Going Above and Beyond: Exemplar Diversity Training in Pediatric Psychology

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Diversity and health disparities have been highlighted as 1 of the 10 core crosscutting knowledge competencies for pediatric psychology training. Specifics about the actual implementation and integration of diversity training across various types of pediatric psychology programs are largely unknown. We surveyed program directors of graduate and predoctoral internship programs listed on the Society of Pediatric Psychology website (N = 110) about their diversity training experiences that went above and beyond what is typically required (e.g., graduate courses, continuing education). We received responses from 23 programs; 14 of these programs reported having expanded diversity training primarily at the readiness for practice (n = 15) level, followed by readiness for practicum (n = 5) and readiness for graduate school (n = 2) levels. Seven programs had diversity training that spanned more than 1 training level. We provided in-depth descriptions of exemplar diversity training at 5 programs spanning multiple training levels. Institutions aiming to integrate diversity programming into their training, with the goal of meeting recommended guidelines, can use this article as a practical guide. Future studies exploring the impact of integrated diversity training and impact on students at varying developmental levels are needed.

Keywords: best training practices, competency, diversity, pediatric psychology

The training of competent pediatric psychologists who can provide high quality care is a priority for the Society of Pediatric Psychology (Palermo et al., 2014). Among the training guidelines set forth, 10 core crosscutting specialized knowledge competencies have been described, including increasing awareness of the impact of socioeconomic factors (access to care, diversity, and health disparities) on children’s health (Palermo et al., 2014). The focus on diversity and health disparities is not new to pediatric psychology. The 2003 task force recommendations on the training of pediatric psychologists described diversity, with respect to race, ethnicity, sexual orientation, and religion, as a primary training domain (Spirito et al., 2003). More recently, the growing numbers of U.S. residents from diverse backgrounds (United States Census Bureau, 2012) and their increasing involvement in health care systems continues to keep relevant discourse about the competencies of pediatric psychologists in working with diverse youth and families (Mitchell, Patterson, & Boyd-Franklin, 2011; Clay, Mordhorst, & Lehn, 2002).

Despite increasing rates of racial and ethnic minorities in the U.S. and multiple sources highlighting the importance of culture and diversity in psychology as a whole (American...
there remains a gap in the inclusion of diversity in training, clinical, and research initiatives in pediatric psychology. This gap is especially concerning given that APA’s accreditation requirements under Domain D (“cultural and individual differences and diversity”) mandate that issues of cultural and linguistic diversity be addressed for training programs to maintain accreditation. Guidelines aimed at supporting graduate and internship programs in the implementation of these requirements suggest that issues of diversity should extend beyond Domain D to all accreditation domains and all aspects of the program’s evaluation (APA, 1997). These guidelines provide suggestions for addressing cultural and linguistic diversity in the areas of student training, faculty recruitment and retention, curriculum, practicum and internships, research, and institutional commitment (APA, 1997). Yet, how programs choose to implement these guidelines and recommendations vary tremendously.

Increasing diversity in pediatric psychology programs is important and so is increasing competencies of pediatric psychologists who work with minority populations. Given the association between health disorders/outcomes and culture, race, ethnicity, and socioeconomic status (Adler & Rehkopf, 2008), pediatric psychologists with their focus on the health, mental health, and well-being of children, adolescents, and families, are well positioned to address these disparities in the six competency cluster areas including science, professionalism, interpersonal, application, education, and systems (Palermo et al., 2014). Given that developing an appreciation for the complicated role between culture and health often begins during training, it is imperative for training programs to prepare pediatric psychology trainees across the stages of professional development (i.e., from readiness for practicum–early graduate training, to readiness for internship–end of graduate training, and finally readiness for entry into practice–end of internship or postdoctoral training) to work with diverse populations prior to workforce entry (Palermo et al., 2014). This study examined diversity training efforts in pediatric psychology programs beyond traditional course work. We surveyed pediatric programs to determine what diversity training was being implemented across the stages of professional development and we highlight programs that are innovative and integrative in their approach.

Method

Participants and Procedure

Following consultation with the governing institutional review board (IRB), this study was not considered to be human subjects research and thus did not require IRB approval. Program directors of graduate and predoctoral internship programs listed on the SPP website as offering training opportunities in pediatric psychology (N = 103) and members of the SPP were invited by e-mail to participate in our online survey. A reminder e-mail was sent approximately 3 weeks after survey distribution to increase the response rate.

Measures

The survey used was designed by the study authors, all of whom have leadership roles in the Society of Pediatric Psychology’s Special Interest Group in Diversity and have experience conducting research with diverse populations. All respondents were asked to indicate whether their training program provided any diversity training experiences that went above and beyond what is typically required (e.g., graduate courses, continuing education). No additional information was collected for those programs responding “No.” Those who responded “Yes” were invited to provide their institution’s name and indicate the training level at which their diversity training experiences were offered (i.e., undergraduate, graduate, intern, postdoctoral, early career). For each training level selected, participants were asked to report: (a) what these training experiences involved, and (b) what made them innovative. Finally, respondents were given the option of providing additional information about their diversity training experiences by uploading relevant documents or providing web addresses. No other information was collected from the programs. To help contextualize the experiences of each program, additional information was gathered from online programs. 

