

Clinical Area Inclusion Improvement Plan¹
Clinical Training Area
MU Department of Psychological Sciences

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Table of Contents

Introduction	2
Clinical Area Plan Creation.....	2
Overarching Themes	3
Top “Next Step” Priorities – for 20/21 Academic Year	4
Summary – October, 2021.....	5
Summer, 2021 Update & Goals for 21/22 Academic Year	5
Appendix A: Clinical Area Values Statement.....	6
Appendix B: Partial Summary of Clinical Area Diversity, Inclusion, and Equity Actions (2015 – present)	7
Appendix C: Clinical Area Ideas for Inclusion Improvement Plan.....	9

¹ This report was prepared by a writing subcommittee (faculty: Debi Bell, Jenna Strawhun; student representatives to the Clinical Training Committee: Genevieve Dash, Will Conlin), using written and verbal input clinical area faculty and graduate students.

Introduction

As part of the Department of Psychological Science's efforts to create a more inclusive and equitable environment for learning, teaching, and scholarship, the clinical area has begun what we envision as a continuation and expansion of our efforts to improve equity and inclusion practices within our training area; multicultural competence of our faculty as researchers, instructors, clinical supervisors, mentors, and departmental citizens; meaningful educational opportunities for students to develop their competencies as culturally informed and socially responsive psychological clinical scientists; representation within our training area that more closely matches the identities of the communities with whom we work; and the overall climate of equity, inclusion, belongingness, and relevance that we hope these efforts will facilitate.

We began by reviewing the values we have articulated and goals we have pursued to date (see Attachments A-B). The clinical area's attention to diversity and inclusion is part of our ongoing process of program self-evaluation and improvement, which we embrace as an important aspect of maintaining a high quality graduate program, and is formalized as part of our adherence to standards for accreditation as a health service psychology training program. These standards include explicit focus on diversity of program students and faculty, a program climate that supports equity and inclusion for all students and faculty, student opportunities to develop and demonstrate multicultural knowledge and competencies in all domains of health services psychology (e.g., research, clinical practice, professional communication and relationships), and faculty demonstration of knowledge and competencies that qualify them to participate in student education in this area.

We believe we have made tangible progress toward our goals over the last several years. Importantly, however, we have made more progress in some areas than in others, and we have benefitted a great deal from the commitment and action of students who are important partners in these efforts, but cannot take responsibility for sustainable long-term change. Clearly, we have much room to improve to change policies and practices that maintain inequities and limit our growth as culturally informed, responsive, and inclusive professionals. Thus, we view our efforts and outcomes to date as a strong foundation from which to take next steps.

Clinical Area Plan Creation

Within this context, our current efforts focus on next steps. This report summarizes the results of clinical faculty and student brainstorming regarding actions that we could take, as individuals, a program, and as part of larger collaborative efforts, to improve *inclusion, equity, and cultural competence* within the clinical area. We organized our ideas into eight specific, although overlapping areas:

1. Faculty continuing education
2. Student recruitment and retention
3. Faculty recruitment and retention
4. Classes and curriculum
5. Research and research training
6. Clinical training and service
7. Community outreach, engagement, and advocacy
8. Program climate

Area TT and NTT faculty (n=15) provided input on one or more areas and clinical graduate students were invited to provide input on as many areas as they wished. Faculty and graduate students had the option to work individually or in small discussion groups to generate ideas.

Appendix C presents a series of tables that contain possible actions for each area of focus. Faculty and students proposed specific action items and for each item, indicated individuals to be involved in the actions and methods

of determining the success of the actions. We view these tables as working documents, and so they also include placeholder columns for information to be added as we progress with our plan over the next months and years. For example, we recognize that some of our ideas may have broader support among the clinical area or be considered more important to implement than others. We will survey all of our faculty and students to assess support for individual items and establish area priorities. We also acknowledge that some of our ideas may be less feasible or take more resources or a longer timeframe to implement than others. We have included a tentative timeframe for each proposed action item, although more detailed timeframes will be developed as we made decisions about how to proceed with each item.

Overarching Themes

Based on the area's initial review of the range of ideas generated, we identified six general themes that cut across several of our proposed actions:

1. **Acknowledgement** – several actions proposed by faculty and students involved the importance of explicit acknowledgement of (a) the *relevance* of inclusive and equitable practices across all domains of psychology education, research/scholarship, and professional activity; (b) the *existence* of inequities and non-inclusive practices in our program and department, as well as in society; and (c) the *stress* created by both specific instances of exclusion and discrimination and policies and practices that promote systemic inequities. Simply put, it is not the case that inclusion, equity, and cultural competence are not part of specific research areas, courses, etc.; “*that’s not really part of what I do*” is not an accurate or acceptable approach to our work as psychology researchers, educators, learners, or clinicians. It is part of what we all do.
2. **Broad Engagement** – related to the importance of acknowledging that inclusion, equity, and cultural competence are relevant across all domains of our professional activity, several faculty and student comments noted the importance of advocating for broad, even universal engagement, in inclusion improvement actions. Again, this is part of what we all do. Thus actions that encourage the broadest participation, especially by all faculty, should be emphasized and prioritized.
3. **Faculty Active Learning and Professional Development** –proposed actions in several areas highlight the importance of faculty development. Developing more inclusive research projects, course content, teaching and mentoring approaches, recruitment processes, evaluation/retention practices, and interactional styles will involve learning new information and skills. One student comment summarized a sentiment expressed by many students and faculty – that student investment in their own learning and competency development cannot substitute for faculty competence and leadership in this area.
4. **Manageable Action** – a common theme across faculty and student discussions was the importance of “doing versus talking.” Although values statements, big ideas, and elegant plans can provide important frameworks, they can also be so broad as to seem intimidating, unattainable, or too vague to facilitate action. Chipping away at change with manageable actions may not seem particularly lofty, but may yield more tangible progress. Thus, initial progress might best be aimed at “low hanging fruit.” Of course, reaching this low hanging fruit is not sufficient; manageable actions should support progress toward the larger plans and create the scaffolding necessary to support longer-term or more challenging change. But to create and maintain momentum, focusing on the next small steps is a worthwhile activity.
5. **Accountability** – several proposed actions identify the importance of holding the program, department, and faculty accountable for engaging in inclusive, equitable, and culturally competent practices. Collecting data on specific actions (e.g., through self-reports, evaluations by others such as TEQs, work product reviews), and including these data as part of faculty evaluations (e.g., annual evals, P&T reviews)

or eligibility for specific privileges or awards, will be an important part of ensuring that we prioritize these actions in the context of very busy daily lives with competing (and often too many) demands.

