligation to take steps to undo our own internalized racism, implicit and explicit bias, and other sources of complicity with discriminatory practices and policies.

Explicitly integrate diversity and equity into the ethical decision-making process.

Unfortunately, the complexity of a diverse social community has largely gone unrecognized in formal ethical codes or approaches to making ethical decisions. This is particularly notable because there are other examples of historical evolution and culture change having an impact on ethical codes and decision-making. For example, increasing awareness of the abuse and exploitation of children led to several important changes in ethical practice that impacted safety decision-making and limits to confidentiality. The Belmont Report directly impacted the ethical conduct of research and was quickly reflected in ethical obligations and also the contemporary situation and the need for additional changes. Given that such changes are possible, what has kept our increased understanding of racism, inequity, and injustice from influencing ethical decision-making more directly?

In the present approaches to ethical decision-making, cultural considerations are often included in a later step. We argue that cultural and diversity considerations need to be present from the first step of identification, in order to truly understand the scope of impact in ethical circumstances for both individuals and communities. Clear examples of the centrality of culture in ethics are provided by both SIP and the NLPA. In their commentary on the APA Ethical Standards, both SIP and NLPA placed the need to attend to community and connectedness to others as the first consideration of ethics. This speaks to an orientation toward ethics that is substantially different from the current approaches to both the standards and the decision-making models.

Attend to power dynamics/differential

We need to attend carefully to the nature of power differential and recognize the myriad of ways in which it can exist in our relationships. Although often attached to the roles people play (for example, the power differential between trainees and supervisors), it is critical to note that power differential can also be derived from social locations and individual factors, including race and ethnicity.

Failing to acknowledge power differentials can contribute to poor ethical decision-making because we fail to know when our actions can cause harm to others. The perception of power differential, and possible risk, may also stymie communication and other aspects of the relationship in ways that may be harmful, or at least less than optimal.

We must consider the effect of a power differential in our professional relationships. "Psychologists who are aware of the ways that their social location has shaped their values and experiences are less likely to make faulty assumptions about collaborators or to inadvertently reinforce harmful power dynamics (Hailes et al, 2020, p. 3)." In ethical decision-making, minimizing harm is a central consideration, and so power dynamics should be integrated as well.

Whether they are providing psychological services, serving as teachers or supervisors, or conducting researchers, it is likely that psychologists are often active from a location of more power than the others with which they are engaging. Therefore, acknowledging power and then taking action to share power becomes an ethically relevant act.

What actions can we take to share power? Hailles and colleagues (2020) recommend that psychologists actively engage in collaboration as one strategy for sharing power. Collaboration with clients can include having clients decide on their goals for treatment and have input on the strategies or interventions selected to meet those goals. Collaboration with research participants might include using qualitative methodologies or participatory action research principles. Finally, psychologists can collaborate with communities by listening to what is important not only to individuals, but to larger groups and responding to their ideas or agendas, rather than developing our own.

It is important to also recognize that power of role and power of identity can intersect in ways that are both parallel and contradictory, adding complexity to both the relationships and the decision-making. (A young female provider working with an older male client, for example). Power of identity can be imposed on us by others, as well, based on visual cues, for example, that may or may not reflect our own identity.

A DECISION MAKING MODEL THAT EMPHASIZES AND INCORPORATES A FOCUS ON SOCIAL JUSTICE, DIVERSITY (INDIVIDUAL AND CULTURAL) FROM ALL VIEWS (PATIENT/CLIENT, PUBLIC, TRAINEE, SUPERVISOR)

Psychologists need a decision making model that will assist them to make decisions that incorporates and centers the perspectives of those who have not always been represented in previous ethical decision making models.

Step 1. Identify the issue with a wide lens. Attend to the individual, family, group, system, and community that will be impacted by the ethical dilemma that is present or emerging. Consider from the first moment the cultural and sociopolitical factors that may have led to the dilemma, may be shaping the behaviors of those involved in the dilemma, and may continue to resonate in the lives of stakeholders after a decision is made.

Step 2. Engage in self-reflection that includes a self-evaluation of your own biases, judgments, and potentially racist beliefs and practices. Ethical sensitivity and cultural sensitivity are partners in this self-exploration. The psychologist's ability to be aware of their own attitudes and emotional reactions toward cultural groups, as well as their own cultural identity, acculturation, and role socialization is an essential step in ethical sensitivity and self-reflection.

Step 3. Consult with ethical standards and laws. Read and study carefully the cultural commentaries on ethical standards, and consider the extent to which laws reflect equity and social justice principles.

Step 4. Consult with peers and supervisors. Identify colleagues who hold viewpoints and personal identities different from your own. Seek out a diversity of experiences & opinions, so that you can illuminate your own areas of lesser knowledge and potential bias. Consult with supervisors and professionals who have pertinent multicultural expertise (Garcia et al., 2003).

Step 5. Develop multiple options or pathways. Based on the cultural values of the client, determine the meaningful parties involved. Ensure that the courses of action being considered reflect the cultural worldview of the stakeholders involved. (Garcia et al., 2003).

Step 6. Develop and implement an action plan. Review the plan with a diverse group of informed others, and continue to be open to feedback and the need to adjust plans if oversights are identified. Be as transparent as possible with the parties involved in and affected by your actions, and strive to be a collaborator, rather than the decision agent. However, recognize that the power and the responsibility for such an action is ultimately yours, and manage that power appropriately.

Step 7. Reflect on both your decision and the process you engaged in. Consider the extent to which all stakeholders, including yourself, were considered as you moved through the steps of the process. Reflecting upon and evaluating the plan and outcomes should also include the involvement of peers with a range of worldviews. This can facilitate the identification of measures and data sources that include both universal and culture-specific variables for the evaluation (Garcia et al., 2003)

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Social Responsiveness in Professionalism Checklist

The purpose of this checklist is to improve knowledge of and provide a subsequent socially responsive framework within our field for use when engaged in the actions of our profession specifically when faced with ethical dilemmas, as well as, just considering how we present to ourselves, our clients, our trainees, with research participants, and with our colleagues. The challenge is to do so naturally and without abrupt transitions that feel forced or inauthentic. The intention is that use of this checklist will help ease transitions and allow the Health Service Psychologist (HSP) to increase lifelong self-reflection and lifelong knowledge seeking.

Socially responsive practice is the hallmark of professionalism and it begins with self-reflection, respectful curiosity, and cultural humility. **The expectation is that as an HSP, I will engage in a self-reflective process.** I value and act in accordance with a lifelong self-reflection on the impact that I may have on the people with whom I interact.

INDIVIDUAL

A. Do I adhere to the ethics of the profession of psychology to reflect on their social responsiveness (e.g., familiarity with socially responsive ethical decision-making rubrics, etc.)?

B. Do I set aside time on a regular basis to begin this self-reflection process during the course of my work schedule?

C. Do I spend time contemplating what is learned from this socially responsive self-reflection?

D. Do I seek consultation and feedback from others in this process and partner with colleagues in exploring socially responsive work?

E. Do I seek to ensure that my actions and activities do not contribute to harm against marginalized populations and do I always consider the potential of power and privilege in the work that I do?

PROFESSIONAL SETTINGS / COMMUNITY

A. Do I attend to social justice issues in my professional settings and am I mindful of how I might respond now or in the future to those issues? (See attached tool).

B. Do I reflect upon the policies and practices of my professional settings to help ensure social responsiveness and to avoid perpetuating marginalization?

C. Do I encourage others in their professional settings to also engage as self-governing professionals in the process of reflection?

D. Do I engage with community members and leaders in order to understand their experiences related to social justice and marginalization?

E. Am I equipped with the tools and knowledge necessary to engage in advocacy within and outside of my profession (which could include knowledge about the legislative process locally, at state, territorial, or provincial levels, at the federal or national level, and at an international level)?

F. Do I acknowledge and respond to policies and procedures that are not socially responsive?

SOCIAL RESPONSIVENESS WITH COLLEAGUES, STUDENTS, TRAINEES AND PEOPLE IMPACTED BY RESEARCH PRACTICES

A. To what extent do I openly acknowledge my awareness of issues related to social justice, inequity, inclusion, and exclusion among my students, trainees, colleagues, and people impacted by research practices?

B. To what extent do I seek increased <u>knowledge and understanding</u> about the issues of social justice, inequity, inclusion, and exclusion that are experienced by my colleagues, students, trainees, and people impacted by research practices?

1. When I become aware of these issues, what have I done to address these problems and to provide support? Was the support specific to an individual? Was it focused at a more group level? What about actions related to a community or societal level?

2. In what ways did I acknowledge my awareness of these difficulties? Do I think that both this acknowledgment and testimony to my awareness was helpful? If so, to what extent was it helpful? Unhelpful? What might I need to do differently?

3. To what extent do I engage in feedback and dialogue about culture and intersectionality?

4. Do I respect and intentionally try to balance the power differentials that may exist between myself and others? To what extent do I model respect? If so, what are my personal examples of displays of respect?

5. Upon reflection, have there been times when I have "fallen short" in demonstrating what would have been more respectful? What could I have done differently?

SOCIAL RESPONSIVENESS WITHIN CLINICAL SETTINGS TO CLIENTS/PATIENTS/CONSULTEES

A. To what extent am I aware of marginalized groups of individuals who live in the communities I serve?

1. How do I know who is marginalized in the communities I serve?

2. Do I understand the impact of marginalization for this client/ patient / consultee?

3. What do I see are my responsibilities to them as a health service psychologist?

B. To what extent am I aware of cultural opportunities ("markers that occur in therapy in which the client's cultural beliefs, values, or other aspects of the client's cultural identity could be explored" (Davis et al., 2018)) in the work that I do?

C. To what extent am I aware of my clients' beliefs, values, or other details related to their cultural identities that provide an opportunity for me to explore the client's cultural identities in more depth?

D. To what extent do I feel comfortable and prepared to initiate cultural conversations when I feel they are warranted and therapeutically wise?

E. To what extent do I openly acknowledge awareness of social injustice, inequity, inclusion, and exclusion for individuals who are my clients/patients/consultees?

F. When I become aware of this, what have I done to discuss these issues with clients/patients/consultees during the course of the care I am providing?

G. To what extent do I seek feedback from clients/patients/consultees regarding these or related issues?

H. If unfamiliar with aspects of these issues, to what extent do I seek out information from clients/patients/consultees?

I. If I have unintentionally engaged in an act of social injustice, inequity, or exclusion, do I have the knowledge of what reparative actions and/ or processes are appropriate with respect to the client / patient / consultees intersecting identities?

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Attached Tool:

Settings	Event or circumstance	Extent to which I am aware of the Socially Responsive Components	How I Responded	How Could I Have Responded from a Socially Responsive Lens

Social Justice and Advocacy

OVERVIEW

Many Trainees and Trainers of Health Service Psychology HSP may not feel prepared to meet the needs of diverse, marginalized/underserved communities. Such will require connection with these communities in order to promote social justice, advocacy and public policy competencies in HSP. This product will provide a framework and shared definition for HSP trainees and trainers to infuse social responsiveness within their training programs, and help establish social justice and advocacy as core *competencies*. Projects can be organized with communities through participative action research models and other collaborative approaches.

GOAL

Trainees and trainers in HSP should have the knowledge, skills and attitudes to provide socially responsive individual and community interventions. The goal of this module is to outline why social justice, advocacy and public policy should be *core competencies* for HSPs and provide a toolkit for how training programs can implement and sustain this expectation. First and foremost, this module will provide a shared definition and framework of social justice, advocacy, and public policy. We will then create a clear path forward to shape social responsiveness, social justice, advocacy, and public policy as core values. A key element of such is to infuse social justice, advocacy, and public policy into the Profession Wide Competencies or PWCs (APA Commission on Accreditation) for all training programs. HSP training programs cannot and must not do this alone - we need to collaboratively engage with the communities in which we work and live through activities of public policy and advocacy to assist in meeting the needs of those same communities. We have to explicitly hold the value of community engaged work as citizen psychologists, practice with cultural humility when engaging with stakeholders and community groups to center their voices, and utilize empowering approaches in our work with communities. In addition to our clinical work and applied research, we have to translate psychological research into public policy - trauma, healthcare access and addressing health disparities, implicit bias, etc.

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **Recommendations: Social justice, advocacy and public policy competency – A Health Service Psychology education and training competency**

2. **Social justice and advocacy checklist**

CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit
Module 6: Social Justice and Advocacy

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Social Justice, Advocacy and Public Policy Competency — A Health Service Psychology (HSP) Education and Training Competency

I swore never to be silent whenever and wherever human beings endure suffering and humiliation. We must always take sides. Neutrality helps the oppressor, never the victim. Silence encourages the tormentor, never the tormented.

Elie Wiesel, in his Nobel Peace Award acceptance speech in 1986

DEFINITION AND DESCRIPTION

There is not a clear definition of social justice: It is difficult to operationalize and there lacks a consistent definition across theoretical frameworks (Gerwitz, 2002). Yet, in general, social justice can be conceptualized in terms of a valuing of diversity by providing all people and groups with respect, dignity, fairness, basic rights, and opportunities (e.g., Maschi, Baer, & Turner, 2011). Indeed, most definitions incorporate aspects of liberty and equality (Vera & Speight, 2003). Social justice work refers to "scholarship and professional action designed to change societal values, structures, policies, and practices, such that disadvantaged or marginalized groups gain increased access to these tools of self-determination" (Goodman et al., 2004, p. 795). Psychology's commitment to social justice will not be fully realized without incorporating advocacy and public policy into health service psychology education and training.

Social Justice, advocacy and public policy competencies advance the attitudes, knowledge, and skills of the health service psychologist to better address the interests of clients (individuals, couples, families, groups), improvements in organizations and systems of care (including access to equitable care), community interventions (through education, self-empowerment, community building, participative action research), and the promotion of other public health and humanitarian issues. Activities are directed to governmental and legislative bodies, licensing, regulatory or credentialing boards, judicial and forensic systems, health delivery systems, school systems, organizations representing psychology and higher education, and in support of grassroots coalitions of individuals and communities. This competency supports a broad variety of interventions and initiatives promoting health service psychology efforts such as socially just and anti-racist public policy, program development, system change, and legislation aimed at the resolution of health and other inequities experienced by disenfranchised, marginalized and under-represented populations. According to Nadal (2017), "social justice activism is an ethical responsibility for psycholo-

gists." COVID-19 has once again demonstrated the ongoing healthcare disparities due to race/ethnicity and ability status in the United States (Andrews, Ayers, Brown, Dunn, & Pilarski, 2020; Freedland, et al, 2020). Public policy in psychology can address health and mental health care, education, violence, addiction, poverty "and other social concerns that affect the quality of human life" (Levant, Ragusea, Murphy, Craig, Reed, DiCowden, Sullivan, Stout, APA, 2001). Psychologists' interpersonal and communication skills, their capacity to address multicultural and contextual factors, their ability to work in a wide variety of settings, and their dedication to improving people's lives are ideal components for being effective advocates. Psychological research can be translated to policy that can truly impact people's lives. Reppucci (2018) in reviewing his 50-year career of psychology and public policy writes, "[a]lthough much psychological knowledge exists, if it is not disseminated in a usable form, it is usually useless to policymakers." Humphreys (1996) is cited for introducing the concept of "human services psychology," rather than "clinical psychology." The future of health service psychology will be brighter if we can provide relevant research and replicable solutions to society's problems. The incorporation of this competency into health service psychology training and education will propel the social justice trajectory of our profession by creating a workforce of activist psychologists.

RATIONALE FOR ADVANCEMENT OF SOCIAL JUSTICE, ADVOCACY AND PUBLIC POLICY COMPETENCY EDUCATION AND TRAINING

Authors within the psychology and counseling literatures, as well as those of psychiatry and social work, have called for the expansion of existing conceptualizations of multicultural competence to add the need for social justice advocacy and systems-level interventions (e.g., Aldarando, 2007; Ali & Sichel, 2014; Fouad, Gerstein, & Toporek, 2006). Further, professional organizations, including the American Psychological Association (APA), American

Counseling Association, and American Psychiatric Association have stated their commitment to promoting social justice (Aldarando, 2007; Burnes & Singh, 2010; Caldwell & Vera, 2010). Yet despite social justice being a critical issue for psychology, there is no systematic requirement for psychologists to receive training in social justice competences. The addition of multicultural competencies has shed light on the experiences of marginalized groups and helped inform culturally responsive psychological work at the individual level. Yet knowing how to engage in social justice, advocacy, and public policy work, which requires a more systemic approach, is often missing from curricula and/or inconsistently taught. As such, while psychology and counseling have taken steps toward providing future psychologists with knowledge of oppression and inequity (although there is still a long way to go in this regard), as disciplines they have yet to take action in terms of providing their trainees with the tools to join with these communities and work towards dismantling systemic oppression.