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resources about the program’s region of the country (e.g., Midwest, South, as classified by the U.S. Census Bureau) as well as the percentage of ethnic minorities (defined as non-White) and individuals living below poverty level in the program’s surrounding county. All data were obtained from the most recently available databases of the United States Census Bureau. (United States Census Bureau, 2013).

**Data Review and Program Selection**

Upon closing of the survey, study investigators reviewed responses and selected programs at different training levels that represented innovative training experiences. Five programs were selected and contacted by the investigators to obtain additional information about their program for inclusion in the manuscript.

**Results**

Responses to the survey were received from 23 programs (22% response rate). Of these, 9 reported not providing any diversity training experiences beyond what is typically required (e.g., graduate courses, continuing education). Diversity training experiences were at varying developmental stages, including readiness for graduate school \( (n = 2) \), readiness for practicum and internship \( (n = 5) \), and readiness for entry into practice \( (n = 15 \text{, including intern} \ [n = 11], \text{postdoctoral} \ [n = 2], \text{and early career} \ [n = 2] \text{levels}) \). Seven programs offered diversity training across more than one developmental stage.

Programs offering diversity training above what is typically required were located throughout the United States: South (42.9%), Midwest (28.6%), West (21.4%), and Northeast (7.1%). The percentage of ethnic minorities within the program’s surrounding county ranged from 7.2% to 84.8%, with an average of 49%. This was higher than the percentage of ethnic minorities in the overall U.S. population (37.4%). The percentage of individuals living below poverty levels was also slightly higher in our programs (19%, range: 10–25.7%) than in the broader U.S. population (15.4%).

In this study, we selected five programs that illustrate unique diversity offerings across multiple developmental training stages, including those focused on readiness for practicum (University of Iowa), readiness for practicum and readiness for internship (Marquette University; Oklahoma State University), and readiness for entry to practice (University of California, Los Angeles; Children’s Hospital of Orange County). Table 1 showcases behavioral anchors for each of the competency domains as implemented by these programs across developmental training stages.

**University of Iowa, School Psychology Program**

The School Psychology program at the University of Iowa offers a seminar for first year undergraduates called “Respecting Differences.” This interactive course requires “Stepping Out” and “Stepping Up” activities in addition to typical class readings and discussion. “Stepping Out” activities involve new experiences with groups that are different from the student’s own race/ethnicity, sexual orientation, age, SES, disability, gender, religion, or weight. “Stepping Up” activities require students to present information about diverse populations to others in the community. Doctoral level graduate students assist by guest lecturing or leading groups of undergraduates in their own diversity teaching activities. Besides the required coursework in multicultural counseling and the embedded content in many courses, students are required to provide volunteer services to children/adolescents/families from underserved populations. Diversity training at the University of Iowa consists of three components of multicultural competency training, awareness of own biases, knowledge about persons who are different from them, and the skills to work successfully with a diverse group of children/adolescents and adults.

**Marquette University, Department of Psychology**

Marquette University offers a Multicultural Awareness and Professional Integration Program (MAPIP) for doctoral students in psychology. This program aims to increase understanding of diversity across groups and cultures, foster awareness of multicultural research, and facilitate completion of a thorough self-reflection on how diversity awareness can be integrated into a psychologist’s professional ca-
Table 1
Illustration of the Diversity Crosscutting Knowledge Competency With Sample Behavioral Anchors Across Developmental Stages