6. **Evaluation** – systematically evaluating the impact of our actions will provide key information about how to move forward. Although we believe the ideas presented here are good ones, some may simply not be that good, or may require modifications to achieve our goals. In addition, some of our goals are not yet entirely clear; formal attention to evaluation will help us identify clear, reasonable goals.

Top “Next Step” Priorities – for 20/21 Academic Year

Although full evaluation of the proposed actions presented here will involve discussion by the full clinical area, the writing subcommittee identified several action items as top priorities for immediate implementation. These top priorities are based on actions that have already begun or that seemed to have sufficient endorsement during ongoing area discussions to warrant moving forward.

1. **Support for BIPOC students** – to acknowledge and provide tangible support to our BIPOC students, who have been faced with repeated and substantial stressors over the past several months, clinical practicum students and supervisors have already begun to explore how to provide case coverage for student clinicians who would benefit from a break in their duties as a therapist while they address their own mental health. The clinical area should explore other mechanisms of support within the advising relationship, assistantships, courses, and program culture (e.g., check-ins, adjusted timelines, meal/care package delivery).
2. **Diversifying Research Participant Samples & Methods** – every clinical faculty member and student who engages in research should explicitly address how they are pursuing inclusive participant recruitment, using inclusive research methods, and utilizing data from diverse samples. As an immediate step, we propose that all clinical seminar research presentations include explicit information on steps taken to ensure inclusive research or plans to improve inclusion in future research. We propose similar attention in addictions seminar, individual lab meetings, and all other places where conversations about research are taking place. Talking about inclusive research practices on an ongoing basis will emphasize their importance and stimulate problem-solving discussions about barriers to inclusive research and ideas/resources for improving inclusive sampling and research methods.
3. **Holistic Admissions in 2020** – 2020 presents the opportunity to try out some new approaches to admissions, with removal of GRE requirement and virtual interviews. We propose that all faculty become acquainted with and implement recommended practices for holistic admissions as a way to more fully and equitably consider applicants’ potential to contribute to and thrive in the clinical program.
4. **TEQs/Faculty Evaluations** – We propose that the clinical area develop a set of evaluation questions relevant to inclusive practices and cultural competence for inclusion, beginning with Fall, 2020, in all clinical area course TEQs, practicum supervisor evaluations, and in evaluation of assistantship supervisors and research mentors.
5. **Broaden Diversity Journal Club attendance** – as a next step in strengthening students’ cultural awareness, humility, and competency development, we recommend that Diversity Journal Club become a formal 1-credit course that attendance be required for all first year students. Specifics of required attendance (e.g., entire first year, X number of meetings attended in first year, expansion beyond first year) to be determined by CTC, for policy implementation in Fall, 2021. More immediately, we recommend communicating individually with all first year students to make sure they know they are invited and encouraged to attend.

6. ***Consultation Advisory Board*** – Initial steps toward creating a Consultation Advisory Board for the PSC are already in place. We recommend identifying the structure, scope, and funding for the Board by end of Fall, 2020, and identifying and inviting potential Board members in early 2021.

Summary – October, 2021

The clinical area is committed to and engaged in actions to create an inclusive, equitable, and culturally responsive environment to support research, education, and clinical work that is welcoming and relevant to students of all identities, and that contributes to the generation, dissemination, and application of clinical science in ways that are inclusive and culturally informed. We have much room to grow and have identified a long list of proposed actions. Our next steps include continuing or beginning several immediate actions to create an inclusive and supportive environment for students, engage all area members and especially faculty in more intentional and routine inclusion practices, and draw upon available literature and community expertise to continue our professional development. Through the remainder of 2020-2021, the clinical area will also refine the plan outlined in this document, prioritizing proposed actions and developing mechanisms to support implementation and evaluation.

Summer, 2021 Update & Goals for 21/22 Academic Year

The 20/21 academic year has involved much attention to formulating the clinical area's plan and beginning (or continuing) implementation of several prioritized actions, all amidst the global COVID-19 pandemic and a year that was almost entirely conducted remotely. We did not formally survey faculty and students regarding their perceptions of the importance of the proposed actions in each of the 8 areas of focus. Rather, we relied on faculty and student discussion of the proposed actions to guide next steps based on enthusiasm and feasibility (e.g., whether the actions were within program control and feasible given program resources). Although we identified 6 areas of priority for the year, resources, needs, and opportunities led to some adjustments in actions. For example, we pursued priorities 1-4, as well as several other specific actions (as described in the Timeline tab of Appendix C), but made slower progress on priorities 5-6. A top priority for the 21/22 academic year will be to review our Plan -- evaluate our progress, re-evaluate our priorities, identify needed adjustments to our current actions, and decide on our next priorities. The clinical program has made good and sustained progress on many of our goals to create an inclusive training program and department, but there is clearly much more work to be done. We look forward to making these actions an integral and ongoing aspect of our culture, professional activities, and training.

Appendix A: Clinical Area Values Statement

As presented in public materials (<https://psychology.missouri.edu/area/clinical>) and clinical area's Graduate Student Handbook.