Health service psychologists are urged to "seek and address institutional barriers...as they seek to promote justice, human rights, and access to quality and equitable mental and behavioral health services" (APA, 2017, p.4). The recent attention to how conspiracy theories lead to an insurrection at the U. S. Capitol tees up our recognition of the need for psychologists who possess advocacy and public policy skills. Psychologists understand the effects of particular personality factors and how social conditions may threaten peoples' sense of security, that is, their sense of having their place in society. People become vulnerable to what McWilliams (2010) describes as how a repressive leader can capture the need of people to experience a "strong" love, "such as devotion to a ruthless leader." The current political divisions in the United States have been a source of severe stress. APA reported recently (https://www.apa.org/news/apa/2020/11/conspiracy-theories) concerning conspiracy theories. Citing Jolley, D. & Douglas, K. M. (2014), they wrote: "Conspiracy theories are 'sticky' and it might be ideal to inoculate against them rather than trying counterarguments after they have already stuck." The proliferation of information about how to inoculate our fellow citizens from being vulnerable to the infectious elements of conspiracy theories could be instrumental for bridging the political divide.

The goals of the social justice, advocacy and public policy core competency is to promote work within communities and systems to address inequality among historically, systematically, and/or persistently marginalized populations; to work toward transforming organizations, institutions, and societies to promote the fair and equitable distribution of both internal and external resources (adapted from Flores et al., 2014 and Maschi et al., 2011). However, many psychologists do not know how to do this. Training psychologists how to incorporate social justice, advocacy, and public policy into their practice will improve their multicultural competence, advocacy competence, and increase their likelihood of engaging in advocacy efforts as practicing health service psychologists (Toporek & McNally, 2006). A training program's curriculum is important in that it impacts how trainees think about advocacy and influences their decision to engage (or not) in advocacy work as an autonomous professional. Training in social justice, advocacy, and public policy will prepare future health service psychologists with the knowledge and skills to implement change at a systemic level and break down the system of oppression that the individuals and communities we serve experience (Clements-Hickman et al., 2018). As Bell (1997) articulates, "social justice involves social actors who have a sense of their own agency as well as a sense of social responsibility toward and with others and the society as a whole" (p. 3).

Social responsibility means becoming accountable for the problems identified above and it means becoming agents of societal change. Layton, et al (2010) writes, "[a]dvocacy, which is considered a process of informing and assisting decision makers, entails developing active 'citizen psychologists'." A recent APA President, Jessica Henderson Daniels, focused her presidential initiative on promoting the citizen psychologist:

> APA Citizen Psychologists serve as leaders in their various communities. Through prolonged engagement in significant activities, they contribute to improving the lives of all. This can include public service, volunteerism, board membership and other strategic roles often not directly associated with the day-to-day work of psychologists in our careers. APA Citizen Psychologists come from all branches of the field of psychology. They bring psychological science and expertise to bear on existing challenges to improve community well-being locally, nationally or globally (https://www.apa.org/about/governance/citizen-psychologist).

Health service psychology can better promote citizen psychologists by providing training and education in social justice, advocacy and public policy. Unfortunately, in light of significant expectations for meeting accreditation standards, health service psychology graduate programs, internships and postdoctoral programs seldom provide curriculum and rarely emphasize training in these critical areas.

CURRICULAR AND PEDAGOGICAL CONSIDERATIONS

Competency development can be accomplished through existing or newly developed graduate courses (there are several examples of elective course syllabi available). For example, teaching about advocacy for prescriptive privileges could be embedded in a psychopharmacology course or efforts to eliminate health disparities can be addressed through a variety of course platforms. These competencies can also be attained through new or existing practicum settings, internship settings, and postdoctoral residencies. Rotations and tracks emphasizing these skills could be an enhance-

ment to existing programmatic efforts. Thus, competencies in social justice, advocacy and public policy can be attained at various training levels and even at the level of licensed professional practice (through involvement in governmental affairs at state associations and APA, APA legislative fellowships, or through a myriad of other organizations). Programs can institute course or training program projects related to these competencies (Erti et al, 2020; Flores et al, 2014). Students, interns and residents can be involved in State and Federal lobby days when psychologists are given some preparation and guidance in meeting with legislators to discuss issues relevant to the profession. These competencies can also be attained through activist involvement in the community such as street fairs, community town halls, and the development of services or community organizing to address needs or problems.

CONCLUSION

Leong, Pickren and Vasquez (2017) write that they, believe that racial and ethnic health disparities in the United States remain a critical social justice challenge and require the concerted efforts of educational, scientific, and political institutions to address and resolve in the coming decades.

In addition, they "propose that an equally important focus for the APA in the next few decades should be on violent extremism."

Speaking to psychologists at the American Psychological Association in 1967 about their role in the civil rights movement, Dr. Martin Luther King, Jr. stated: "White America needs to understand that it is poisoned to its soul by racism..." He recommended we promote African-American unity and leadership, engage in political action—including voting drives, and that we work to penetrate the systemic racism plaguing America. This advice remains remarkably salient today as it did 53 years ago.

Nadal (2017) points out that there are obstacles to psychologists taking action. These include our tendency to believe we must exhibit political neutrality and to maintain our objectivity. However, psychologists are, in fact, permitted to assume a position when it is based on psychological knowledge and when our actions do not violate professional ethics. He also recognizes that burnout is a factor for many people who are deeply involved in social justice activism and that this requires us to carefully consider and practice self-care. Finally, he notes that our ethical principles call on us to strive for social justice and that advocacy and public policy competence training is "noticeably missing" and that these competencies are a necessity for psychologists to work for social justice.

KNOWLEDGE, SKILLS AND ATTITUDES

Effective health service psychology education and training must include assessment of how the social milieu influences the exac-

erbation of human problems such as, to name a few, drug addiction, violence, homelessness, mass incarceration, racism, sexism, homophobia and classism. Such education and training requires the personal awareness of one's privilege and position; and the critical investigation into the effects of power and powerlessness, sociopolitical influences and structures, social and cultural differences, prejudice, racism and social justice principles.

We expect that HSP trainees and trainers have the knowledge, skills, and attitudes to provide socially responsive individual and community interventions. Following are the components of such to prepare HSP trainees and trainers to more fully understand the complexities and provide initiatives involving social justice, advocacy and public policy.

Knowledge Base

The core of basic knowledge related to social justice, advocacy and public policy are derived from psychology and related disciplines. Social psychology and community psychology have a great deal to offer in our understanding of how to develop effective interventions and exert influence. Political science, cognitive psychology, developmental psychology, sociology and other areas of science and social science can aid our efforts at developing advocacy and public policy competencies. Key areas of knowledge with which all health service psychologists should be familiar are:

a) an understanding of human and civil rights and the social, political, economic and cultural factors that affect individuals, institutions and systems; staying current on world events, local, national and international politics and how they impact client and population health

b) learning about the emergence and history of social responsibility in health service psychology

c) understanding how to apply the science and knowledge base of psychology to public policy issues as evidenced by participation in advocacy or public policy activities

d) understanding of the ethics of social justice and influence, and how to influence the policymaking and legislative process

e) understanding the moral, philosophical, and ethical underpinnings of health service psychology practice and how psychology attempts or fails to remain socially relevant

f) learning about current national and state policy and advocacy issues related to health service psychology; understanding the history of discrimination, power, privilege and oppression, as well as the current impact

g) understanding the structure of the profession including the organizations, groups, and regulatory bodies establishing the ethical principles, practice standards, regulations, and laws governing health service psychology

h) understanding the differences between individual and institutional level interventions and system's level change and the role they can take as agents of change within each of these levels

i) a fundamental knowledge of organizational design and political, economic andlegal features of a broad array of service delivery systems within which health service psychologists may advocate, such as health services, social services, corrections and justice, and governmental and regulatory agencies

j) Recognize the needs and characteristics of underserved populations or those for whom nontraditional services may be appropriate; knowledge of privilege and marginalization, and the history and events that shape marginalized and privileged status

k) learning the cultural humility framework, and knowledge of the normality of cultural assumptions

Applied Skills

Core skill competencies in social justice, advocacy and public policy for all health service psychologists include:

a) Identify and articulate the complexities of public policy issues, and effectively communicate psychological knowledge to policy makers

b) Identify and establish reciprocal, ongoing relationships with key decision makers, such that one can identify and utilize opportunities to influence the public policy process

c) Develop skills for implementing short and long-term strategies for affecting policy change and for addressing inequity, injustice, or oppression through service program development, understanding rudimentary structures of healthcare systems and processes related to the reorganization of systems of care, conducting needs assessments, community collaboration and planning, understanding basic legislative and regulatory processes, learning skills for lobbying, preparing presentations, letters and op eds that are persuasive and digestible by the public; and by gaining experience in community psychology

d) Development of leadership skills and skills needed to speak with legislators, consumers, and health and

mental health professionals and others about policy issues relevant to the education and practice of psychology and to the consumers of psychological services

e) Ability to take initiative to address and promote social justice issues

f) Ability to research the impact of how international and global affairs impact privileged and marginalized clients

g) Acquire reflective and critical thinking skills to gain insight into privileged and marginalized statuses of self and others

h) Acquire analytical skills to compare and contrast privileged and marginalized statuses in a variety of settings

i) Evaluate and assess how privileged and marginalized status has influenced personal and professional experiences

j) Use cross-communication skills to connect with privileged and marginalized clients

k) Collaborate with social institutions who are able to help address and alter inequities that influence marginalized clients (schools, businesses, etc.,)

Attitudes

Core attitudinal competencies in social justice, advocacy and public policy for all health service psychologists include:

a) Be open and willing to acknowledge that acquiring skills and knowledge on social justice and advocacy is a lifelong endeavor

b) Willingness to extend the therapeutic relationship beyond the traditional office setting, and acknowledge that communities are partners in the process of therapeutic and systemic change

c) Understand that cross cultural communication is key to the therapeutic relationship

d) Willingness to foster conversations that discuss marginalization, privilege,discrimination, stereotypes, prejudice, power and oppression, and hold space for inclusion and dialogue

e) Realize and value the potential influence health service psychologists can exercise as social change agents in society

f) Appreciate their ability to use their training in support of the welfare of society and the field of psychology, and recognize the components of common humanity

g) Recognize their right to have their voices heard in the public policy arena, and that they have the belief that they can make a difference

h) Respect the public policy process and others involved in the process, such that there is respect and value of others' experience

i) Value the complexities of public policy issues; belief in the diversity of social justice actions

j) Make a personal commitment to the principle of psychology in the public interest, in social responsibility, and in service to one's community

k) Recognize and advocate the psychological and civil rights of individuals and groups in society—particularly those most vulnerable—and seeking their empowerment

l) Be sensitive to, and appreciative of diversity and intersectional identities and communicating this attitude to others

m) Believe in the ability of organizations, institutions and other social systems to change through thoughtful, collaborative planning and systematic intervention

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Social Justice and Advocacy

Example draft of checklist/guidelines for programs to self-assess their engagement in social justice and advocacy as training competencies

Component	Area of strength	Area for improvement	Examples of resources to enhance this component
1. Content in training materials (i.e., syllabi in graduate programs or content in didactics for internship or postdoc) represent commitment to social justice and advocacy			Module 1 materials for diversification of programs; Module 3 materials for transforming syllabi
2. Program infuses social justice and advocacy in training competencies			Module 6, product #1: competency document
3. Program faculty engage in social justice and advocacy activities as role models for trainees			Module 6, product #1: competency document
4. Supervisors affiliated with the program demonstrate commitment to social justice and advocacy as values			Resources about hiring and contracting with supervisors and training placements Sample interview questions
5. Supervisors affiliated with the program infuse social justice and advocacy in supervision activities			Supervisor evaluation forms and Module 8 "SCORE" evaluation
6. Community members (i.e., clients served, stakeholder groups, or target population of prevention efforts) provide input and feedback to the program about social justice and advocacy activities			Module 2: Socially-responsive shared governance self-assessment tool Module 7 resources for Community Engagement

Component	Area of strength	Area for improvement	Examples of resources to enhance this component
7. Training faculty engage in routine discussions about program efforts to infuse social justice and advocacy in their training model			Module 7 resources for Community Engagement; Module 9 resources for Lifelong learning
8. Trainees in the program have routine opportunities to engage in social justice and advocacy throughout the year			Module 5 social responsiveness checklists
9. Social justice and advocacy training includes explicit components to develop knowledge			All modules
10. Social justice and advocacy training includes explicit components to develop skills			All modules
11. Social justice and advocacy training includes explicit components to develop awareness			All modules
12. Organization or broader institution is supportive of and engaged in social justice and advocacy			

SAMPLE RECRUITMENT AD LANGUAGE

https://www.ohio.edu/student-affairs/social-justice-job-descriptions

- Proven ability to interact with diverse constituencies.
- Work or lived experience with a range of underrepresented minority groups. Particular needs exist at present for providers with expertise in serving the following student communities:

    » Native American

    » Muslim

    » Veteran

    » First-generation/low-income

    » Asian (Mandarin-speaking)

    » Diverse gender and sexual identities

As a preeminent national, urban, public research university and academic health center, [the university] is committed to organizational diversity, equity, and inclusion—an environment where all can thrive in their pursuit of excellence. Applicants are requested to submit a Statement of Contributions to Diversity, Equity, and Inclusion (typically between 150-300 words) providing your career aspirations and contributions toward promoting diversity, equity, and inclusion. Through this statement, you can share how your lived experiences, and academic and professional activities will impact your contribution to [the university]'s mission of promoting equity and inclusion. Note: Examples include working with others to further the goals of equity and inclusion; leading in any capacity that tangibly promotes an environment where diversity is welcomed, fostered, and celebrated; creative activity, research, and scholarship that promotes equity and parity; teaching and mentoring students, and/or engaging with faculty and/or staff from traditionally underrepresented groups to create a positive and successful organizational experience.

SAMPLE SUPERVISOR EVALUATION ITEMS

The supervisor demonstrates a supervisor-advocate stance for their trainees.

The supervisor supports trainee engagement in social justice and advocacy activities.

SAMPLE INTERVIEW QUESTIONS

Diversity, inclusion and equity are all interrelated but separate constructs. Could you define each one and what it means to you?

Psychology values social justice and strives to offer culturally competent care. Would you please describe your understanding of social justice and how you incorporate this into your work?

Psychology values a range of diversity, social justice and inclusion, and the ongoing development of multicultural humility. Would you please describe your understanding of diversity and social justice, and what it means for you to have a commitment to these values?

Please share with us your personal and professional journey in learning to work more effectively with diverse populations.

Community Engagement

Community Engagement

OVERVIEW

Any HSP training program exists within a complex social ecology composed of a multitude of nested, parallel, and overlapping communities. An HSP training program is its own community of teachers and learners, located within a geographical area, existing within an institution having a service and educational mission, linked to a professional identity community, and providing service to communities of the public and education to communities of learners. Communities of the public may include groups of people affiliated by geographic proximity, special interest, or similar situations, whether they be individuals and groups identified as potentially benefiting from service, other agencies and institutions also engaged with those individuals and groups, or policy makers and payers/funders.

The challenge for HSP training programs is to provide services to the public and to learners that are useful, that is, consistent with their cultural framework and useful for their environmental conditions. "Health issues are best addressed by engaging community partners who can bring their own perspectives and understandings of community life and health issues to a project" (CDC, 2011, p. 4).

GOAL

Develop a self-study process for HSP training program that guides consideration of how we can use our professional roles, and our training structures and processes, to address key issues affecting the public

1. How can HSP training programs identify stakeholders for education, research, and service delivery

2. How can HSP training programs develop partnerships with relevant community members and groups to increase social responsiveness? What would be the first steps and what would be the long-term goals?

3. What policies, programs, and practices would have to be stopped or started in order to facilitate community engagement?

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **Program self-reflection, action implementation, and evaluation**

Module 7 Toolkit: Community Engagement

Program self-reflection, action implementation, and evaluation

INTRODUCTION

HSP Training Programs Exist in the Context of Communities

Any HSP training program exists within a complex social ecology composed of a multitude of nested, parallel, and overlapping communities. An HSP training program is its own community of teachers and learners, located within a geographical area, existing within an institution having a service and educational mission, linked to a professional identity community, and providing service to communities of the public and education to communities of learners. Communities of the public may include groups of people affiliated by geographic proximity, special interest, or similar situations, whether they be individuals and groups identified as potentially benefiting from service, other agencies and institutions also engaged with those individuals and groups, or policy makers and payers/funders. Each of these communities has its own history, norms and values, and culture, has developed its own social networks, structures and processes, has formal and informal leaders, and exists within a physical, economic, and political context. In addition, each of these communities has power differentials both within the community and in their relations with other communities that affect interactions.

It is important to recognize that health and illness are embedded in larger physical and social environments, and health inequalities have their roots in larger socioeconomic inequities (Iton, 2009). To the extent that health and illness are environmentally determined, "then health issues are best addressed by engaging community partners who can bring their own perspectives and understandings of community life and health issues to a project" (CDC, 2011, p. 4). Similarly, education issues are best addressed by engaging learners' perspectives and understanding.

Community Identities are Important

"Culture is dynamic and complex, and cultural competence is more than identifying how a group is thought to differ from prevailing standards or norms of behavior and belief (Carpenter-Song et al , 2007). Focusing on the meanings that individuals share and on the explanatory models they use to discuss their health problems provides a richer understanding of these individuals and can yield a cultural understanding that is rooted in their real lives rather than in stereotypes...Key to developing such understanding is recognizing one's *own* culture and how it shapes one's beliefs and understanding of health and illness (Airhihenbuwa, 2007; Hahn, 1999; Harrell et al , 2006; Kleinman, 1981; Minkler, 2004)...Acknowledging diversity in background, experience, culture, income, and education and examining how society produces privilege, racism, and inequalities in power should be central to the process of community engagement" (CDC, 2011, p. 11).

First, the process of community engagement should begin with seeking to understand the culture of the HSP training program itself. Who are its members, what is its history, what are its beliefs, understandings, and values, and in what environment does it exist?

Second, the process of community engagement should seek to understand the communities with which the HSP training program is or could be engaged. Communities may be diverse in relation to numerous factors, including history, culture, language, race, ethnicity, age, gender, and education, as well as housing, transportation, safety, food security, employment, and health status. The challenge for HSP training programs is to provide services to the public and to learners that are useful, that is, consistent with their cultural framework and useful for their environmental conditions. For example, diabetes education might consist of giving people lists of foods to eat and foods to not eat, however this ignores the context in which they live, including family and community traditions, available money, transportation, access to foodstuffs, and means of storage and cooking. Giving a person with a Chevrolet automobile a water pump for a Ford automobile is not especially useful. One is better off coming to understand the culture and context in which the person or community resides, and listening carefully to what they would find useful and acceptable.

Important Considerations in Community Engagement

This foundation of community engagement is based on this careful listening. Only the community can determine its wants and needs. Community members should be asked to name the important issues, identify needed actions and the benefits and costs of those actions, and be involved in the planning, design, implementation, and evaluation of these actions. Community engagement is grounded in the principles of fairness, justice, empowerment, participation, and self-determination (Alinsky, 1962; Chávez et al, 2007; Freire, 1970; Wallerstein et al, 2006).

How can a HSP training program engage with its relevant communities to develop and conduct activities that would be useful and acceptable to those communities?

An example of this is the disability rights movement of the 1960s and 1970s, which emphasized the assertion "Nothing About Us Without Us" (Charlton, 2000). Empowerment is a critical element of community engagement (Freire, 1970; Hur, 2006), and is "a group-based participatory, developmental process through which marginalized or oppressed individuals and groups gain greater control over their lives and environment, acquire valued resources and basic rights, and achieve important life goals and reduced societal marginalization" (Maton, 2008). Community empowerment leads community members to "move closer to being change agents themselves rather than targets for change" (CDC, 2011, p. 23).

As discussed, communities may be individuals and groups with some commonality who are identified as potentially benefiting from services, other agencies and institutions also engaged with those individuals and groups, or policy makers and payers/funders. Therefore, it is important that HSP services be developed not just to serve the public, but also to partner with other agencies and institutions, and to consider the organically developed social linkages in which communities exist. Acting in a complex social ecology that has evolved over time and space should be done carefully. Communities are living creatures that have existed in complex ecologies prior to the arrival of the HSP training program. Unintended consequences are as likely as intended consequences if these complexities are not considered.

Consider individuals with mental health problems. Where do they spend their time? Perhaps some congregate in city parks, and services to park agencies could be important. Perhaps barbers or store owners are familiar with persons who have mental health problems, and referral resources could be important. What are their support networks? Perhaps church pastors or synagogue rabbis or mosque imams are familiar with persons who have mental health problems, and partnerships to help develop their knowledge and skills in this area could be important. What communities often come in contact with persons with mental health problems, such as police or courts? Perhaps those communities can express their needs and help develop useful services. In general, the question is: what knowledge and resources would be useful for spaces where people with mental health problems are spending time or deriving support? One might also ask whether there are spaces where people with mental health problems are being harmed? Equally important is to carefully consider how actions on the part of the HSP training program may affect these communities and their relationships, for good or for ill.

Why Community Engagement is Important

HSP training programs benefit from being grounded in community engagement. There are a multitude of examples of well-intended professionals developing programs that were neither wanted nor needed by those for whom they were intended, or that were developed over-confidently without understanding of the actual environments for which they were intended.

Socially responsive training and practice requires that teachers and learners participate in their relevant communities, and that they learn about those communities' history, culture, and social networks, and their physical, economic, and political contexts. This participation then allows the HSP training program and their intended communities to co-construct activities that are relevant and acceptable to those communities, effective for the environments in which those communities live, useful to those communities' perceived needs and values, and that respect and support community strengths.

The most socially responsive teaching involves identifying and mobilizing learner assets and strengths to support and improve professional psychological competencies, and assisting the learners' capacity and resources to make decisions and take action.

PRINCIPLES

HSP training programs intend to provide services to promote health to the public, as well as education to learners about promoting health. These communities may be considered in terms of "problems" or "deficiencies" (members of the public with mental health problems, learners with lack of knowledge and skills), and services may be designed to improve these. However, such an approach disempowers the community, relegating its members to the roles of dependents and recipients of services (Kretzmann et al, 1996). Rather, the most socially responsive service involves identifying and mobilizing community assets and strengths to support and improve mental health, and assisting the community's capacity and resources to make decisions and take action.

Community Engagement:

- is the process of working collaboratively with groups of people affiliated by geographic proximity, special interest, or similar situations, to improve conditions affecting the well-being of those people.

- is based on principles that respect the right of all community members to be informed, consulted, involved, and empowered. Community engagement places a premium on fostering and enhancing trust as a critical element in long-term, sustainable engagement.

- involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies,

programs, and practices. To be successful, it must encompass strategies and processes that arise from the community-context in which they occur.

One of the primary principles of community engagement is that it is non-hierarchical. Stereotypes and prejudice, and in-group vs. out-group identity, is reduced by non-hierarchical interactions between group members. Rather than doctor/patient or teacher/student interactions, interactions based on co-equal status, such as working together on a project that is equally shared by everyone, reduce group discrepancies and allow individuals to be seen as individuals, and to form a common in-group experience.

TOOLKIT

Overview

What is the problem we are trying to solve?

How we can use our professional roles, and our training structures and processes, to address key issues affecting the public?

Who do we serve and who do we not serve, and what do we know about both of these groups?

1. How can HSP training programs identify stakeholders for education, research, and service delivery, perhaps including:

    » consumers (patients, community groups)
    » agencies and institutions (health centers, treatment programs, schools, law enforcement, courts, correctional institutions, housing agencies, homeless advocates, food banks, military, etc.)
    » policy makers and health care payers

2. How can HSP training programs develop partnerships with relevant community members and groups to increase social responsiveness? What would be the first steps and what would be the long-term goals?

3. What policies, programs, and practices would have to be stopped or started in order to facilitate community engagement?

Goal

What is the change we are trying to make in the world? What is the product going to accomplish?

Develop a set of values, goals, and activities that can be applied:

*   across multiple domains (research, training, practice, policy)
*   with multiple communities (brought together by demographics, geography, or interests, such as trainees, clients, research participants, local citizens, underserved groups, persons with common situations, agencies and institutions, policy makers and health care payers)

that are based on core values of:

*   Beneficence and Nonmaleficence: Psychologists strive to benefit those with whom they work and take care to do no harm
*   a focus on the needs of the communities as defined by the communities
*   an emphasis on what psychology training programs need to learn about and from communities
*   self-reflection on the history and current practices of the training program, including ways in which the training program, discipline, and institution may have harmed or neglected these communities
*   a willingness to learn and grow in new directions
*   a commitment to sustained engagement

and that emphasize:

*   a clear vision and purpose
*   intentional, tangible, meaningful benefit to communities (as they define "benefit")
*   participatory and co-constructed structures and processes
*   holistic understanding of the real environments
*   sustainable activities
*   a developmental approach over time
*   a right-sizable approach so that programs can address what they can do well and sustainably
*   an ongoing, living process of community engagement, not a static outcome
*   identifying and addressing barriers to community engagement

Intended Audience

Who is this product for? For faculty/supervisors? For administrators to evaluate the faculty/supervisors?

The materials described below are intended for HSP training program faculty, supervisors, and learners. The measurement of program activities and outcomes can be aggregated across programs within specific training councils to guide specialty development.

Materials

Description of the actual product.

We offer a series of self-study questions and resource readings for psychology training programs that wish to consider how they might engage with communities through their research, service, and education activities.

DEFINITIONS

Social responsiveness in health-service psychology education involves using our professional roles

- to actively address key issues affecting the public
- to re-envision our training structures and processes to promote equity, diversity, and inclusion in HSP training programs and in the HSP workforce

Community engagement

- is the process of working collaboratively with groups of people affiliated by geographic proximity, special interest, or similar situations, to improve conditions affecting the well-being of those people.
- is based on principles that respect the right of all community members to be informed, consulted, involved, and empowered. Community engagement places a premium on fostering and enhancing trust as a critical element in long-term, sustainable engagement.
- involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices. To be successful, it must encompass strategies and processes that arise from the community-context in which they occur.

Core values

- beneficence and nonmaleficence: psychologists strive to benefit those with whom they work and take care to do no harm
- focus on the strengths and needs identified by partnered communities
- emphasis on what programs need to learn about and from communities
- self-reflection on history and current practices, including ways in which the discipline, institution, and program may have served, neglected, or harmed these communities.
- willingness to learn and grow in new directions
- commitment to sustained engagement

Stage 1
Program Self-Reflection

1. **BEGINNING CONSIDERATIONS**

- Why does this program wish to develop community engagement? What initiated this? Does this arise from the program or from the community?

2. **BACKGROUND CONSIDERATIONS**

- What is the history of engagement of the institution, discipline, program with communities? In what ways has the institution, discipline, and program addressed, failed to address, or supported systemic injustice, and racial and gender inequities?

- What is the current engagement footprint of the institution, discipline, and program with communities? In what ways is the institution, discipline, and program addressing, failing to address, or supporting systemic injustice and racial and gender inequities?

- In what ways has the institution, discipline, and program enacted or not enacted social responsiveness?

- How does the institution, discipline, and program approach or avoid difficult conversations about social responsiveness, community engagement, and equity?

3. **COMMUNITY CONSIDERATIONS**

- What communities are you serving, what services are being provided, and why? What led to the development of those particular services to those specific communities? What services are not being provided to those communities?

- What needs, and according to whom, are not being met in the communities you serve? How can community needs be elicited and understood?

- What strengths and resources are present within the communities? To what extent may they be leveraged and what are the corresponding risks in doing so?

- What communities are not being served; who has been rendered invisible? Why might this be?

- What additional communities might benefit from services, and how and by whom is "benefit" defined and determined?

- What communities are you at risk for harming? What are some ideas for mitigating risk for harm?

Action Proposals and Initiation

The first step in developing action proposals is to decide on the initial level of engagement. Community engagement can be seen as a continuum (Figure 1). Over time, a specific collaboration is likely to move along this continuum toward greater community involvement involving long-term partnerships to address a range of social, economic, political, and environmental factors that affect health (CDC, 2011). Community engagement is an iterative process that evolves over time with recursive feedback from the HSP training program and the involved communities, and an initial level of engagement can develop into more sustained joint partnerships.

Increasing Level of Community Involvement, Impact, Trust, and Communication Flow

Outreach	Consult	Involve	Collaborate	Shared Leadership
Some Community Involvement	More Community Involvement	Better Community Involvement	Community Involvement	Strong Bidirectional Relationship
Communication flows from one to the other, to inform	Communication flows to the community and then back, answer seeking	Communication flows both ways, participatory form of communication	Communication flow is bidirectional	Final decision making is at community level.
Provides community with information.	Gets information or feedback from the community.	Involves more participation with community on issues.	Forms partnerships with community on each aspect of project from development to solution.	Entities have formed strong partnership structures.
Entities coexist.	Entities share information.	Entities cooperate with each other.	Entities form bidirectional communication channels.	Outcomes: Broader health outcomes affecting broader community. Strong bidirectional trust built.
Outcomes: Optimally, establishes communication channels and channels for outreach.	Outcomes: Develops connections.	Outcomes: Visibility of partnership established with increased cooperation.	Outcomes: Partnership building, trust building.	

Reference: Modified by the authors from the International Association for Public Participation.
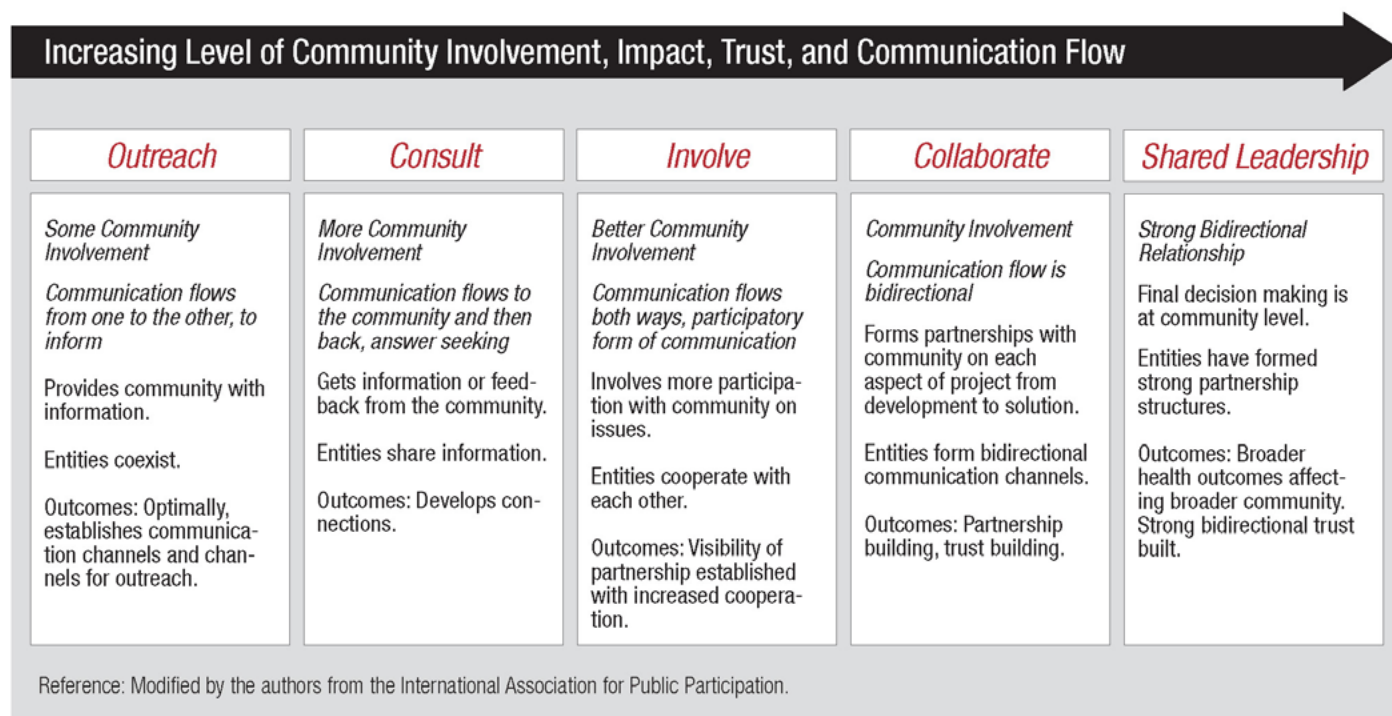
Figure 1.1. Community Engagement Continuum

(CDC, 2011, p. 8)

What is the HSP training program prepared to do?