Commitment to Ethical and Cultural Competence

Foundational to all of our program's training goals and professional activities is a commitment to ethical & culturally competent science and practice. The clinical PhD program strives to incorporate an understanding and appreciation of individual, cultural, and contextual factors in all aspects of the program, including coursework, research, clinical practice, professional identity development, and program climate.

A fundamental tenet of our profession is that psychologists are ethically-bound to provide services to all types of clients, regardless of client worldviews, beliefs, values, racial or ethnic background, gender identification, sexual orientation, or other aspects of clients' identity. We are committed to training all students to be able to meet this ethical standard, and meeting the standard is necessary for successful completion of the program. We appreciate that, initially, some students may find it challenging to work with clients who hold very different worldviews or conflicting values and beliefs, and we are committed to working in a respectful way with students to develop, over time, the capacity to meet this core ethical standard.

We hold similar values regarding psychologists' research, teaching/learning, and other professional activities. We are committed to training students to be able to consider issues of individual and cultural diversity in the design, implementation, and interpretation of their research, including an appreciation of the how they can both utilize and contribute to a more culturally informed knowledge base. We are further committed to facilitating students' ability to work effectively with students, research participants, and colleagues with diverse worldviews, backgrounds, and identities.

Appendix B: Partial Summary of Clinical Area Diversity, Inclusion, and Equity Actions (2015 – present)

Diversity Enhancement Committee, 2015 - present

- Conducted climate survey to identify program needs and priorities (2015)
- Advocated for required course in multicultural issues (2015)
- Created a list of campus resources supporting students holding diverse identities (2016)
- Advocated for family-friendly and gender-neutral restrooms in Psych Sciences buildings (2016)
- Advocated for family-friendly and gender-neutral restrooms in Psych Sciences buildings (2016)
- Formed the Diversity Journal Club (now a cross-department collaboration between Psych Sciences and ESCP) (2016 – present)
- Reviewed Psych Services Clinic forms & policies for inclusive language and practices (2016, 2017, ongoing)
- Developed Diversity Readings resource and helped update diversity readings in PSC Handbook (2017, ongoing)
- Developed diversity values statements for program and Psychological Services Clinic websites (2018, 2019)
- Developed recommended diversity and pluralism statement for clinical program syllabi (2019)
- Developed Diversity Consultation Resources database (2020)
- Participates in Interview Day, presenting written and verbal information on climate, graduate student experiences, and diversity-relevant training opportunities to graduate applicants; being available for questions and 1:1 conversations (2016 – present)
- Develops/oversees annual pre-practicum orientation session on considering diversity in therapy
- Coordinates one Clinical Seminar presentation each semester focusing on diversity issues in clinical science (research, clinical work, teaching/mentoring, etc) (2016 – present)
- Makes recommendations for program participation in diversity education and training opportunities available on campus and in community, for program/department financial support for student attendance at diversity trainings (ongoing)

Continuing Education/Professional Development

- Initiated consultation visit (Heller, 2016)
- Psych Services Clinic sponsored training workshops, conferences (Safe Space Training, 2017; STITCH: Summit to Improve Transgender and Gender Non-conforming Collaborative Healthcare, 2019)
- Self-Guided Curriculum: Race, Racism, and the American Experience (MU IDE) (multiple faculty, Summer-Fall, 2020)
- Clinical area-initiated Antiracism Reading Groups (multiple faculty & students, Summer-Fall, 2020)
- Various webinars, conferences, readings and other self-guided educational activities (multiple faculty & students)

Graduate Recruiting

- Participation in TigerView program (reviewed applications, interviewed applicants, participated in campus TigerView presentations and programming for visitors (2018 – present)
- Clinical program representation at the annual Council of University Directors of Clinical Psychology *Diversifying Clinical Psychology* recruitment event
- Clinical program representation at the annual Association for Behavioral and Cognitive Therapies *Getting into Graduate School* student presentation and recruitment event (Bell session chair)
- Annual in-depth review of every graduate application submitted by applicants who report racial/ethnic minority status or international status

Faculty Recruiting

- Incorporated explicit focus on multicultural competence and ability to enhance diversity training in hiring criteria during open searches for NTT faculty to join the clinical area and Psychological Services Clinic (2019). Both the youth and adult hires (Strawhun, Bullet) have strong expertise in and commitment to inclusive and culturally-responsive clinical service and supervision.

Courses, Research, Clinical Work

- Inclusion of DEC-recommended syllabus statements on diversity and pluralism. Includes recommended language for noting explicitly how and where issues of diversity are covered within the course (2019).
- Infusion of diversity content into all clinical courses (encouraged), practicum teams, and clinical research seminar (ongoing)
- Expansion of diversity coverage in practicum teams, going from requiring diversity-focused reading/discussion once per year to once per semester (2020)

Community Engagement

- Pursuing development of Diversity Consultation Advisory Board for the Psych Services Clinic to help address the lack of diverse identities represented among clinical supervisors (presently all cisgender heterosexual white females, neurotypical and without identified disabilities). Consultation Advisory Board's primary purpose will be to increase student access to psychologists of color. Other identified needs include psychologists with expertise in gender and sexual minorities, disabilities, and other areas of diversity (2020/present)

Appendix C: Clinical Area Ideas for Inclusion Improvement Plan

The following 8 tables summarize the first phase of the clinical area's Inclusion Improvement Plan development, in which faculty and students brainstormed ideas for addressing inclusive and culturally-competent education and scholarship within the training area. Each table includes specific activities/actions, For each proposed action, the table includes individuals to be involved and how success will be determined. In the next phase of plan development, we will evaluate the level of clinical faculty and student support for pursuing each suggested action, top priorities (5 per student and faculty member), and a likely timeframe for implementation.

Rating Scales for support/timeframe evaluation:

Support for Pursuing Specified Action

1. Very Strong Support – this is a must!
2. Moderate Support – a good idea
3. Ambivalence – maybe?? Let's explore further
4. Minimal Support – probably not a good idea
5. No Support – absolutely not

Timeframe:

1. Immediate – let's begin now (or has already begun)
2. This Year – begin implementation before Fall '21
3. Mid-Range – will likely not begin until sometime after Fall '21.
4. Long-Term – is likely a 3-5 year goal

1. Faculty Continuing Education

Activity/Action	Individuals Involved	Means of Determining Success	Support for Pursuing Action (not yet rated by program members)	Timeframe
<p>Promote no-cost and low-cost webinar training in all aspects of culturally competent and inclusive teaching, research, clinical service/ supervision, mentoring, etc. – share webinar announcements, consider incorporating especially relevant trainings into scheduled meetings (e.g., CTC or CEC meetings), subsidize cost of seminar attendance with colloquium funds, archive recorded trainings where possible (to develop resource library)</p>	<p>faculty</p>	<p>Faculty report of webinar/training attendance (& evaluation of utility?)</p> <p>Aggregate reports to summarize % of faculty involved in formal training activities (goal = 100% of faculty participate in at least 1 activity), range of topics covered</p>		<p><u>This Year/Mid-Range</u></p> <p>Incorporate into dept faculty annual activity updates (reporting began with Jan, 2021 reports of 2020 activity)</p> <p>Incorporate into dept annual evaluations of faculty (noted in evals of 2020 activity, but fuller incorporation into evals pending 2021/2022 faculty discussions)</p> <p>CTC collect data directly from faculty? (required to assess proposed outcomes) – for CTC discussion F21</p>
<p>Encourage faculty self-guided & informal education – e.g., share resources (useful books, podcasts), participation in book groups, attendance at community events</p>	<p>faculty</p>	<p>Same as above</p>		<p>Same as above</p>
<p>Provide forum for faculty to discuss & apply what they've learned (e.g., in faculty meetings, clinical seminar presentations; collaborative work meetings to develop inclusive syllabi, research study methods, or other</p>	<p>faculty</p>	<p># of faculty participating in such activities</p> <p>Faculty report of utility of discussions/presentations/work sessions in consolidating knowledge, developing tangible work products, etc.</p>		<p>Mid-Range – how to proceed scheduled for CTC discussion F21</p>

culturally informed and inclusive work products)				
Consider diversity & inclusion CE activities in annual faculty evaluations. Give people credit for they are doing and/or corrective feedback for what they aren't doing.	Faculty, dept (personnel committee, AC)	% of faculty who report inclusive research, teaching, etc in annual evals (year-by-year increase, or some set %)		See above

2. Student Recruitment and Retention

Activity/Action	Individuals Involved	Means of Determining Success	Support for Pursuing Action	Timeframe
<p>Increase pre-application recruitment</p> <ul style="list-style-type: none"> a. Enhance TigerView through targeted recruitment from undergraduate REU and R25 programs b. Host pre-application info webinars that explicitly address inclusive education opportunities, university and community climate at Mizzou (planning one of these now!) c. Make more intentional & proactive use of McNair program locally (e.g., identify dept UGs & encourage to apply/agree to mentor) & nationally (e.g., recruiting from other McNair institutions) 	<ul style="list-style-type: none"> a. Clin fac work with DGS (Miller) and Center for Inclusive Excellence in Grad Ed (CIE; Arouca) to identify & reach out to relevant programs b. Clin fac & students work with DGS to plan; fac disseminate ads & available for webinar; students talk about Mizzou experience c. Clin fac for McNair mentoring; could get some grad students involved as mentoring experience. Clin fac work with McNair program to reach out to other institutions 	<ul style="list-style-type: none"> a. Increase in TigerView applicants who are a good to excellent fit for clin area; increase in TG visitors who apply to MU; successful admission of TG scholar b. Webinar attendance; # of webinar attendees who apply to Mizzou; successful admission of webinar attendee. Post-webinar survey of attendees (utility of info, eval of inclusive climate) c. Increase in UG McNair scholars in clin; increase in grad applicants from McNair programs; successful admission of McNair scholar 		<p>a=immediate/ongoing; increased F20 TigerView participation, but only tracked informally; continued priority</p> <p>b=immediate/ongoing; piloted online webinar in F20; will continue to develop & evaluate</p> <p>c=mid-range; continued McNair involvement but no increase in new proactive efforts yet. Plan to pursue during 2021/2022.</p>
Address pre-application pipeline preparation				