Outreach activities	Consulting activities	Involvement activities	Collaborative activities	Shared leadership activities
Noticing communities	*Getting to know communities*	*Participating with communities*	*Working with communities*	*Joining with communities*
Includes: volunteering at events already conducted by the institution or city or existing community organizations; offering new programs to identified communities	Includes: meeting with community groups or agencies to increase understanding of their interests and activities and providing information about the training program	Includes: dialog with community groups and members to develop mutual recognition and understanding	Includes: initiating focused joint projects to begin to develop structures and processes for partnership	Includes: formalizing a standing partnership that can address a number of issues and maintain continuity over time
Such as: participate in a day of service on the Dr. Martin Luther King Jr. holiday, help with a clothing drive, volunteer for Meals on Wheels, Habitat for Humanity, or at a shelter or food bank, mentor a high school student; offer workshops on parenting or stress management, volunteer as a speaker for non-profit organizations, such as the local Alzheimer's Association	Such as: talk with service agencies or schools or churches, or community groups already engaged with the program's institution or the local Mayor's office; talk with groups that have not been engaged or have been excluded; sit in on board meetings of government, organizations or community groups, attend town hall meetings	Such as: invite community members to participate in training program advisory boards and to present about their group to the training program, and offer to present information about the training program to their constituent members; serve on a committee for a local non-profit organization	Such as: join community organization work groups; work with community groups to develop joint projects to address specific issues, and work together to develop goals, action plans, and outcome evaluations for these specific projects	Such as: develop a formal shared governance body composed of training program and community members that has as its purpose the goal of broad health initiatives involving other intersecting groups and focused on advocacy, community development, and systems level change

The level of engagement that the training program decides is initially feasible will then guide consideration of the questions below.

4. VISION AND PURPOSE

- What community input is important in defining the vision and purpose?

- What is being proposed, and by whom? Whose goals and values do these proposals represent? To what extent have community stakeholders been engaged in discussions about vision and purpose?

- How would these proposals improve the well-being of those communities? Is there risk for imposing damage or interfering in harmful ways?

- What commitment and resources from community and program contributors are necessary for sustained engagement? What is the ratio of burden to benefit for the program partners for their time and investment?

- How does this vision and purpose for the HSP training program interact with the larger institutional system's vision, purpose, and efforts?

5. FORMATS FOR COMMUNITY ENGAGEMENT

- What types of engagement are possible for the program and the community (physical meetings, virtual meetings, travel, visiting community sites, welcoming visitors to the training program, frequency and duration, monetary resources), and what is the sustainability of these engagements?

- How would community capacity and preference for engagement format be elicited and incorporated?

6. STRUCTURES AND PROCESSES FOR COMMUNITY ENGAGEMENT

- How can participatory structures and processes for shared decision making be co-constructed? How can communities be engaged as equal partners rather than advisors?

- What formal arrangements are possible to develop and maintain equitable partnerships that are responsive to community perspectives and needs and that are sustainable over time? Who would be responsible for these?

- How can joint goals and action plans be developed? What approvals would be required that are external to the training program and the community?

7. BARRIERS AND FACILITATORS TO COMMUNITY ENGAGEMENT

- What are training program barriers and facilitators? What would have to be started or stopped in order to increase community engagement? What resources are available to facilitate engagement between communities and the training program? Who would need to be involved / what kind of expertise is required?

- What are institutional barriers and facilitators? What would have to be started or stopped in order to increase community engagement? What resources are available to facilitate engagement between communities and the training program? Who would need to be involved / what kind of expertise is required?

- What are community barriers and facilitators? What resources are available to facilitate engagement between communities and the training program? Who would need to be involved / what kind of community experience is important?

- How can insider/outsider perspectives and diverse identities be acknowledged and incorporated to increase truth and trust? How can individuals and roles in the partnership be faithful to the core values of equitable and shared decision making?

Stage 3
Action Evaluation

8.   EVALUATING OUTCOMES OF COMMUNITY ENGAGEMENT

- How can the outcomes of these activities be measured?
- How can these data be used for partnership improvement and community benefit?

IMPLEMENTATION PROCEDURES

What will it take to launch something like this? How is the product to be used?

The emphasis is on programs developing a living process of community engagement that is developmental, right-sized for the program, and sustainable over time. Programs may have limited or extensive goals depending on their priorities and resources. Institutional support for community engagement is important to develop.

IMPACT AND FEEDBACK

How would we define success? What would the impact be? How would feedback about the impact be gathered? How will we know we are successful?

Measurement of impact is the evaluation of the program/community co-constructed goals in relation to the actual achievements. Goals are intended to benefit the community as the community defines benefit, and should be specific, measurable, attainable, relevant, and time-bound. Success is the ability to have living, developmental, sustainable engagement that provides tangible benefits to the community and that is responsive to community perspectives and needs over time.

ADDITIONAL NOTES

Communities organize to affirm their beliefs, and any community develops natural leaders who represent the shared meanings and explanatory models that are used to understand their physical, economic, and political contexts, and who speak to their historical and cultural commonalities. Some communities may join around meanings and explanatory models that emphasize their need to reject and defend against other communities, with leaders who represent these principles (e.g., "our way of life is threatened"), and these communities can be harmful to communities that are different from them. However, some communities may join around meanings and explanatory models that emphasize the benefit of accepting and interacting with other communities, with leaders who represent these principles (e.g., "all persons deserve respect"), and these communities can be beneficial to communities that are different from them. It is likely that rejecting and defensive communities are more isolated and therefore weaker, while accepting and interacting communities have more partnerships and are therefore stronger.

ADDITIONAL RESOURCES

Community Tool Box

ctb.ku.edu/en

Toolkits

- ctb.ku.edu/en/get-started
- ctb.ku.edu/en/table-of-contents
- ctb.ku.edu/en/toolkits

An amazing resource for community engagement, providing practical, step-by-step guidance in community-building skills, including:

- 46 chapters and 16 toolkits
- A Model for Getting Started
- Best Practices Resources
- A Troubleshooting Guide
- A Training Curriculum

Toward Health Equity: A Practice Tool for Developing Equity-Sensitive Public Health Interventions

- Full report
  publications.gc.ca/collections/collection_2015/aspc-phac/HP35-64-2-2015-eng.pdf
- Detailed diagram
  publications.gc.ca/collections/collection_2015/aspc-phac/HP35-64-1-2015-eng.pdf
- Discusses design and implementation of interventions to address equity objectives, social determinants, mediating factors, engagement strategies, and equity targeting.

Public Health Agency of Canada
Canadian Best Practices Portal
Partnerships, Collaboration and Advocacy

cbpp-pcpe.phac-aspc.gc.ca/resources/public-health-competencies-information-tools/partnerships-collaboration-advocacy

A best-practices portal providing how-to guides for:

- Developing Partnerships, Collaboration and Advocacy
- Identifying and Collaborating with Partners in Addressing Public Health Issues
- Using Skills such as Team Building, Negotiation, Conflict Management and Group Facilitation to Build Partnerships and Mediate between Differing Interests in the Pursuit of Health and Well-Being, and Facilitate the Allocation of Resources
- Advocating for Healthy Public Policies and Services that Promote and Protect the Health and Well-Being of Individuals and Communities

Community Psychology

Vanderbilt University
my.vanderbilt.edu/perkins/2011/09/intro-to-community-psychology

- An introduction to Community Psychology

University of Massachusetts at Lowell
www.uml.edu/docs/Resources%20to%20share%202008_tcm18-61904.pdf

- What is Community Psychology?

  » Creating Boundaries
  » Competing Agendas
  » Coalition Building
  » Translating Practicum to Other Settings
  » Working With LGBT Clients
  » Building Community Support
  » Program Evaluation
  » Fundraising for Non-Profit
  » Volunteer Recruitment
  » Lobbying for a Cause
  » Building Community Through Art

Massachusetts Institute of Technology
Community Problem Solving

- web.mit.edu/cpsproject/program_tools/multi-issue.html
- Provides links to 21 web-based resources related to social development, poverty, and local problem-solving

Global Journal of Community Psychology Practice

- www.gjcpp.org/en/
- A quarterly on-line, peer-reviewed journal developed through the Society for Community Research and Action (SCRA – APA Division 27).

REFERENCES

Adebayo, O., Salerno, J., Francillon, V., & Williams, J. (2018). A systematic review of components of community-based organisation engagement. *Health and Social Care in the Community*, 26:e474–e484.

- A practical, how-to guide for community engagement using a framework of community-based participatory research. May be helpful to think about the individual steps involved in community engagement partnerships.

Airhihenbuwa, C. O. (2007). On being comfortable with being uncomfortable: Centering an Africanist vision in our gateway to global health. *Health Education and Behavior,* 34(1):31-42.

- A discussion of how African identity must be central to research on African health and development, and that critical public health issues in Africa must deconstruct conventional assumptions and theories, make identity central to issues of health and behavior, and honor the "social cultural infrastructure" in defining African ways of knowing.

Alinsky, S. D. (1962). *Citizen participation and community organization in planning and urban renewal.* Chicago: Industrial Areas Foundation.

- Saul Alinsky is a community activist and political theorist, and is described as the father of community organizing. He emphasized that community organizing is about building broad coalitions of citizens, labor unions, churches, small businesses, and others who were affected by similar circumstances. He emphasized that any particular issue was simply a way of building community power so that they could address lots of issues. He also wrote *Rules for Radicals: A Practical Primer for Realistic Radicals* (New York:Random House, 1971).

Attree, P., French, B., Milton, B., Povall, S., Whitehead, M., & Popay, J. (2011). The experience of community engagement for individuals: a rapid review of evidence. *Health & social care in the community*, 19(3), 250-260.

- A review article discussing benefits of community engagement as well as potential negative consequences from community engagement. May be helpful to consider for decreasing likelihood of negative outcomes.

Carpenter-Song, E. A., Nordquest Schwallie, M., & Longhofer, J. (2007). Cultural competence reexamined: critique and directions for the future. *Psychiatric Services,* 58(10):1362-1365.

- A discussion of cultural competence in providing mental health care, using examples from anthropology to provide evidence of the importance of culture in the production, presentation, and experience of psychic distress, and examining anthropological critiques of cultural competence models.

Centers for Disease Control and Prevention: CDC/ATSDR Committee on Community Engagement. (2011). *Principles of Community Engagement: Second Edition.*

- Chapter 1: Community Engagement: Definitions and Organizing Concepts
- Chapter 2: Principles of Community Engagement
- Chapter 3: Successful Examples in the Field
- Chapter 4: Managing Organizational Support for Community Engagement
- Chapter 5: Challenges in Improving Community Engagement in Research
- Chapter 6: The Value of Social Networking in Community Engagement
- Chapter 7: Program Evaluation and Evaluating Community Engagement
- Chapter 8: Summary

Charlton, J. (2000). *Nothing About Us Without Us: Disability Oppression and Empowerment.* University of California Press. ISBN: 9780520224810.

- A theoretical overview based on interviews conducted over a ten-year period with disability rights activists throughout the Third World, Europe, and the United States. This book focuses on disability oppression and its similarities to, and differences from, racism, sexism, and colonialism. He emphasizes that people with disabilities are part of regular society, a society in which one can expect everyone to have differences, and that charity, paternalism, making decisions, and setting goals for people with disabilities are forms of oppression because they categorize people with disabilities as a separate class of citizens. People with disabilities know what is best for them, as does any group of citizens.

- Also see https://www.jstor.org/stable/40505998

Chávez, V., Minkler, M., Wallerstein, N., & Spencer, M. S. (2007). Community organizing for health and social justice. In: L. Cohen, V. Chávez, & S. Chehimi (Eds.). *Prevention is primary: strategies for community well-being* (2nd ed , pp 87-112). San Francisco: John Wiley and Sons.

- Discusses best practices, and prevention tools and strategies to strengthen community health and social justice. A publication of the *Prevention Institute* www.preventioninstitute.org/publications/ prevention-is-primary-strategies-for-community-wellbeing

Freire, P. (1970). *Pedagogy of the oppressed.* New York: Herder and Herder.

- Amazon Review: First published in Portuguese in 1968, *Pedagogy of the Oppressed* was translated and published in English in 1970. The methodology of the late Paulo Freire

has helped to empower countless impoverished and illiterate people throughout the world. Freire›s work has taken on especial urgency in the United States and Western Europe, where the creation of a permanent underclass among the underprivileged and minorities in cities and urban centers is increasingly accepted as the norm.

Hahn, R. A., & Inborn, M. (Eds.). (2009). *Anthropology in public health: Bridging differences in culture and society.*. New York: Oxford University.

- Discusses that anthropologists can provide crucial understandings of public health problems from the perspectives of the populations in which the problems occur, and can address these public health problems by working in collaboration with local participants. In addition, anthropological methods can also be used to study the workings of public health agencies and programs.

Harrell, S. P, & Bond, M. A. (2006). Listening to diversity stories: principles for practice in community research and action *American Journal of Community Psychology, 37*(3-4):365-376.

- Describes three diversity principles for community research and action: community culture, community context, and self-in-community. These are discussed in the context of multicultural competence in psychology, and are applicable to multiple dimensions of diversity including race, ethnicity, gender, sexual orientation, religion, disability, and social class.

Hilgendorf, A., Anahkwet, G. R,, Gauthier, J., Krueger, S., Beaumier, K., Corn, R., et al. (2019). Language, culture, and collectivism: Uniting coalition partners and promoting holistic health in the Menominee Nation. *Health Education & Behavior, 46*(1), 81S-87S.

- A case study of the Menominee Wellness Initiative, an Indigenous health coalition that made language, culture, and collective values the focus of their health promotion work. The study is presented as a collaborative writing effort between Menominee coalition members and academic partners. May be helpful to understand health promotion through the centering of Indigenous ways.

Hur, M. H. (2006). Empowerment in terms of theoretical perspectives: exploring a typology of the process and components across disciplines. *Journal of Community Psychology, 34*(5):523

- The authors conducted a search for publications on personal and collective empowerment in the literature for political science, social welfare and social work, education, health studies, management, and community psychology. They summarize theories on the components of empowerment and theories on the process of empowerment.

Iton, T. (2009). *Transforming public health practice to achieve health equity.* Paper presented at the Health Trust Health Equities Summit, February 4, 2009, San Jose, CA.

Kleinman, A. (1981). *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry (vol 3)*. Berkeley (CA): University of California.

- A cross-cultural anthropological perspective on the essential components of clinical care and a clinical perspective on anthropological studies of medicine and psychiatry.

Kretzmann, J. P, & McKnight, J.L. (1996). *A guide to mapping and mobilizing the economic capacities of local residents: A community-building workbook.* Evanston (IL): Department of Economics and Center for Urban Affairs and Policy Research.

- A template for identifying the skills, abilities and experiences that individuals possess which can be translated into economic activity and increased economic stability for a local community.

Maton, K. I. (2008). Empowering community settings: Agents of individual development, community betterment, and positive social change. *American Journal of Community Psychology, 41*(1):4-21.

- A review of publications related to adult well-being, positive youth development, locality development, and social change, which identified pathways and processes that can lead to member empowerment and contribute to community betterment and positive social change. They discuss ways that community psychology and allied disciplines can help increase the number and range of empowering settings, and enhance the community and societal impact of existing ones.