<ul style="list-style-type: none"> a. opportunities for UG research that do not rely on tuition payments (e.g., paid, work-study, or even volunteer w tuition waiver) b. Recruit for undergraduate psych major in diverse schools across the state/in Columbia c. develop partnerships with psych depts at HBCUs and HSIs without doc programs (for research partnerships, grad school prep) d. post-bac certificate/grad prep program? Clinical masters program? (may allow more balance research-prac focus that is often appealing to UGs) 	<ul style="list-style-type: none"> a. clin fac/leadership work w DGS/campus re: no-cost (or paid) UG research options b. clin fac work w DGS to develop recruitment materials, fac & students help with recruitment events c. clin fac work w DGS to identify institutions, assess common interests, develop partnership program/activities d. work w DGS/chair re: feasibility & logistics 	<ul style="list-style-type: none"> a. increase in #/% of UG students from underrep groups and diverse identities who are involved in research b. increase in #/% of psych majors from underrep groups and diverse identities (broader than clin) c. partnerships established, yield student participation in research, grad school prep, etc. Can survey student participants re: utility of program d. program established, enrollment increases numbers of individuals from underrepresented groups who enter clinical doctoral programs or MA-level health service psychology workforce (longer-term goal, to coincide with accred of MA programs in health service psychology) 		<p>a=immediate; working within dept Undergrad Res Scholars Program (5-6 faculty mentors in 2020/2021). Will continue.</p> <p>b=long-term; have begun small efforts with dept.</p> <p>c=long-term; will likely flesh out with dept over next couple of yrs</p> <p>d=long-term; interesting idea but not clear that resources (\$, personnel) exist at present</p>
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<p>Increase equitable application and selection process</p> <ul style="list-style-type: none"> a. hold interviews virtually b. address D&I explicitly during interviews (info, space for applicants & current students holding diverse identities to meet to address climate, etc) c. remove GRE requirement d. waive app fees for students from underrepresented groups or financial need 	<ul style="list-style-type: none"> a. Work w dept (& use APCS data/recs pending) to develop effective virtual interview format b. Clin fac, CTC student reps c-d. require dept/Grad School action. 	<ul style="list-style-type: none"> a. Virtual interviews yield greater % of applicants from underrepresented groups; evaluated by program and applicants as satisfactory & effective b. Applicant evaluations of program success in addressing issues of diversity & inclusion during interviews c. Changing GRE practice increases % of applicant pool from underrepresented groups who are deemed qualified and “good fit” than pre-change. d. Increase in # of applicants from underrepresented groups 		<p>a= immediate; virtual interviews for F21 admissions; will review for future in F21 CTC meetings</p> <p>b=immediate; already happens and will continue to pursue/ strengthen</p> <p>c=Immediate; part of dept-wide decision; GRE optional implemented for F21 admissions, continued for F22. Longer-term decision pending faculty discussions F21.</p> <p>d=Long-term; may require dept coverage of fees (currently not in budget)</p>
<p>Increase funding opportunities to enhance retention</p> <ul style="list-style-type: none"> a. Actively seek contributions to a diversity fellowship to assist graduate students from underrepresented groups who may not otherwise be able to afford to attend the program b. Be aware of and assist with applications for funding for students and faculty (https://www.apa.org/pi/mfp/psychology/imfp; https://www.apa.org/pi/mfp/leap) 	<ul style="list-style-type: none"> a. Clin faculty could donate, Development (A&S? Grad School?) to help identify outside donors 	<p>a-b. fellowships & other funding mechanisms established/identified</p>		<p>A=mid-range to long-term; tabled due to budget shortfalls & other priorities</p> <p>B=immediate/ongoing; already do this but goal to become more proactive and extend reach of funding searches.</p>

Ensure inclusive educational practices/opportunities and climate to support retention (see all other sections)	See other areas	See other areas		

3. Faculty Recruitment and Retention

Activity/Action	Individuals Involved	Means of Determining Success	Support for Pursuing Action	Timeframe
Create environment where faculty who represent, value, and contribute to more inclusive clinical science will want to work (See all other areas for climate, curriculum, and support for scholarly, professional, and continuing education activities that are inclusive and culturally responsive)	See other areas	See other areas		Immediate/ongoing; progress is an outcome of other planned (and implemented) actions.
Increase funding opportunities to support culturally-informed scholarship and teaching, and to support scholars with underrepresented identities <ul style="list-style-type: none"> a. Identify and support faculty applications for internal funding b. Be aware of and assist with applications for external funding for faculty (https://www.apa.org/pi/mfp/psychology/imfp; https://www.apa.org/pi/mfp/leap) 	a-b. Department leadership, senior faculty	a-b. increase in faculty applications (and in successful applications) for funding to support culturally-informed scholarship and teaching		a=this year; new dept wide program to fund 50% of cost of training to support culturally-informed scholarship & teaching b=immediate/ongoing; in progress although goal to become more systematic
Place formal value on faculty scholarship, teaching, and other professional activities that advance understanding of underrepresented and marginalized groups and promote inclusive and equitable practices <ul style="list-style-type: none"> a. Include in faculty annual evals b. Include in P&T decisions c. Include in consideration for awards (& look for awards that reward) 	a. Dept faculty, chair b. Dept, college, campus c. Faculty; Dept awards committee	a. % of faculty who report inclusive research, teaching, etc in annual evals (year-by-year increase, or some set %) b. % of P&T packets and P&T committee reports that include info on candidate's inclusive research, teaching, etc c. Increase in # of faculty applying for/receiving		a-b=immediate/mid-term; becoming part of dept & campus evaluations of faculty (annual, promotion) c=mid-term; likely part of dept awards committee consideration in 2021/2022

		awards relevant to inclusive research, teaching, etc.		
<p>faculty recruiting tenure-track appts - active, intentional recruitment of faculty who can contribute to diverse, inclusive program</p> <ul style="list-style-type: none"> a. Clinical area education re: effective recruiting and holistic, inclusive application review (broader than just search committee) b. Clinical area discussion of how to implement this in a clinical faculty hire that aligns with clinical science mission and inclusion mission c. Search committee & evaluation criteria set, consistent w university guidelines & professional best practices re inclusive hiring 	<ul style="list-style-type: none"> a. Clinical faculty b. Clinical faculty c. Search committee 	<p>a-b. Clinical faculty can articulate how to implement inclusive and holistic recruiting & evaluation processes in a clinical area tenure-track hire. Reflected in recruiting ads that attract increased number of applicants who can contribute to diverse, inclusive program</p> <ul style="list-style-type: none"> c. Search committee use of appropriate practices, and (along with effective recruiting), resulting increase in number of top candidates who can contribute to diverse, inclusive program 		<p>All=immediate; used during NTT faculty search and PFFFP program (post-doc/faculty) search. Will continue.</p>
<p>Consider alternative paths to increasing presence of faculty who contribute to diversity/ inclusion mission by holding diverse identities or engaging in inclusive and culturally informed research and teaching – e.g., NTT, post-doc, visiting scholars, adjunct faculty positions</p> <ul style="list-style-type: none"> a. Identify needs/gaps in clinical area & identify opportunities for such hires (on-campus, local community, regional/national opportunities to hire or partner) 	<ul style="list-style-type: none"> a-b. clinical faculty & students c. Clinical faculty, search committees 	<ul style="list-style-type: none"> a. Needs & opportunities identified (e.g., program needs/ideas survey from Summer, 2020), potential hires/partners identified b. Appropriate funding models developed & funding identified c. increase in clinical faculty (NTT, adjunct) or post-doc appointments of individuals who hold diverse identities, have specific demonstrated cultural competence, or can otherwise fill gaps 		<p>All=immediate/long-term; have used NTT and opportunity hires (e.g., from PFFFP post-doc applicant pool) to make recent new hires. This is likely to be the most probable hiring mechanism in future (although clinical area is lower priority with recent hire).</p>

<p>b. Identify potential funding mechanisms c. Utilize effective recruiting and selection processes as described above</p>		<p>in clinical faculty expertise and role-modeling relevant to multicultural competence and diverse identities</p>		
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4. Classes and Curriculum

Activity/Action	Individuals Involved	Means of Determining Success	Support for Pursuing Action	Timeframe
Routine evaluation of teaching that involves inclusive content and practices – e.g., TEQ question(s) about social justice/diversity issues	Students, instructors (who can add custom questions), people who make TEQs?	TEQ items included for all courses; TEQ ratings demonstrate inclusive instruction		Immediate; clinical area began during F20, expanded dept-wide Sp21
Offer multicultural course within the psychology department	Faculty	Development and implementation of course within department		This year; Scheduled to begin Sp22.
Intro course in critical theory re: integration of diversity into all aspects of education, training, research	Faculty	Development and implementation of course within department		Mid-range; Will explore in CTC 2021/2022 discussions (ideas, logistics)
Integrate Diversity Journal Club into required clinical curriculum (1 credit course that must be taken once? Twice?)	Clinical faculty	Formalization of DJC as a course		Mid-range; will examine logistics further in CTC 2021/2022 discussions
More meaningful integration of diversity and equity into clinical area coursework- clearer instruction on how instructors need to integrate into curriculum	Faculty, curriculum development consultant?	Syllabus review demonstrates clear inclusion of course content relevant to diversity, and of inclusive teaching practices; student evaluations indicate inclusion of relevant course content and inclusive practices		Immediate to Mid-range; efforts have already begun but need to expand breadth & depth over coming years

5. Research and Research Training

Activity/Action	Individuals Involved	Means of Determining Success	Support for Pursuing Action	Timeframe
Seek funding to support faculty studying underrepresented groups	Faculty, dept and college leadership/committee	Increase in applications for/receipt of funding for faculty and student research focusing on diversity		? – will likely be dept/campus initiative
Integration of aspects of diversity as meaningful components of research	Faculty, students	Most or all of research projects include race, ethnicity, and gender (and other diverse identities as possible) as meaningful variables rather than nuisance variables/controls (including more routine use of best practices in collecting and utilizing these data)		Immediate/ongoing; as first step, beginning F21 will ask all clinical seminar presenters to include information on diversity of sample, culturally-informed methods, results, & interpretation
Recruit more diverse participants; make an effort to move beyond convenience samples <ul style="list-style-type: none"> a. Training in effective (& respectful) sample recruitment methods b. Consider developing participant pools (e.g., that could be used with approval; similar to Native Tribe research boards or Autism Speaks participant pool) or through in-person recruitment events that target diverse communities (e.g., Black Culture Center, community organizations) 	Faculty, students Consultant/trainer for participant recruitment training Dept leadership, in collaboration with other departments, communities of interest	<ul style="list-style-type: none"> a. Faculty and students more knowledgeable about how to effectively access and work with diverse samples b. Increased diversity in sample pools 		<p>a=Immediate/ongoing; clinical seminar & other dept presentations on this topic (internal speakers). Will consider pursuing consultant/outside presenters based on budget.</p> <p>C=mid-range/long-term; have begun some lab-specific efforts. Will pursue broader scope & more systematic support for faculty & students to do this.</p>
Create a diversity research group to develop collaborative projects examining relationship between diversity and clinical science	Interested clinical faculty & students	Diversity research group established		Mid-range; will discuss in CTC meetings during 2021/2022

<p>topics (i.e., rather than each of us trying to individually increase focus on diversity, perhaps interested researchers could gain more traction by collaborating on one or more research projects); this research group could also attempt to involve collaboration with outside experts</p>	<p>Partners from campus and community (including interested collaborators, subject matter experts</p>	<p>Number of research projects emerging from group collaborators (is non-zero, increases year-by-year, meets some goal)</p> <p>Success of research projects emerging from group collaborators demonstrated by publications, funding, etc.</p>		
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6. Clinical Training and Service

Activity/Action	Individuals Involved	Means of Determining Success	Support for Pursuing Action	Timeframe
<p>Increase utilization of Diversity Practicum Readings</p> <ol style="list-style-type: none"> a. Provide a refresher on the requirement to supervisors and students b. Move readings from once per year to once per fall and spring semester c. Encourage all students and supervisor to read same book/article to foster depth of discussion and increase chances of application and generalization to cases d. Update and expand reading list in conjunction with DEC list in Box folder https://missouri.app.box.com/file/725872505924 	<p>Clinical Practicum supervisors, clinical students</p>	<ol style="list-style-type: none"> a. Requirement updated in Clinical and PSC Handbooks, prac syllabi language reflect (or are compatible with) policy b. Relevant forms updated (e.g., practicum evaluation item, practicum graduation requirement list; add item to supervisor eval form) c. Student and supervisor evaluations support utility of discussion in enhancing understanding and application to clinical cases (may need to adjust prac competencies and supervisor eval forms or administer separate survey) d. Reading list is updated regularly 		<p>All=immediate/ongoing; have pursued a-c during 2020/2021. D (readings updates) scheduled for F21.</p>
<p>Ensure that all students have diversity training prior to seeing clients for the first time</p> <ol style="list-style-type: none"> a. Instructor of Orientations to Psychotherapy and First Year Practicum will coordinate with DEC pre-practicum diversity trainers to ensure that students have a baseline of competence/humility and awareness of systemic barriers to access to mental health resources for marginalized groups 	<p>DEC pre-practicum diversity trainers (advanced graduate students), First year practicum students & supervisor (Erika Waller), instructor of Orientations to Psychotherapy Course (Susan O'Neill)</p>	<p>Student & supervisor report that training occurred, student course evaluations/TEQs (need to add relevant items to TEQ and practicum course eval forms), supervisor & instructor evaluations of student learning re: cultural competence, humility, MH disparities (prac competencies evaluation form)</p>		<p>Immediate; have already implemented increase in diversity attention in Orientations, first year prac, summer pre-prac. Also have a new diversity-focused prac team Sum21.</p>