Minkler, M. (2004). Ethical challenges for the "outside" researcher in community-based participatory research. *Health Education and Behavior, 31*(6):684-697.

- Discusses community-based participatory research (CBPR) and the focus on (a) achieving a "community-driven" agenda; (b) insider-outsider tensions; (c) real and perceived racism; (d) the limitations of "participation"; and (e) issues involving the sharing, ownership, and use of findings for action. Case studies and Green et al.'s guidelines for appraising CBPR projects are used to discuss the ethical issues inherent in this approach.

O'Connor, K., Lynch, K., & Owen, D. (2011). Student-community engagement and the development of graduate attributes. *Education and Training, 53*(2/3), 100-115.

- Discusses curriculum development to enhance student-community. May be helpful to consider how curriculum changes can increase student skills and citizenship.

Sarrami-Foroushani, P., Travaglia1, J., Debono, D., & Braithwaite, J. (2014). Implementing strategies in consumer and community engagement in health care: results of a large-scale, scoping meta-review. *BMC Health Services Research*, 14:402.

- Discusses different concepts related to consumer and community engagement, including shared decision making, self-management, community-based health promotion, access to health care, rehabilitation participation, collaboration in research design and conduct, and peer support. May be helpful to understand the broad conceptual categories involved.

Wallerstein, N. B., & Duran B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice,* 7(3):312-323.

- Discusses community-based participatory research (CBPR), which focuses on relationships between academic and community partners, with principles of co-learning, mutual benefit, and long-term commitment, and incorporates community theories, participation, and practices into the research efforts. Addresses issues of power, privilege, participation, community consent, racial and/or ethnic discrimination, and the role of research in social change. It provides examples of these paradoxes from work in tribal communities, and recommends transforming the culture of academia to strengthen collaborative research relationships.

CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit
Module 7: Community Engagement

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Socially Responsive Evaluation of Students, Faculty and Supervisors

Socially Responsive Evaluations of Students, Faculty, and Supervisors

OVERVIEW

Evaluation in Health Service Psychology (HSP) training and education is a cornerstone activity focused on supervisees (doctoral students, interns, and postdoctoral residents), faculty/supervisors, and programs. Many targets of evaluation are highly vulnerable to supervisor subjectivity and biases, and supervisee evaluation of educators and programs can be fraught with complications. Educator biases can affect how they assess the applications of aspiring trainees, evaluate the competence of current trainees, and provide recommendations for current and/or former trainees. The consequences are significant and consequential, as evaluators may play a gatekeeper role in entry into and progression through the profession from admission to doctoral programs through licensure and beyond. Due to power and privilege dynamics and other barriers, it can be difficult for supervisees to offer constructive and timely feedback about supervisor, including faculty member, conduct and competence and about the functioning of their training programs.

GOAL

To reduce the possible influence of evaluator bias, supervisors must be aware of their own potential biases when engaging in evaluation and supervision. It should be a goal of all HSP educators to engage in introspection and raise their awareness of how the interaction of their own identities and biases with those of their supervisees impact their evaluation activities. It is also essential that evaluation be viewed as a bidirectional activity in which trainees, supervisors, and program leaders can engage in self-reflection and explore steps for enhancing feedback and communication among the involved parties.

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **Recommendations and self-assessment tool for developing reflective supervisory relationships to promote fairness in evaluation of supervisees**

2. **Socially Responsive, Culturally Sensitive, Reflective Evaluation (SCORE) Checklist for raising awareness of potential biases in student/trainee evaluation**

3. **Supervisory Feedback Loop graphic and exemplar table**

CCTC 2020: Social Responsiveness in Health Service Psychology Education and Training Toolkit
Module 8: Socially Responsive Evaluation of Students, Faculty and Supervisors

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A Practice that Promotes Fairness in the Evaluation of Supervisees

OVERVIEW

Evaluation is a task that is conducted within a supervisory relationship in health service psychology. Many targets of supervisee (doctoral students, interns, and postdoctoral residents) evaluation are highly vulnerable to supervisor subjectivity. This may be particularly true of the evaluation of trainee professionalism, as just one example. In order to reduce the possible influence of evaluator bias, supervisors must be aware of their own potential biases when engaging in supervision and when forming impressions of supervisee competence which will be reflected in evaluation documents. This module argues that a structured, reflective activity at the outset of the supervisory relationship allows the supervisor and supervisee to appreciate the identities (broadly defined) of the other in ways that will facilitate socially-responsive evaluation of supervisee competence.

GOAL

The overall goal of this activity is to promote the socially-responsive evaluation of health service psychology supervisees. To accomplish this goal, there are multiple tasks that must be accomplished: 1) Supervisors must engage in self-reflection to examine their individual identities and how each of them could result in forming biased impressions of supervisees. 2) Supervisees should engage in self-reflection to examine their individual identities and how each of them could result in forming biased impressions of their supervisors. 3) Supervisors and supervisees might share their self-reflections—and at least share their expectations for supervision—within an environment of mutual respect. It is essential that both parties acknowledge and understand each other's identities in order to spot potential biases that may negatively impact the supervisory relationship and the fair evaluation of trainees.

INTENDED AUDIENCE

All health service psychology supervisors and supervisees.

MATERIALS

The materials for the first activity are based on the work of Sandeen et al. (2018) who challenge health service psychologists to engage in reflective practices to improve one's own cultural competence. Intersectionality figures that may be used in the first activity are readily available online. Implementation steps for the second and third activities were designed by the workgroup.

1.   Hot Spots, Blind Spots, and Soft Spots exercise (Sandeen et al., 2018)

2.   Intersectionality figure (example retrieved online)

3.   If literal responses will be shared with others as part of the second activity, a guiding document may be helpful (example provided).

IMPLEMENTATION PROCEDURES

A sequence of three activities are presented below for supervisors and supervisees to complete when forming their supervisory relationship. Although we advocate for all three steps to be completed, activity two could be integrated within activity three.

ACTIVITY 1

HOT SPOTS, BLIND SPOTS, AND SOFT SPOTS

Begin by reviewing the article published by Sandeen et al. (2018) regarding the *Hot Spots, Blind Spots, and Soft Spots* exercise. This will provide additional details regarding the spirit and intent of this activity. *Hot Spots, Blind Spots, and Soft Spots* is to be completed individually by the supervisor and supervisee. Implementation steps are included below:

1. Review the list of identities (far left column) and consider whether there are identities that you hold that are not present on the "spots" list. A review of the identities that are represented in Figure 2 may suggest additional areas that are important for you to include. Add those identities to the list.

2. Provide your responses. For each identity listed, consider whether this is an area in which you have experienced power and privilege in society (+), your experiences have been neutral with respect to power (0), your experiences have been mixed (+/-), or you have experienced powerlessness (-). Rather than merely checking the relevant column associated with each identity, consider using the relevant cells to elaborate on the ways in which the identity may act as a hot spot, blind spot, or soft spot. Many of the identities listed are complex. You may experience power and privilege in some contexts, and powerlessness in another. Note as many identity nuances as are relevant for you.

3. Reflect on your responses. Are any of these identities likely to result in biased impressions of your supervisee or supervisor? For example, how might any areas of privilege make it more difficult for you to understand where your supervisee/supervisor is coming from? Similarly, how might areas of powerlessness potentially impact your perceptions of your supervisee/supervisor? These are areas of which you will want to be especially aware so that you can employ humility, not make assumptions about the other and their professional practices, and avoid forming biased and negative impressions of competence during periods of evaluation.

4. Even if a particular identity is not an area of privilege or power for you as an individual, consider how that identity is broadly perceived in society. Ask, how might others perceive you because of this identity, regardless of how you see yourself? For example, even if you do not see an identity as a source of privilege (e.g., being male doesn't feel powerful because you are also from a lower social class), the other person might still perceive you as holding privilege and power.

ACTIVITY 2

PROCEDURES FOR THE *SUPERVISOR-SUPERVISEE MUTUAL REFLECTION*

The way in which you use these self-reflections to foster a meaningful discussion between the supervisor and supervisee may vary by training context. These guidelines are offered as suggestions for one way in which insights gained from the self-reflection activity may be used.

Before initiating any conversation with a trainee about issues of power and privilege, acknowledge the power differential in the relationship and reaffirm the purpose of the activity which is to bring potential biases into explicit awareness.

1. The more powerful person (e.g., the supervisor) should share their learnings from the exercise first in order to model vulnerability and concretely demonstrate the value they place on reflection and disclosure. The supervisor does not need to share their entire Self-Assessment of Personal Identities. Instead, they should share what they learned about themselves that could be potential blind spots and soft spots in a supervisory relationship.

2. The supervisee can then share their self-reflections, especially as they relate to the learnings that the supervisor shared and therefore have implications for the supervisory relationship. That is, the supervisee can share reflections from their self-assessment particularly to the extent that one or more of their identities is relevant to the blind spots or soft spots that the supervisor identified. The goal is that the dyad will have an explicit discussion of the areas where they may be most likely to experience misunderstandings or incorrect assumptions that they want to avoid. More generally, the supervisor and supervisee identify areas where identities do not align and implications for the supervisory relationship.

3. Once these potential areas are identified, the dyad can discuss a plan to avoid difficulties throughout the term of their work together, such as regular check-ins on these issues, explicit permission and welcoming from supervisor to supervisee to raise these issues in the future if either person believes a blind spot or soft spot might be affecting their work together, etc.

4. In addition to the above, together, the supervisor and supervisee can identify areas of mutual identity and consider what the implications are for their working relationship. Keep in mind that there may be potentially HIGHER expectations when a mutual identity is present, and/or that there may be shared blind spots with respect to the care of those we serve.

ACTIVITY 3

BROAD REFLECTION ON THE SUPERVISORY RELATIONSHIP

In addition to the discussion about identities in Activities 1 and 2, supervisors and supervisees should also discuss the supervision process itself in a way that explicitly addresses power differentials, previous supervisory experiences, and any other factor that contributes to a positive, supportive supervisory relationship. Below you will find an introductory statement and questions for a supervisor to use to engage the supervisee in forming a mutually-respectful supervisory relationship.

1. Consider this activity introduction: "*The nature of supervision is inherently complex. On one hand, you are expected to ask for support when you need help, tell me when a learning error has been made, and provide me with feedback regarding your training experience (including supervision). On the other hand, I will provide you with direct feedback in supervision and formally evaluate your competence. I think it is important for both of us to acknowledge that dynamic presents a challenge for you, in particular. You want to be honest and feel safe at the same time. In order to navigate this challenge, I have found it is helpful to engage in a deliberate conversation to identify supervision strategies that I can use best to support you, as an individual. I want to learn your preferences so that I can actively foster a positive supervisory relationship of mutual respect.*"

2. What do you consider to be preferred supervisor characteristics? What would your ideal supervisory relationship look like?

3. Are there supervisor characteristics that you have not responded to well in the past? What were those?

4. What should I know about how you respond to feedback? Are there feedback styles that you prefer?

5. When you have experienced a non-preferred supervisory situation, how did you handle the situation? What was the resolution? How should we handle it if an issue arises?

6. If not done already, it may be useful for us to discuss our responses to the first activity. In particular, it may be helpful to note identities and positions of privilege that we have in common, as well as identities and positions of privilege that we don't have in common. Might these influence our supervisory relationship or impact my evaluation of you in a way that is not intended?

7. As a supervisor, I believe in the importance of life-long learning. One of the reasons that I appreciate being able to do supervision is that it continuously presents me with new opportunities for learning. I also recognize that everyone comes to the supervisory relationship with areas of strength and expertise. What do you think I might be able to learn from our work together?

8. What would you like me to know about you that we haven't already discussed?

IMPACT AND FEEDBACK

This activity emphasizes that supervisors bear the responsibility to foster positive supervisory relationships and to fairly evaluate supervisees. We argue that the impact of his activity also extends to the development of supervisee competence as it:

1. Reinforces that diversity competence is an element of supervision competence and that supervisees should infuse diversity into all aspects of clinical practice and research.

2. Creates a supervisory relationship that facilitates effective clinical supervision.

3. Fosters fair supervisee evaluation and feedback practices.

REFERENCES

Sandeen, E., Moore, K.M., & Swanda, R.M. (2018). Reflective Local Practice: A pragmatic framework for improving culturally competent practice in psychology. *Professional Psychology: Research and Practice, 49(2),* 142-150. doi: 10.1037/pr00000183

ADDITIONAL RESOURCES

Alan W. Burkard, A. W., Knox, S., Clarke, R. D., Phelps, D. L., & Inman, A. G. (2014). Supervisors' experiences of providing difficult feedback in cross-ethnic/racial supervision. *The Counseling Psychologist, 42(3),* 314-344. https://doi.org/10.1177/0011000012461157

Hardy, K. V., & Bobes, T. (2016). *Culturally sensitive supervision and training: Diverse perspectives and practical applications* (K. V. Hardy & T. Bobes (Eds.)). Routledge/Taylor & Francis Group.

Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy, 2nd ed.* American Psychological Association. https://doi-org.authenticate.library.duq.edu/10.1037/11650-000

Jendrusina, A. A., & Martinez, J. H. (2019). Hello from the other side: Student of color perspectives in supervision. *Training and Education in Professional Psychology, 13(3),* 160–166. https://doi.org/10.1037/tep0000255

Thrower, Helms, & Manosalvas (2020). Exploring the Role of Context on Racially Responsive Supervision: The Racial Identity Social Interaction Model. *Training and Education in Professional Psychology, 14,* 116-125.

University of Illinois Urbana-Champaign College of Education's Center for Culturally Responsive Evaluation and Assessment: https://crea.education.illinois.edu/home/publications

Wilcox, M. M., Franks, D. N., Taylor, T. O., Monceaux, C. P., & Harris, K. (2020). Who's multiculturally competent? Everybody and nobody: A multimethod examination. *The Counseling Psychologist, 48(4),* 466–497. https://doi.org/10.1177/0011000020904709

FIGURE 1

Self-assessment of Personal Identities: Hot Spots, Blind Spots, and Soft Spots

	+	o	+ / -	-
Social class				
Sexual orientation				
Gender identity				
Ability				
Education level				
Gender				
Appearance/Body type				
Geographic origin				
Veteran status				
Profession/Role				
Political affiliation				
Religion				
Subcultures				
Survivor status				
Race				
Ethnicity				
Age				
Generation				
Other identities as relevant for you:				

(+)   Powerful = Your experiences in this dimension have given you power and privilege over others; this may predispose you to a BLIND SPOT or, under certain circumstances, a SOFT SPOT

(o)   Neutral = Your experiences in this dimension have been neutral regarding power over others (Are you sure?)

(- / +)   Mixed = Your experiences in this dimension have both given you power over others and others have had power over you; this may lead you to inconsistent reactions

(-)   Powerless = Your experiences in this dimension have put you in a one-down position relative to others; this may predispose you to a HOT SPOT or, if shared with your client, a SOFT SPOT

FIGURE 2

Privilege / Society normatives

Domination ———————— **Domination**

Oppression/Resistence

Note. Retrieved from https://www.bincsearch.com/blog/2019/5/14/using-the-lens-of-intersectionality

FIGURE 3

Document to Guide the Mutual Reflection of Supervisor-Supervisee Identities

Identities/Positions of Privilege That Align	Identities/Positions of Privilege That Do NOT Align	Implications for the Supervisory Relationship and Evaluation of the Supervisee (identified by the individuals or historical implications)	What We Must Do to Facilitate Socially-responsive and Fair Evaluation Practices

Socially Responsive, Culturally Sensitive, Reflective Evaluation (SCORE) Checklist

OVERVIEW

It is important to raise awareness of potential biases in student evaluation. The process of evaluating applicants to doctoral, internship, and postdoctoral programs, students in training, and former students is highly vulnerable to faculty and supervisor subjectivity, and may be impacted by implicit biases. These biases can affect how educators assess the applications of aspiring students/trainees, evaluate the competence of current students/trainees, and provide recommendations for current and/or former students/trainees. The consequences are significant and consequential, as evaluators may play a gatekeeper role in entry into and progression through the profession. This begins as early as when students are undergraduates and continues through job acquisition, licensure, tenure, promotion, and other professional recognitions (e.g., grants, awards).