<p>Include at least one seminar per semester in Clinical Seminar that relates to cultural competence/humility in clinical care</p> <ul style="list-style-type: none"> a. Could include presentations on social justice topics or case presentations of diverse client issues b. Could also include what others have learned at conferences/webinars (e.g., STITCH) 	<p>Clinical faculty (including both tenure-track and NTT faculty & clinical supervisors), students</p>	<ul style="list-style-type: none"> a. Presence of cultural competence presentations on Clinical Seminar Schedule b. Clinical Seminar TEQs indicate presence of relevant content (need to add items to TEQ form) 		<p>Immediate/ ongoing; Clinical seminar presentations on a relevant issue at least once per semester have been in effect since 2020.</p>
<p>Clinical Coverage for BIPOC Students Following Highly Publicized and Traumatic Racial Events</p> <ul style="list-style-type: none"> a. Clinical supervisor will initiate conversations with their BIPOC supervisees at the beginning of the semester about how to offer support to students and what this support looks like b. Clinical supervisor and BIPOC supervisees will discuss a plan for clinical case coverage when these events occur 	<p>Clinical supervisors and practicum students</p>	<p>Student and faculty report of frequency & utility of conversations, plans, and case coverage instances (e.g., practicum supervisor evals, Qualtrics surveys of students and faculty)</p>		<p>Immediate/ ongoing; conversations, coverage plans, and self-care “pause” practices systematically implemented in practicum beginning Sp21.</p> <p>CTC discussions in 2021-2022 will explore expanding these practices program wide (e.g., to research and other program training)</p>
<p>Increase Awareness and Use of Cultural Adaptations to Treatment</p> <ul style="list-style-type: none"> a. Include section on cultural adaptations/considerations on treatment plan chart template b. Template should prompt discussion for supervisors and clinicians on all cases 	<p>Clinical supervisors and practicum students</p>	<p>Evaluation of number of treatment plans that include information on cultural adaptations/considerations (to evaluate implementation; goal = 100%)</p> <p>Evaluation of quality/relevance of information included in this section of treatment plans (e.g., on</p>		<p>Mid-range; tabled until after Titanium EMR migration (to address during 2021/2022)</p>

		Student Practicum Competencies Evaluation Form)		
Standardize use of APA Cultural Formation Interview Questions at first client contact across practicum groups	Clinical supervisors and practicum students	Inclusion of specific section in intake/assessment/first session (e.g., SPR first session) chart template		Immediate/mid-range; already part of assessments & some prac groups. Goal to systematize across all prac groups.
Cultural Considerations in Crisis Care a. Explore consequences of suicide risk intervention by police in light of police violence, particularly for BIPOC clients b. Identify alternatives to police involvement in suicide risk (via reading, consultation)	Clinical supervisors and practicum students	Inclusion of clinical interventions that do not rely strictly on police enforcement; evaluated via chart review or clinician/supervisor report (e.g., via Qualtrics survey)		Mid-range; addressed in individual cases. Goal to identify training on this issue for supervisors & clinicians.

7. Community Outreach, Engagement, and Advocacy

Activity/Action	Individuals Involved	Means of Determining Success	Support for Pursuing Action	Timeframe
<p>Create Consultation Advisory Board for Clinical Program/PSC</p> <ol style="list-style-type: none"> a. Identify needs and potential individuals for such a board (e.g., program Qualtrics survey, Summer, 2020) b. Consult re: logistics of creating such a board (e.g., appropriate scope/charge, member roles, dept affiliation, length of service, compensation) & form structure of board c. Cross reference with DEC Consultation List in DEC Box Folder that Kelly Boland created https://missouri.app.box.com/file/725872505924 d. Constitute board 	<p>DCT, Diversity Enhancement Committee (DEC), Clinical faculty and students, Consultant(s) (e.g., Stephanie Shonekan in A&S, colleagues from other institutions who've created similar advisory boards)</p>	<p>Creation of advisory board</p> <p>Demonstrated utility of board (assessed via usage records; evaluation by students, faculty, board members; e.g., readminister original gaps/needs survey from Summer, 2020 to see whether/which originally identified gaps have been addressed)</p>		<p>Mid-range; initial conversations within clinical area and with potential board members. On schedule for fuller plan development by DEC in F21.</p>
<p>Increase number of speakers and topics related to diversity offered through Center for Evidence-based Youth Mental Health (CEBYMH) workshops or other PSC workshops</p> <ol style="list-style-type: none"> a. Offer honoraria for diverse speakers/speakers of color to share their expertise (need to identify internal or external funding mechanisms, such as faculty donations, clinical colloquium fund, grants) b. Identify topics of interest (e.g., needs assessment surveys, CEBYMH website registration question) 	<p>clinical students & faculty (including CEBYMH faculty), Consultation Advisory Board, community providers registered with CEBYMH website</p>	<ol style="list-style-type: none"> a. Success in securing and using funding to provide honoraria to speakers who present on areas of culturally competent and inclusive clinical service b. Evidence of match between workshop offerings and needs/interests identified by students and community providers 		<p>Mid-range/long-term; CEBYMH pursuing potential presenters & topics. No current budget, so exploring funding options.</p>