The scope of evaluation includes the following:

- Any situation in which there is a power differential between the evaluator and the person to be evaluated
- Evaluation across all domains, including academics, research, clinical and assessment work, ethics, and professional behaviors and activities
- Evaluation across all formats, including observational, verbal, written, quantitative, and qualitative
- Evaluation across all products and forms, including application review, competency assessments, and letters of recommendation

Engaging in socially responsive evaluation requires awareness of the effects of both culture and bias.

The American Psychological Association Multicultural Guidelines (APA, 2017) offer a helpful framework for considering evaluation practices. The Guidelines urge psychologists to understand that identity, intersectionality, communication, attitudes and beliefs are fluid, dynamic, and influenced by culture. Psychologists should recognize the experiences of power, privilege, and oppression. We are obliged to examine the profession's assumptions and biases that can potentially impact practices and must strive to conduct culturally appropriate and informed evaluation This should all occur with a strengths-based orientation. Psychologists are encouraged to consider the Guidelines in their approach to evaluation.

Many biases that occur during the evaluation process (e.g., Kromrei, 2015). Psychologists are susceptible to biases and cognitive errors when evaluating students. For example, "opportunity bias" could occur when evaluating an application to a doctoral program from an undergraduate who has completed fewer summer research or internship experiences. This lack of experiences may in fact be due to socioeconomic factors, such as the need for paid employment, or lack of transportation that affects the opportunities available to individual. "Truth avoidance" may occur when an evaluator does not give appropriate critical feedback to a trainee, perhaps due to concern of appearing biased against the individual.

There are numerous pitfalls that can occur during the process of evaluation, and a socially responsive and multiculturally-informed framework may help mitigate the potential harm to trainees. By actively considering the possible errors, evaluators can raise their awareness of how their identities and perspectives impact their assessment of students. Bias errors are common and it is the responsibility of educators to actively engage in self-reflection to ensure that evaluation of applicants and current and former students/trainees is fair and constructive.

GOAL

The goal is to raise awareness of evaluator bias of the faculty/supervisor (individual level intervention) and address existing evaluation procedures (program level intervention).

INTENDED AUDIENCE

The intended audience includes faculty and supervisors who evaluate applicants for admission, assess the competence of students/trainees, and write letters of recommendation.

MATERIALS

To support evaluators in raising awareness of potential sources of biases in evaluation, the Socially Responsive, Culturally Sensitive, Reflective Evaluation (SCORE) Checklist can be used by faculty/supervisors at the point of evaluating applicants, assessing the competence of current students/trainees, and writing letters of recommendation for current and former students/trainees.

To that end, the SCORE Checklist provides a list of considerations for faculty/supervisors to consult at the start of every instance of formal evaluation. It details many common bias errors, and upon reviewing the list, the faculty member/supervisor will be reminded of common mistakes, consistent with Smith's (1986) assertion that raising awareness of these types of bias can begin to reduce their occurrence.

Socially Responsive, Culturally Sensitive, Reflective Evaluation (SCORE) Checklist

Are your descriptors of this student fair, gender neutral, and culturally-sensitive?

Pitfall example: Using coded language to differentially describe students such as writing "caring" and "compassionate" to describe women and "brilliant" and "independent" to describe men. Also be sure to use correct gender pronouns.

Is your assessment of the student's interpersonal style or professionalism sensitive to cultural differences?[1]

Pitfall example: Rating someone down for making limited eye contact or using a deferential style when those behaviors are culturally appropriate for that trainee.

In what ways might your evaluation of this student be affected by majority culture norms?[2]

Pitfall example: Negatively evaluating a student for taking time away from the program to fulfill religious or culturally normative expectations that are inconsistent with majority culture holiday and break schedules.

Do you and your colleagues agree about what constitutes satisfactory performance? Are students being held to the same standards?[3]

Pitfall example: Being a "hard" or "easy" evaluator compared to your peers which can have an effect on trainees' grades, recommendations, or reputation. The cumulative effect of these patterns may not be obvious to the program but may have unintended effects on the student over time.

Are you hesitant to provide an honest rating of the student?[4]

Pitfall example: Not offering appropriate constructive feedback that will benefit the student's progress and overall education, possibly due to concerns of appearing biased or harming the student.

Are you making assumptions about why someone has or has not had particular experiences?[5]

Pitfall example: Penalizing an applicant or student who is geographically restricted or who has not had the opportunity to train with a wide variety of populations, or access diverse unpaid research opportunities.

Are you overly emphasizing a single positive event or problem rather than the fullness of the student's experience? Might this be influenced by a student's identities?[6]

Pitfall example: Failing to take into consideration the fullness of a student's performance history by focusing on a recent success (e.g. receiving a grant, publishing a paper) or difficulty (e.g., mediocre grade in a course, low rating in one competency area) that is inconsistent with past performance.

Are there any perceived positive or negative attributes that influence your evaluation?[7]

Pitfall example: Making assumptions about an applicant's potential for success or lack thereof in applied settings based on strong or mediocre academic or research performance.

Are you considering what role you, the program, and/or the institution might play in any problems that you are evaluating?

Pitfall example: Negatively evaluating a trainee for expressing legitimate concerns about the program or institution, such as a deficiency of yours as the supervisor or of a specific course.

Are there any individual or contextual factors unknown to you that may influence their performance?

Pitfall example: Making an assumption that the individual being evaluated has access to the necessary technology to work remotely and evaluating the individual negatively regarding the timeliness of their work or responses to email.

Are you seeking evidence to support your cultural or political biases that may unfairly impact your evaluation?

Pitfall example: Assuming that a trainee is/will be ineffective serving diverse clients or addressing sensitive issues due to their cultural or political views that are different than your own.

Are department or institution norms and expectations influencing your evaluation in a potentially harmful way?

Pitfall example: Attributing to the individual an internal failing rather than recognizing situational constraints that may be taxing a trainee's ability to fulfill program obligations.

See Kromrei (2015) for description of types of bias.
[1] Similar to Me Effect
[2] Norm referenced vs. Criterion referenced
[3] Stiffness or Leniency Effect
[4] Truth Avoidance
[5] Opportunity Bias
[6] Recency Effect
[7] Halo Error and Horn Error

IMPLEMENTATION PROCEDURES:

This SCORE Checklist is designed to effect change on both the program and individual faculty/supervisor level.

Program level: Doctoral, internship, and postdoctoral training programs are asked to review this tool with their faculty/supervisors to discuss the propensity to engage in evaluation bias and the importance of actively identifying potential errors. Programs are encouraged to create procedures that facilitate the use of this checklist at known points of evaluation including when reviewing applications for training positions and assessing competence. Programs should consider embedding the checklist into existing evaluation forms, for example.

Individual level: Faculty/supervisors are asked to engage in evaluation activities with these and other potential sources of bias in mind. When writing letters of recommendation, for example, one might refer to the checklist so they are reminded of possible issues such as the use of biased language or other unintentional expressions of bias that might impact the person being recommended.

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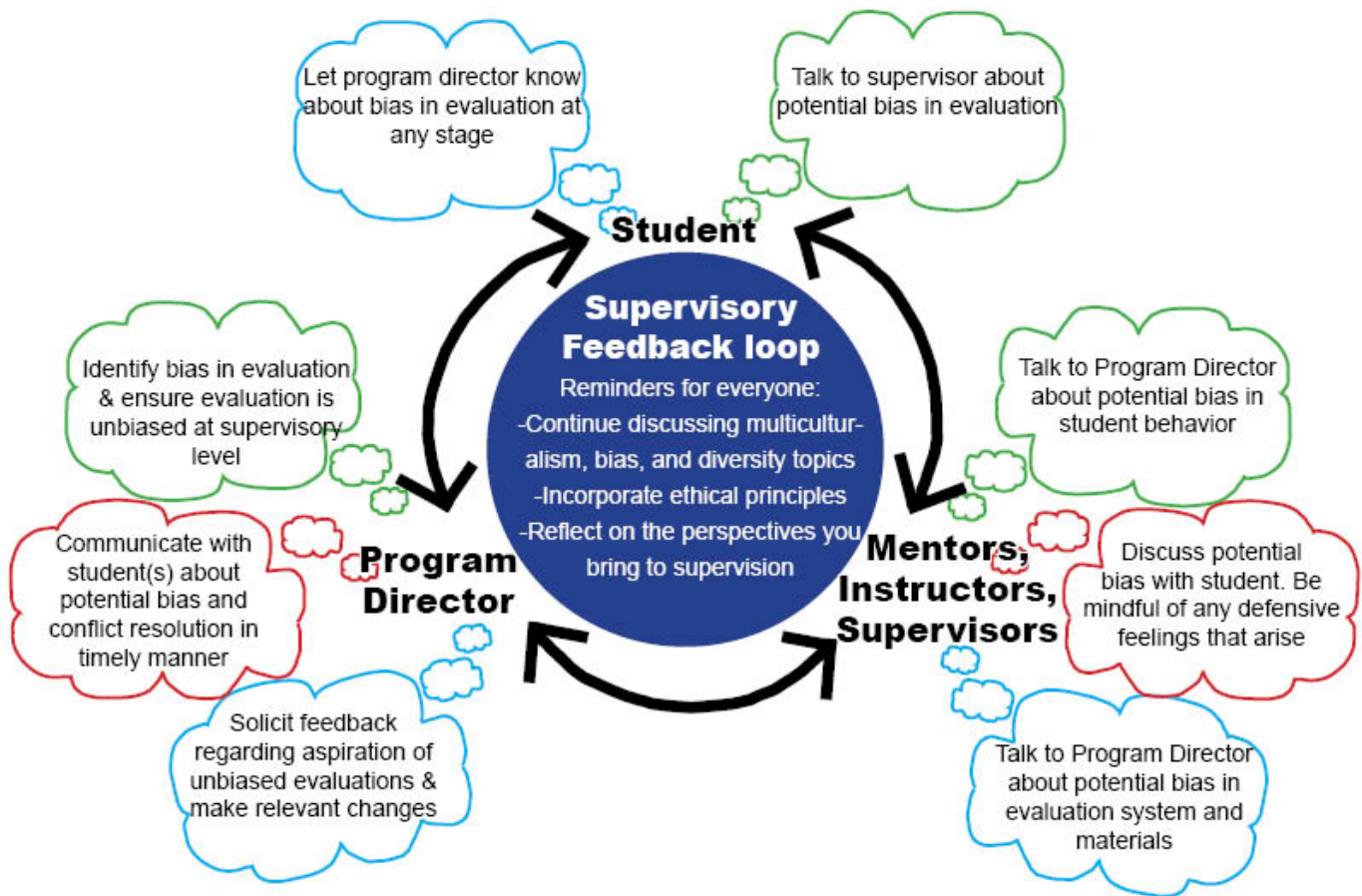
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Practices that Promote Socially Responsive Evaluation Across Roles in Training Programs

INTRODUCTION

Below you will find a *Supervisory Feedback Loop* that represents the cyclical and reciprocal nature of the supervisory relationship. The figure demonstrates different steps each member of the relationship (i.e., student, mentor/instructor/supervisor, program director) should be thinking about to reduce bias in the evaluation process. On the next page, you will find an exemplar table that expands on this figure by listing barriers to change, self-reflection questions, situational examples, and potential next steps for each member of the relationship. The table is not intended to be exhaustive. Rather, it is intended to be a starting point for discussions pertaining to bias in the evaluation process.

See exemplars on the next page.

EXEMPLAR TABLE

	Barriers	Self-Reflection Questions	Situational Examples	Your Next Steps
Student	• Defensiveness • Anxiety/discomfort addressing the issue • Power differential • Lack of clarity regarding benchmarks (e.g., role, competency, process) • Time considerations (e.g., unclear on when to bring up concerns)	• What identities, assumptions/biases, etc. do I bring into supervision? • How am I responding to feedback? • What are potential barriers I am missing? • How do I effectively convey the information? • Am I bringing up concerns early enough vs. waiting until they have worsened? • Do I know the standards I am expected to meet?	• A situation directly impacted by a diversity variable such as miscommunication due to English as a second language • Student feels uncomfortable asking questions due to fear of retaliation, fear of being "wrong," or distrustful of ongoing negative judgement occurring • Supervisors lose track of communications • Compared to another student, training opportunities seem unequal	• Engage in feedback **proactively**. • **Identify a student liaison** to anonymously relay feedback to leadership. Track feedback. • Consider **advocating as a student group** vs. individually. Track feedback. • **Include objective data to highlight issues** (e.g., Internal student surveys or alumni feedback, aggregate or graph data). Track feedback. • **Use literature to identify solutions** (e.g., APA Professional Development Plan). Track feedback.
Supervisor/ Faculty	• Defensiveness • Fear of negative reflection on reputation • Not wanting to upset the student • Uncertainty if the issue warrants being addressed • Cautious about appropriate way to address diversity considerations • Navigating student responses • Unaware of impactful factors (e.g., power differential) • Not applying multicultural competency • Lost track of communications • Process for evaluation may not explicitly provide developmental professional growth trajectory	• Am I being sensitive to the unique identities and needs of my student? • Am I considering my student's commitment to advocacy and diversity, inclusion, and equity? • What am I doing to maintain and improve my own multicultural competence? • Am I being defensive in my responses to student feedback? • Am I following best practices in supervision? • How much have I or the program contributed to the identified deficit?	• A student is making others within group supervision uncomfortable because of identity-based comments • Supervisors lose track of communications. • Observe variable quality in training opportunities provided to students • Feeling defensive about feedback received through course/supervision evals can impact willingness to change • Weariness of gatekeeping student's advancement may impact one's willingness to address concerns	• Open discussion with **input and feedback** to student. Track actions taken. • Review **Multicultural Competencies** and other relevant literature. • **Engage in regular trainings** related to multicultural practice. • **Use literature to identify solutions** (e.g., APA Professional Development Plan). Track feedback.
Director of Training	• Weighing student vs. supervisory needs • Fear of disrupting the status quo or losing training staff • Concerns demonstrating accreditation requirements • Difficulty understanding what defines a safe space on a program level • Not recognizing differences in perspectives depending on one's identity • Lost track of communications • Process for evaluation may not explicitly provide developmental professional growth trajectory • Lack of program resources • Differing values/styles among staff (e.g., tone, relationships, timing) • Unclear how to advocate	• How do I create an effective safe space? • Do staff have the knowledge but not applying it behaviorally? • Do staff need opportunities to expand knowledge? • Am I following best practices in supervision? • Are the evaluators in my program (supervisor/faculty) following best practices in supervision? • Are <u>all</u> students provided education and training experiences of equal quality? • Is our program adequately meeting the developmental needs of the students?	• A student feels uncomfortable communicating an issue they witnessed in class, by a supervisor • Supervisors lose track of communications. • Aware that certain training sites are not following best practices • Awareness that a particular supervisor is causing problems, but allowing the problem to continue (e.g., biased or overly harsh evaluations). • Due process and grievance procedures may expose barriers, inequities, or unfair evaluation processes.	• Send committee meeting minutes to **students** in a timely fashion. • Create de-identified student survey on experiences re: diversity considerations within the program. • Develop and share program-wide word cloud to identify diverse program identities. • Provide training for staff on diversity considerations and effective communication. • Program recognition efforts for successful engagement (e.g., professional development). • Identify a list of resources for staff to access for learning. • Identify barriers, action plan, next step, etc. to offer staff and students. • **Use literature to identify solutions** (e.g., APA Professional Development Plan). Track feedback.

* Colors coded to recommendations on front page. **More than one color is used to highlight multiple audiences**.

Lifelong Learning

OVERVIEW

Lifelong learning is a core value in psychology and extends to all aspects of our work including social responsiveness. Lifelong learning requires deliberate and focused attention and is predicated on accessible and quality tools to foster and maintain competency development. It provides a structure such that psychology professionals can engage in ongoing self-reflection to ensure that they maintain and enhance their ability to be socially responsive across the range of professional activities they may engage in. Lifelong learning is central to achieving this outcome. This toolkit module is focused on sustaining gains in developing a socially responsive culture and habits through lifelong learning.

GOAL

The lack of a curriculum for lifelong learning for social responsiveness brings both challenges and opportunities. Depending on your professional and personal identity and your place in your career, such goals can look different. You may not even know where or how to start your learning in social responsiveness. With these factors in mind, the goals for this working group are twofold. The first goal is to provide a conceptual starting point that helps to determine where to start. The "roadmap" provided can point you in a good direction and help set your course for socially responsive lifelong learning. The second goal is to figuratively help you "pack your backpack" for your journey. The three "communitarian" "dialogue", and "repair" tools will provide you with those concrete steps, resources and exercises for engaging directly in developing social responsiveness, regardless of the career stage you're in as a psychology professional. You will learn how to think more widely and inclusively within your given community; how to engage in sometimes difficult but often important discussions with disparate community members; and how to repair any interpersonal ruptures that may result when having these hard conversations. Armed with these tools, you can feel more confident in your journey towards becoming a more socially responsive psychologist, regardless of whether you are an early, mid- or late career psychology professional.

CCTC 2020 RESOURCE:
Recommendations/Resources/Information

1. **A Roadmap for Lifelong Self-Reflective Practice in Social Responsiveness**

2. **Resource for Creating a Culture of Communitarianism**

3. **Difficult Dialogue Resource**

4. **Guidelines on Repair, Recovery, and Remediation of Lapses, Errors, or Offenses**

A Roadmap for Lifelong Self-Reflective Practice in Social Responsiveness

PURPOSE

This roadmap is designed to assist psychologists in developing and sustaining socially responsive culture and habits throughout their career. It is vital for psychology professionals to continue developing their sensitivity, knowledge and skill in teaching and/or providing services in a manner that promotes the health, well-being and dignity of historically marginalized members of our community.

GOAL

The goal of this roadmap is to help guide self-reflective practice related to issues of culture and diversity in an effort to ensure that such issues are integrated into training and practice at all developmental levels within the field of psychology.

CONSIDERATIONS

- This roadmap is based, in part, on well-established guidance related to multicultural competence (Sue et al, 1982). Any recommendations offered are inherently limited and recognize the need for continual self-reflection and assessment.

- We recognize that this topic is broad, fraught with troubled history, personally challenging, and at times competes with social norms and demands. Furthermore, self-reflection is a competency that we are generally not good at implementing.

- Despite recognizing the importance of self-reflective practice as it relates to issues of culture and diversity, we often don't take the time to integrate it into our everyday practice due to being busy with other professional responsibilities.

- This is an amorphous process/competency—it is hard to operationalize, difficult to identify best practices, and there is a lack of clarity about the target for which we are aiming.

- Individual concepts are interrelated, but it is anticipated that all will have personal strengths and areas for growth.

- Insight is necessary but not sufficient to bring about change. Self-reflection, as an ongoing process, needs to guide socially-responsive action. It is critical to recognize that one's impact is more relevant that their intention.

- Many of us live within a culture that values individual accomplishments and crossing items off a checklist. Self-reflective practice may be challenging given the inability to ever complete the task. Rather, this practice invites you to establish ongoing practices for continued growth and reflection and asks you to consider not only what you know/think but also what actions or steps you take and the frequency of doing so.

- This may also be difficult as insights gained may shed light on biases inconsistent with other values and beliefs we hold.

- Self-reflection has value in real-time as we navigate our professional roles, and also provides a lens through which we can analyze and learn from our past experiences.

- This roadmap is for psychologists and psychology trainees at all levels of training and practice.

GUIDE FOR USING THIS RESOURCE

This topic is broad and may feel overwhelming. It is not the expectation that the reader address or respond to all prompts at once. Instead, it may be helpful to focus on only a few prompts that seem relevant at any given time. As the reader navigates through the prompts for self-reflection, they are encouraged to think about the application of the prompts across the various aspects of their work in the field of psychology. This may include roles as a teacher, mentor, supervisor, clinician, or administrator—to name a few. In an effort to ground reflections in your current work, it may be helpful to think about a specific situation, individual, group, or experience to which the self-reflective prompt can be applied. The full list of prompts is in no way meant to be all-inclusive, and efforts to apply these prompts to personally relevant situations may lead to reflection on questions not included in this guide.

Domain A (Beliefs & Attitudes)

This section relates to attitudes and beliefs about persons of color. It recognizes that values and biases may hinder effective cross-cultural practice, professional relationships, and personal development. It addresses the importance of being aware of and checking our own biases and stereotypes as well as developing a positive orientation toward multiculturalism.

SELF-REFLECTIVE PROMPTS:

- Am I willing to adopt a stance of curiosity about myself, my experiences, others, and my perspectives/biases?
- How have my values changed over time?
- What have I learned about other groups that has been valuable or interesting?
- What does being inclusive mean to me? Do I think it's important to be inclusive? How do I try to accomplish this?
- Why is this self-reflection important to me?
- What personal biases am I already aware of?
- Are there groups of people or diversity topics that make me uncomfortable?
- To what groups do I think the concept of social responsiveness applies?
- How do I think my identities impact the therapeutic relationship? My relationships with others?
- What aspects of privilege do I bring into the room with me?
- Am I negatively evaluating another due to their membership in a non-dominant group or due to being different from me?
- What are my values?
- What is my clinical orientation?
- Are my beliefs based on habits or facts? Is there data to support my beliefs/biases about other groups?
- How do I think others perceive me? How does this impact my behavior with them?
- How do I relate to the experiences of others? What do their experiences bring up for me?
- What am I comfortable/uncomfortable disclosing about myself?
- How do my behaviors change when I am around people who are not like me?

IDENTIFIED AREAS FOR GROWTH:

Action Plan: Do I need to establish a SMART (specific, measurable, achievable, relevant, time-based) Goal? Do a project? Consult? Read more? Change a practice?

Domain B (Knowledge)

This section relates to individual knowledge and understanding of one's own worldview, specific knowledge of the cultural groups one interacts with, and understanding regarding relevant sociopolitical context and influences.

SELF-REFLECTIVE PROMPTS:

- What course work have I taken?
- What Continuing Education do I seek out? Attend?
- Are my sources of information outdated? Incomplete?
- Have I received good supervision or consultation in this area? How has that impacted my practice?
- To whom does my knowledge generalize?
- Who am I working with right now? Is there someone I'd like to learn more about? Their culture, background, perspective?
- Do I consider multiple sources/perspectives before drawing conclusions?
- Have I looked at any data about health disparities? Inequities with access to care?
- What do I want to know about _____ group?
- What sources of information do I utilize? Am I relying on dominant group perceptions of others?
- When I work with a patient population do I consult the literature about if/when to modify my practice?
- Do I have a strategy for determining when to make cultural adjustments? How am I ensuring not to engage in bias that may be harmful?
- What do I feel puzzled about when I'm around _____?
- How might I be able to learn about if/how a group experiences systemic oppression?
- What do I wish I had learned more about?

IDENTIFIED AREAS FOR GROWTH:

Action Plan: Do I need to establish a SMART Goal? Do a project? Consult? Read more? Change a practice?

Domain C (Skills & Strategies)

This section relates to specific skills and strategies needed in working with non-dominant groups. This includes attending to and meeting the needs of those with less privilege.

SELF-REFLECTIVE PROMPTS:

- Do I engage in self-reflection and transparency about my own cultural identities including gaps or limitations in knowledge and how to seek consultation?

- How do I demonstrate culturally competent practice?

- Do I engage in discussion/consultation about multiple diversity issues and the impact of these issues on case assessment, intervention, and conceptualization?

- Are there areas about which I avoid reflecting or engaging in consultation?

- Do I initiate discussion of my cultural identity in relation to work with supervisees, clients, and systems and how they are interrelated? Do I invite others to discuss these issues?

- Do I have people to consult with who may be able to identify my implicit biases and also be willing to bring them to my attention? Do I tend to only seek consultation from others like-me or with similar backgrounds and beliefs?

- Are there any barriers to my using the skills I've developed in this area?

- How can I effectively put into practice skills that push me out of my comfort zone?

IDENTIFIED AREAS FOR GROWTH:

Action Plan: Do I need to establish a SMART Goal? Do a project? Consult? Read more? Change a practice?

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2.
Resource for Creating a Culture of Communitarianism

PURPOSE

Communitarianism complements psychologists' individualistic lifelong learning and can help to ensure social responsiveness. Individual perspectives, values, and beliefs are shaped and constructed by our backgrounds, experiences, and contexts. Psychology itself is a culture; one in which self-assessment, self-reflection, and ethical reasoning is largely left for the individual to evaluate (Johnson et al., 2014). The gap in this model is that we only know or perceive that for which we are attending, leaving us vulnerable to our blind spots (Hase et al., 1999). The danger in this model is that size is irrelevant for blind spots. Further, when we do see the need for consultation, we tend to seek feedback from those who are similar to us in perspectives, beliefs, and values. We rarely make the decision to find someone who espouses different beliefs and values as the person with whom we consult (Stone & Heen, 2014). By creating a network of diverse peers and colleagues who work with one another to create or foster a culture of growth, and collective reflection on social responsiveness, a foundation for an iterative process of learning, adapting, and expanding our perspectives and understanding our biases can be formed (Johnson et al., 2014; Johnson et al., 2012).

GOAL

The goal of this resource is to help psychologists learn how to create a culture of communitarianism. Forming and sustaining communitarianism learning groups can lead to increased acceptance for diverse views and respect for differences of opinions. It can empower and support individuals to speak their "truth", and for us as a profession, to systematically acknowledge that there can be multiple truths. This resource aims to provide psychologists with a fluid means with which to reflect, grow, and learn; inoculate themselves from their unconscious biases; and have candid, difficult, and at time conflictual conversations, which reflect diversity.

Creating a culture of communitarianism to promote lifelong learning about social responsiveness takes place in five stages: **Preparation, Action, Feedback, Planning Next Steps, and Assessing Outcomes.**

Preparation Stage

Communitarianism might take different forms. Communitarianism consists of values, attitudes, and beliefs that will look different in practice based on setting and context. Some examples of where

communitarianism may be practiced include peer supervision, consultation group, and cultural dialogue groups. There are several factors to consider when preparing to implement communitarianism in your place of work:

- Relationships in the community are central. Rather than individual needs, dyadic and larger group/community needs are paramount. All stakeholders in the community need to feel valued. Problems should be viewed and defined from a relational-community lens or perspective.

- Social hierarchies* need to be upended. Rather than privileging those in authority and those with social power, empower others to lead, speak, and participate. Raise the softer voices in the group.

- Collaboration is key in all decisions. Rather than making decisions by a few, decisions should be made together in-community in which all stakeholders provide input, direction, and have their perspectives valued.

  » *Additional resources to better understand this term:
  www.apa.org/monitor/2015/02/class-differences
  psycnet.apa.org/doiLanding?doi=10.1037/a0028756

FREQUENTLY ASKED QUESTIONS

1. *Won't this take too much time to implement?* Any new innovation takes time. This resource was developed to save you time in learning how to implement this approach. The benefits of a communitarian approach are likely to outweigh the initial investment of time.

2. *Won't I lose control as the leader?* As the leader, you will still be in control, but it will be shared. For example, management is still needed, but this may be joint management with another individual or monitored as a group collectively. In fact, you may find that sharing power with others will free up your time to work on more enjoyable leadership tasks for your organization. Links to resources to support group facilitation within the context of creating a culture of communitarianism include:

Developing Social Justice Competence in Group Work through Intergroup Dialogue Co-Facilitation

11 Ways to Facilitate Great Conversations—Coaching for Leaders

Action Stage

This concerns starting the group and getting to know each other in a communitarian way. Communitarianism complements psychologists' individualistic lifelong learning and can help to ensure social responsiveness. By creating a network of diverse peers and colleagues who work with one another to create or foster a culture of growth and collective reflection on social responsiveness, a foundation for an iterative process of learning, adapting, and expanding our perspectives and understanding our biases can be formed. Facilitated group activities in which you are supporting diverse perspectives and opinions can foster the communitarian mindset

Here are some examples of group activities:

1. Talking Circles- Talking Circles, Native American Talking Circles, What are Talking Circles?
2. De Bono 6 hats thinking - Six Thinking Hats®
3. The Vantage Circle Blog lists several activities that can be used to facilitate discussions and further understanding of diversity and inclusion- 15 Activities To Promote Diversity And Inclusion In The Workplace

Feedback Stage

One way to support the maintenance of a communitarianism culture within a group is to provide a means through which members can provide feedback about their comfort and experience. One example of a questionnaire could be MacKenzie's group climate questionnaire (1983). However, given that the goal is to emphasize diversity and differences of opinions, it is equally important to assess comfort in having dissenting opinions and perspectives. Such feedback could be obtained at a qualitative level. Examples of questions that facilitate diversity and inclusion experiences can be found at Sample diversity and inclusion questions for employee surveys. Depending on your team, the leadership literature also has tools that can be used as a means of assessing overall team functioning. For instance, 5 Dysfunctions of a DevOps Team: Team Assessment, specifically asks questions related to morale, conflict, and teams' willingness to have candid and difficult conversations.

Planning Next Steps Stage

Once your group has begun a culture of getting to know one another and encouraging diverse opinions, identifying stakeholders with whom to meet to advance and sustain social responsive practice can begin. At this point, the group can begin to establish working goals for specific areas related to social responsiveness, human rights and social justice that lead to meaningful actions and change for the relevant community.

Next Steps can include creating new policies, developing new coursework for students, and creating learning experiences and skill building exercise for trainees. Examples of each of these activities include:

- Evaluation of behavioral anchors to assess competency level
- Continuing education topics
- Advocacy initiatives
- Activism
- Professional activities (e.g., at APA/CPA conventions, at State/Provincial Psychological Associations meetings)
- Community-based activities (e.g., collaboration with local activists or politicians)
- Resources and funding for building the culture of communitarianism

Assessing Outcomes

How would we define success? What would the impact be? How will we know we are successful? In this initial phase of innovation, creating an infrastructure in which programs/individuals could indicate if they are establishing communitarianism groups could help, and can facilitate collective wisdom. These groups could be based on a place of work, but could also work through a social media platform, where groups could share resources, lessons learned, etc.

Ideally, we psychologists are engaging with those outside of the profession as part of this process. The goal would be to traverse the boundaries to the community outside our "walls"—other professions, community members and agencies, local activists and schools, senior centers, shelters, hotlines, immigration services, neighbors, and diversity offices.

After each planned activity, participants will be able to respond to 1 or more of these learning objectives:

- Identify at least 1 element of their own identity in relation to their local community (program, department, town/city) that denote privilege and/or power
- Identify at least one element of their own identity that denote lack of privilege/power in relation to their local community (program, department, town/city)
- Identify at least one historical event in their local community (program, department, town/city) which has been experienced as disenfranchising or otherwise harmful towards fellow community members
- Define how principles of restorative justice can be directly applied to a specific community development plan or strategy
- Identify at least one example of how relationships can be or have been altered in favor of a more communitarian stance in your local community (program, department, town/city)
- List at least one future action that participants can engage in to enhance community development/cohesion
- List at least one skill, ability, or talent that participants can contribute to the present communitarian development activity

- List at least one skill, ability, or talent that participants have benefitted from through other participants related to the present communitarian development activity

Communication platforms can be used to review the pace at which groups are growing or evolving (or whether they are remaining static). Rather than seeing feedback as an end product, feedback could become an iterative and transparent process in which knowledge and experience sharing is being gathered and used in 'real time', further expanding diverse viewpoints, frameworks, and ideas.

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3.
Difficult Dialogue Resource

PURPOSE

The American Psychological Association Commission on Accreditation's Standards of Accreditation state that "compelling pedagogical interests require that each program prepare graduate students, interns, or residents to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity (page 7, 16, and 23)." Yet, navigating such tensions is difficult and has often been referred to as engaging in difficult dialogue (Watt et al., 2009). Difficult dialogue is often necessary in order to acquire the knowledge, skills, and abilities needed to engage in culturally competent mental health care (Sue, Torino, Capodilupo, Rivera, & Lin, 2009; Watt et al., 2009). Psychologists, as lifelong learners, are expected to have the knowl-edge, skills, and abilities to engage in cross-cultural research, education, supervision, and service delivery (APA, 2017), which include skills for engaging in difficult dialogue. However, there are documented barriers to engaging in difficult dialogue including fears of revealing personal biases, lack of skills to engage in such exchanges, and minimization to name a few (Sue et al., 2009, Watt et al., 2009).