<p>c. Identify speakers (e.g., invite members of Consultation Advisory Board to give workshops or work with our students to deliver workshops)</p>		<p>c. Increase in # of CEBYMH and PSC workshops related to culturally-competent and inclusive clinical service (assessed via topic review)</p>		
<p>Offer more clinical practicum sites with diverse clients or an emphasis on social justice</p> <p>a. Partner with Missouri Psychological Association (MOPA) Diversity Programming or other MOPA committee chairs</p> <p>b. Seek practicum opportunities with members of Consultation Advisory Board</p>	<p>MOPA diversity board officer, clinical faculty and students, Consultation Advisory Board members</p>	<p>Increase in number of practica at sites that serve diverse clients</p> <p>increase in number of diverse clients that students report on practicum completion reports and APPIC internship applications</p>		<p>Mid-range/long-term. Important, but have focused on other priorities. Will pursue further in 2021/2022.</p>
<p>Training in advocacy – identify readings and/or presenters to help interested students and faculty learn more about how to engage in effective advocacy</p>	<p>Clinical faculty & students; department, campus, or external experts on advocacy</p>	<p># of faculty & students who participate in advocacy training</p> <p>Student/faculty knowledge about areas in which psychological science can inform advocacy efforts, comfort with engaging in advocacy, and engagement actions</p>		<p>Mid-range/long-term. Important, but have focused on other priorities. Will pursue further in 2021/2022.</p>

8. Program Climate

Activity/Action	Individuals Involved	Means of Determining Success	Support for Pursuing Action	Timeframe
Expand Mentor program -- Help students feel connected to the department through an expanded formal mentorship program (undergrad and graduate); action involves identifying scope/goals of mentor program, identifying potential mentors, matching mentors and mentees	Students and faculty	# of students who utilize a mentorship program Students evaluate mentor program as useful		Mid-range; have identified student need/interest, and faculty have endorsed dept mentorship statement. Goal to develop mentor contract template(s). Consider whether current Advisory Committee structure merits implementation or if a new structure is warranted.
Consider program/dept policies and practices to create more inclusive training environment, such as those that support student parents, student family caregivers, students with physical or mental health concerns (especially those that may not warrant formal accommodations), international students, etc. – e.g., identify needs, consider work or timeline modifications, scheduling modifications, etc.	Clinical faculty, students, department leadership, dept committees (e.g., Wellness)	Student and faculty evaluations indicate presence of practices that support inclusive program climate (and can provide examples)		Mid-range/long-term. Important, but have focused on other priorities. Will likely pursue in conjunction with dept Wellness committee and other dept-wide groups.
Require social justice statement from prospective faculty as part of application	Job applicants/search committees	Attention and commitment to social justice, equity, inclusion will become a standard part of program culture, as evidenced by routine inclusion in applications, and evaluation of applicants by search committees and hiring area faculty and students		Immediate/ongoing; have already implemented something similar with NTT and PFFFP hires, & used in interviews/hiring process.

Integrate explicit/candid conversations about how race, ethnicity, and gender are relevant to all aspects of training (not just in multicultural courses and clinical training)	all faculty (in research and teaching contexts, not just clinical contexts)	Conversations about diversity and social justice occur regularly in all coursework and research endeavors, as evidenced by course TEQs, student surveys, etc.		Part of other planned actions.
Use multicultural/cultural competency consultation to guide clinical program/faculty training and climate improvements <ul style="list-style-type: none"> a. Review notes from Heller consultation visit (2015) to evaluate progress on recommendations, areas for further action or initial implementation. b. Consider need to secure additional consultation (e.g., Diversity Consultation Advisory Board discussed under Community Outreach or more general consultation) 	DCT, clinical faculty, DEC, dept leadership	<p>Identification of progress and areas for improvement in program training and climate</p> <p>Implementation of as yet unaddressed items from 2015 consultation</p> <p>Development and implementation of additional actionable items to improve training area climate</p>		Mid-range/long-term; Review consultation experiences & opportunities as part of 2021/2022 CTC discussions.
Discussion of all aspects of diversity- better acknowledgement and discussion of intersectional aspects of diversity (cross-cutting item relevant to coursework, research, clinical work)	Everyone!	Diversity and inclusion addressed broadly, including consideration of multiple and intersecting identities, as evidenced by syllabus review, review of clinical seminar and workshop topics, student and faculty report of research foci, clients served, etc. Consider adding to a program climate survey.		Part of other planned actions.
More explicit discussion of current events and their impact of student life/welfare, particularly for students more directly impacted by such events	Department leadership	Students report that explicit leadership attention to current events and their impact on students creates an inclusive and supportive environment (climate survey?)		Dept committee created (with clinical fac leadership/ involvement) to address dept communications about current stress/trauma events

				representing threats to inclusion & equity
Faculty take a more active leadership role in diversity initiatives (“faculty will be competent enough to not need so much from guidance from students, but instead to LEAD students in these efforts” – anon student comment). Related to faculty continuing education and professional development area above.	Clinical faculty	<p>Increased faculty involvement in program diversity initiatives (e.g., DEC, Diversity Journal Club, diversity research group, culturally-informed clinical work)</p> <p>Student and faculty report of faculty effectiveness in inclusive education and training (climate survey?)</p>		<p>Immediate/ongoing; more explicit faculty participation & leadership in program diversity initiatives. Goal to broaden participation.</p>
Program-wide “Hour of Action” to promote individual involvement in actions to promote equity and inclusion (e.g., during the hour, individuals choose what activity they want to pursue – continuing education, advocacy/outreach, development of inclusive course materials, consultation re: inclusive practices – and meet briefly at end of hour to share ideas, successes, challenges).	Program faculty and students	<p>#/% of clinical faculty & students who participate</p> <p>Range of activities pursued (& outcomes)</p> <p>Faculty & student evaluation of utility of activity in increasing own education and competence, promoting inclusive program climate, achieving desired outcomes, etc.</p>		<p>Mid-range/long-term; Have done some of this but not systematically. Will consider whether/how to implement longer-term (have focused on other priorities so far).</p>