GOAL

To begin gaining and sustaining competency in engaging effectively in difficult dialogue, the following Guidelines for Dialogue and Structure, Process, and Sustainability Tips for Intentional Dialogues are offered.

Guidelines for Dialogue
(Difficult Dialogues National Resource Center, n. d.)

The following are taken directly from the Guidelines for Dialogue document, with minor adaptations. Guidelines are used to establish expectations for how the participants will engage in the space and can be used as an accountability check-in.

1. Privacy, courtesy, and respect

    a) What is said here, stays here; what is learned here, leaves here.

    b) Treat people with courtesy and respect (APA, 2017)

2. Use "I" Statements

    a) Speak from your experiences.

    b) Each person is an expert of their own experiences.

3. Make space, take space

    a) Share airtime and monitor how much you have been talking.

    b) Reflect on how you are engaging—be aware if you are taking up much more space than others.

    c) If you are taking more space than others consider using the WAIT skill.

    d) WAIT: why am I talking?

    e) If you are taking up less than others, empower yourself to speak up.

4. Expect and accept that the process continues after the conversation

    a) The dialogue is intended to be a starting place—to start a conversation, to reflect, to challenge some of our assumptions, to grow and think in ways we may not usually.

    b) It is not a space to "fix" everything or come away with all of the solutions.

    c) These opportunities can be a catalyst from which you continue to think, reflect and build upon after the dialogue ends.

5. Trust that people are always doing the best they can.

    a) This is an opportunity for learning and growing. It is okay to make mistakes; when mistakes happen, acknowledge, apologize and move on.

    b) Don't freeze people in time. Stay open to the idea that people are able to grow and change and your understanding of others should remain malleable.

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6. Challenge the idea, not the person.

   a) It's okay to disagree. Focus on the ideas expressed and any underlying assumptions, the dynamics of power and oppression and values reflected in statements by asking questions. Avoid personal attacks and judgment.

   b) The goal in dialogue is not demean, devalue, or "put down" people for their experiences, lack of experiences, or difference in interpretation of those experiences.

7. When in dialogue, we strive to learn from each other.

   a) Using active listening to each other and not talking at each other.

   b) Acknowledging differences in backgrounds, knowledge, skills, interests, and values.

   c) Accepting that it is these very differences that will increase our awareness and understanding.

Structure, Process, and Sustainability Tips for Intentional Dialogues

The following are adapted from the Strategies for Current Challenges in Dialogue Facilitation document (Difficult Dialogues National Resource Center, 2020; Quappe & Cantatore, 2005).

Structure (What)

1. Establish expectations: Establish clear expectations around what will happen if participants to not follow the Guidelines for Dialogues.

2. Embrace technology: to enhance the virtual dialogue space to help increase engagement, to be more inclusive of different learning styles, and to help disrupt some of the traditional patterns of communication.

3. Consider crowd sourcing: Lean into the crowd sourcing nature of technology to quickly generate and brainstorm ideas and content.

Process (How)

1. Make space: Making space for everything people are bringing into the dialogic space, grounding in what is happening, honoring how hard times are, etc.

2. Build coalitions: Focusing on creating coalitions across social identity groups and helping people explore how they fit into different movements and spaces.

3. Empathize: Understand the perspectives and experiences of others.

4. Validate: Affirm the perspective and experiences of others even when they differ from our own.

5. Refrain from making assumptions: Ask for feedback, check out your assumptions.

6. Naming: Naming what is happening (e.g., strong emotions, polarization, disengagement, etc.).

7. Middle frame: Reaching for the center, pulling for the middle (middle framing) and finding the common thread/issues people can still agree on.

Self-Care Tips for Sustainability (Why)

1. Mindful awareness: Engage in self-reflection to ask yourself questions such as

   a) What are you feeling right now?

   b) What do you need right now?

   c) What are you doing to try to take care of yourself?

2. Relationship building: Connect with others engaged in this kind of dialogue.

3. Embrace self-care: For you as an individual and also as part of community care.

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4.
Guidelines on Repair, Recovery, and Remediation of Lapses, Errors, or Offenses

PURPOSE

As previously stated, the American Psychological Association Commission on Accreditation's Standards of Accreditation require programs to prepare graduate trainees to navigate cultural and individual differences in research and practice, including those that may cause tension stemming from the intersection of different areas of diversity (page 7, 16, and 23). Consistent with our core value of lifelong learning, psychologists are also expected to continually develop and maintain the knowledge, skills, and abilities to engage in cross-cultural research, education, supervision, and service delivery (APA, 2017). The ability to engage effectively in difficult dialogue is necessary not only to acquire knowledge, skills, and abilities for engaging in culturally competent mental health care (Sue, Torino, Capodilupo, Rivera, & Lin, 2009; Watt et al., 2009) but also to appropriately respond to, repair and remediate lapses, errors, or offenses at the interpersonal and communal level that may occur as they relate to diversity, equity, inclusion, or social justice concerns.

GOAL

The goal of this resource is to provide program leadership, faculty, and students with guidance on repairing, recovering, and remediating lapses, errors, or offenses at the interpersonal and communal level as they relate to diversity, equity, inclusion, or social justice concerns. Faculty, supervisors, and administrators can engage in life-long learning to create an environment that **invites feedback** from students, as well as a mindset and orientation that allows faculty, supervisors and administrators to **remain open to reflecting on** that feedback, and to **respond effectively** to that feedback. Thoughts on how to navigate **resistance** to feedback are discussed.

Inviting Feedback. Faculty, supervisors, and administrators can develop processes to directly invite feedback from students or trainees regarding their perceptions on lapses, errors, or offenses at the interpersonal and communal level as they relate to diversity, equity, inclusion, or social justice concerns. Concerns from students and trainees may be voiced directly by those who perceived the lapse, error, or offense, or by those who become aware of them. As part of professional development, it is critical that students and trainees be strongly encouraged to express concerns directly; however, *inviting* feedback encourages a culture of openness, non-defensiveness, and

willingness to respond to—and take seriously—the concerns of students or trainees. Further, inviting feedback from anyone, regardless of whether they were the direct recipient or target, acknowledges the impact of witnessing or hearing about the lapses, errors, or offenses.

To provide a foundation for inviting feedback, all students and trainees should be made aware of university- and department-level policies and procedures for making formal or informal complaints (e.g., Title XI complaints). Students and trainees should be reminded of organizational and legal reporting requirements as they relate to lapses, errors, or offenses. Further, students and trainees should be reminded that the invitation to provide feedback is not a *requirement* to provide feedback. If a student or trainee expresses concern about an interaction that they witnessed, the faculty member, supervisor, or administrator should not demand or require that the recipient or target of that interaction provide feedback or discuss the situation. Instead, faculty, supervisors, and administrators are encouraged to directly address the student providing the feedback to them.

Programs can explore implementing the following practices to increase the likelihood of receiving feedback from students and trainees:

1. Include a standing agenda item that invites feedback in regular meetings. This item could be included in several different types of regular meetings, such as program-level meetings, lab or clinic meetings, and individual or group meetings with mentors and supervisors.

2. Include a standing survey item on course evaluations, supervisor ratings, mentor ratings and related documents that invites feedback. Although such a survey item could be phrased positively (e.g., Please rate the degree to which the supervisor was respectful of individual and cultural diversity), it may be useful to directly ask about lapses, errors, or offenses (e.g., During this course, did you experience or witness verbal, nonverbal, and other slights, snubs, or insults—regardless of intention— which may have communicated hostility, criticism, disrespect, or negativity based solely upon someone's individual or cultural identity or group membership?). Consider providing opportunities to provide more specific feedback or details on these surveys or evaluations if concerns are identified through the survey items.

3. Include invitations to provide feedback in program handbooks, course syllabi, and other policy and procedure documents. For example:

    a) Our program actively encourages students to provide feedback to faculty—and to each other—if they perceive that a lapse, error, or offense related to diversity, equity, inclusion, or social justice concerns occurred. Faculty are committed to creating a culture and climate of inclusivity. As such, they are open to receiving feedback; indeed, faculty have been trained in *how* to receive feedback. If students are concerned with providing feedback to a faculty member or another student, they are encouraged to contact the DCT, chair of the department, or any other faculty that they are comfortable approaching for assistance and guidance in providing feedback. Students will be supported by the department and program leadership, as well as other faculty, in providing such feedback.

4. Include an invitation to provide feedback as part of program orientations, first lab or supervisory meetings, and other "first" meetings.

5. Provide annual training to students and faculty on how to provide and receive feedback, such as using the Confronting Prejudiced Responses (CPR) Model (Ashburn-Nardo, Morris, & Goodwin, 2008) or other evidence-based approaches to confrontation (Monteith, Burns, & Hildebrand 2019).

6. Consider developing program "ground rules" for discussion concerns related to diversity, equity, inclusion, or social justice (see Goldstein, 2021 for an example).

Remaining Open to Feedback. Inviting feedback may result in receiving feedback. As such, it is critical that faculty, supervisors, and administrators remain open to feedback when it is provided. Listening is a foundational skill in psychological interventions, and there isn't a more important tool than listening for remaining open to feedback. To remain open to feedback, faculty, supervisors, and administrators must engage their active listening skills. Although faculty, supervisors, and administrators may believe that they are experts in such skills, and indeed they may be experts in implementing such skills in clinical or other contexts, it is important to acknowledge that this skill may not simply translate to interactions involving students or trainees. As such, faculty, supervisors, and administrators may need to engage in lifelong learning as it relates to active listening skills when working with students and trainees, particularly in circumstances in which they may *feel* or *perceive* that they are being accused of lapses, errors, or offenses for which they don't immediately understand or agree. Faculty, supervisors, and administrators should practice receiving difficult feedback from students or trainees while also engaging in the following:

1. Keeping quiet while the student talks. Resist interrupting the student or trainee. Resist asking questions. Resist correcting the student or trainee's perspective or experience. Resist arguing with the student or trainee. Resist verbal and nonverbal expressions of skepticism or disbelief. Resist educating the student or trainee. Resist—and actively identify/challenge—judgments about the student and their concern. Just listen.

2. Actively acknowledge and accept that the student or trainee has a concern. Note that fully *understanding* the student's or trainee's concern (e.g., the student's logic or reasoning) or *agreeing* with the student's concerns (e.g., if a specific interaction was a microaggression) is not required to acknowledge or accept that the student or trainee has a concern. In other words, validate the student's concern. Indeed, the faculty, supervisor, or administrator may simultaneously disagree with the student or trainee's perspective while also acknowledging and accepting the student or trainee's perspective. It is important for faculty, supervisors, and administrators to understand that it matters little if they believe they did—or did not—engage in a lapse, error, or offense; the student's concern is the focus, not their belief of the veracity of the student's concerns.

3. Actively validate—verbally and non-verbally—the student or trainee's *emotional* experience of the interaction or situation. Acknowledge how difficult it likely is for the student or trainee to provide feedback.

4. Express curiosity about the student's experience and perspective. Ask open-ended questions if necessary, but only after the student or trainee has finished expressing their concern. Avoid questions that imply doubt about the student or trainee's concern or perspective.

5. Develop, maintain, and foster an empathic mindset when listening to the concern, working actively to take the perspective of the student or trainee (Gutsell, Simon, & Jiang, 2020).

Reflecting on Feedback. Self-reflection is a core competency among health service psychologists (CoA, 2017) and critical to lifelong learning (Kellenberg, Schmidt, & Werner, 2017). Self-reflection, including self-evaluation and self-critique, are critical competencies that require intentional practice over one's career to effectively repair, recover from, and remediate lapses, errors, or offenses (Tervalon & Murray-Garcia, 1998). At the very least, faculty, supervisors, and administrators must accept that it is *possible* that they hold some, if not all the responsibility for the concerns being expressed by the student or trainee. Indeed, honest self-reflection will inevitably identify that everyone has said or done something offensive at some point in their lives, regardless of intent (Nadal, 2014). Through self-reflection, we may identify and therefore acknowledge that we made an error, providing a critical opportunity to address that error (Kite, Colbert & Barrera, 2021). Increasing awareness through self-reflection is also critical to remaining

culturally humble (Tervalon & Murray-Garcia, 1998), acknowledging that as lifelong learners there is much we do not know.

Self-reflection requires that we monitor the impulse to prove—to ourselves, to the student or trainee, or to others—that we are not biased (Simon et al., 2019). Given that all humans are vulnerable to the processes that develop, maintain, and perpetuate stereotypes, prejudice, and discrimination (Murrell, 2020), self-reflection can be critical in developing awareness of any "blind spots" that may have precipitated the student or trainee's concerns. Self-reflection can also be helpful in understanding how ideological predilections (e.g., egalitarianism vs. elitism) and emotional experience (e.g., feelings of ressentiment) may interfere with your ability to respond effectively to the student or trainee expressing a concern (Reynolds et al., 2020). Developing, maintaining, and fostering a growth mindset can facilitate the process of self-reflection by reframing the concern as an opportunity for personal growth and development, rather than as a potential threat (Rattan & Dweck, 2018).

Self-reflection is also important while actively receiving feedback from a student or trainee. Awareness of emotional reactions in response to the student and their concern is especially critical to facilitating the feedback process. Faculty, supervisors, and administrators must be aware of any experience of intense emotions in response to the feedback, such as anger, embarrassment, or fear. When strong emotions drive behavior, faculty, supervisors, and administrators will struggle to effectively repair, recover from, and remediate the student or trainee's concerns (Czopp & Monteith, 2003).

Ultimately, self-reflection, greater awareness, and cultural humility will help faculty, supervisors, and administrators take responsibility for their own behaviors, thoughts, and feelings, as well as actively engage in the process of repair (Nadal, 2014). Further, these processes will facilitate cultural curiosity, in which faculty, supervisors, and administrators can gain clarity about what they know and do not know, actively seeking out opportunities to educate themselves, rather than relying on students to provide that education.

Responding to Feedback. Please refer to the *Guidelines for Dialogue Tool* (CCTC Workgroup 9 Dialogue Subgroup, 2021) for tools on responding to feedback from a student or trainee.

Resistance. Some faculty, supervisors, or administrators may be resistant to training in lifelong learning as it relates to addressing lapses, errors, or offenses in these sensitive areas. Those who evidence either silent or vocal resistance to lifelong learning should be strongly encouraged to explore the possible reasons for feelings behind their resistance. Resistance may result from lack of understanding of implicit bias or aversive "isms" or fear ("I don't have anything to offer, I don't know the right terms/literature; I don't want to misspeak and be seen as racist/sexist/transphobic/ableist"). These kinds of resistance can likely be effectively addressed with education, mentoring, peer supervision, role playing, and encouragement. Faculty, supervisors, and administrators may also be responsive to evidence-based strategies for reducing the likelihood of lapses, errors, or offenses, such as prejudice habit-breaking interventions (Devine et al., 2012). Such remedial work may need to be done on an individual basis, to reduce the person's defensiveness and increase the sense that they are being supported rather than being punished or remediated.

More rigid resistance that appears to stem from a rejection of the values inherent in the task of repairing ruptures may be initially addressed at the level of exploration and discussion, in the hopes of changing behaviors, if not beliefs. Similar to how students or trainees with values conflicts are addressed from a developmental framework (Forest, et al., 2015; Cohen-Filipic & Flores, 2014), program leaders would discuss these concerns on an individual level to reduce defensiveness and promote collaboration. Faculty, supervisors, and administrators should be reminded of their job expectations and ethical responsibilities as it relates to engaging with diverse students, with behavioral expectations made clear and explicit. Objectively defined, measurable behavioral goals should be provided and evaluated after a reasonable time frame to enable the faculty member to make changes. If resistant behavior continues unabated and/or they are unable to make the behavioral changes required by the program, more drastic measures may need to be taken to guarantee that the program's stated mission and values maintain their integrity. With faculty, supervisors, or administrators who demonstrate extreme resistance in the form of abusive or grossly disrespectful behavior, organizational policies should be followed to appropriately address the concerns.

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