<table>
<thead>
<tr>
<th>Competency clusters &amp; domains</th>
<th>Behavioral anchors</th>
<th>RP</th>
<th>RI</th>
<th>REP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Science</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A. Research and evaluation methodology</td>
<td>Applying an Explanatory Model of Illness Approach in didactic seminars and rounds to emphasize the role of race, ethnicity, social class, religion, gender, age, level of education, sexual orientation, rural settings, physical disabilities and linguistic preferences as they relate to concepts of authority, stigma, health beliefs, communications styles and values, health literacy, trust of medical systems, social support, developmental issues, and adherence (UCLA)</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>B. Ethical conduct of research in children</td>
<td>Effectively applying a cultural perspective to the evaluation of the risks and benefits of research (not illustrated)</td>
<td>✓✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>C. Interdisciplinary research</td>
<td>Attending and reflecting upon departmental diversity colloquia and university-sponsored diversity events (MU)</td>
<td>✓✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Dissemination and knowledge transfer</td>
<td>Writing an integrative reflection paper based on various diversity-related experiences that the student has engaged in throughout their time in the program (MU)</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A. Professional values and attitudes</td>
<td>Increasing understanding of diversity across groups and cultures, fostering awareness of multicultural research, and facilitating completion of a thorough self-reflection on how diversity awareness can be integrated into a psychologist’s professional career (MU)</td>
<td>✓✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Individual and cultural diversity</td>
<td>Involvement in new experiences with groups that are different from the students’ own race/ethnicity, sexual orientation, age, SES, disability, gender, religion, or weight (UI)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Ethical, legal standards, and policy</td>
<td>Leading culturally knowledgeable interprofessional teams to solicit community, family, and client’s perspectives regarding treatment and research involvement (not illustrated)</td>
<td>✓</td>
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<tr>
<td>D. Reflective practice/ self-assessment/self-care</td>
<td>Compiling a portfolio encompassing records of diversity experiences and associated reflections as a way to integrate diversity awareness into students’ personal and professional lives. This portfolio is reviewed and approved by the department’s diversity committee at a final exit meeting (MU)</td>
<td>✓✓</td>
<td></td>
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<tr>
<td><strong>Interpersonal</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>A. Communication</td>
<td>Exposure to Spanish grammar and vocabulary building, with specific focus on psychological and medical terminology, reading comprehension, case discussions, assessments, psychological interventions and supervision (CHOC)</td>
<td>✓</td>
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<tr>
<td>B. Relational</td>
<td>Involvement in a buddy system which is implemented immediately following the student’s acceptance into the graduate program (OSU)</td>
<td>✓✓</td>
<td></td>
<td></td>
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<tr>
<td><strong>Application</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Evidence-based practice</td>
<td>Providing access and supporting the utilization of a webpage with culturally sensitive evidence based treatments and adaptations (UCLA)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Assessment</td>
<td>Writing a clinical case conceptualization that exhibits multicultural awareness and competency (MU)</td>
<td>✓✓</td>
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<tr>
<td>C. Intervention</td>
<td>Utilizing specific clinical services and research programs that are geared to serve diverse populations, including Spanish-speaking patients and members of the military community (UCLA)</td>
<td>✓</td>
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</tr>
<tr>
<td>D. Consultation</td>
<td>Exposing trainees to a variety of outpatient psychotherapy, inpatient consults, and assessment cases where they can use and hone their Spanish therapeutic and assessment skills (CHOC)</td>
<td>✓</td>
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</table>
The program has several requirements, including attendance at and reflection on Psychology Department Diversity Colloquia and university-sponsored diversity events, demonstration of ability to integrate diversity into teaching through a guest lecture or as a presentation to a campus student group (MU), implementing a comprehensive approach to supervising trainees who work with Latino patients and providing one-on-one clinical supervision in Spanish (CHOC), and providing volunteer services to children/adolescents/families from underserved populations and leading groups of undergraduates in their own diversity teaching activities (UI).

**Oklahoma State University, Clinical Psychology Program**

The Clinical Psychology Department at Oklahoma State University has a Psychology Diversified Students Program (PDSP) whose goal is to increase the number of minority professionals in the field of psychology and expose students who are not from underrepresented groups to didactic information and practical experiences with minority populations. The PDSP coordinator and student members have developed materials and activities especially suited to psychology graduate student needs. The services generally provided include a buddy system which is implemented immediately after the student’s acceptance into the graduate program; orientation sessions for new students one week before school; assistance with financial aid planning and forms; and assistance with fellowship applications. Additionally, the department has recently been authorized by the U.S. Senate to provide programs that facilitate recruitment and training of Native American students for careers in Psychology. This program, American Indians Into Psychology (AIIP), is aimed at encouraging Native American students to pursue careers in psychology and provide mental health services to underserved Native American communities. These efforts result in a very diverse student population (between 25 and 40% in recent years) compared with the general demographics of the state Oklahoma. To date, Oklahoma State University has graduated more Native American doctoral-
University of California, Los Angeles, Jane and Terry Semel Institute for Neuroscience and Human Behavior

The Jane and Terry Semel Institute for Neuroscience and Human Behavior at University of California, Los Angeles (UCLA) serves a highly diverse population and training in this area is a priority during internship. An Explanatory Model of Illness Approach (Kleinman, Eisenberg, & Good, 1978) is used in the didactic seminars and rounds at the Semel Institute to emphasize the role of race, ethnicity, social class, religion, gender, age, level of education, sexual orientation, rural settings, physical disabilities, and linguistic preferences as they relate to concepts of authority, stigma, health beliefs, communications styles and values, health literacy, trust of medical systems, social support, developmental issues, and adherence. The institute also has a web page with culturally sensitive evidence-based treatments and adaptations. Certain clinical services and research programs are geared to serve diverse populations including Spanish-speaking patients and members of the military community. A clinically based, patient-centered, diversity training approach makes multicultural theories and techniques applicable to everyday interactions for the interns.

Children’s Hospital of Orange County

All level of trainees with some level of Spanish language education and or experience at Children’s Hospital of Orange County are encouraged to participate in the CHiSPA (Children’s Hospital Supervisión Psicológica en Acción) Seminar. During the seminar trainees are exposed to grammar and vocabulary building, with specific focus on psychological and medical terminology, reading comprehension, case discussions, assessments, psychological interventions, and supervision—all in Spanish. At the beginning of the year, each trainee takes a proficiency test to gauge their Spanish ability, which guides individual goals. Trainees also receive one-on-one clinical supervision in Spanish. The CHiSPA Seminar was created to be a comprehensive approach to supervising trainees who work with Latino patients, many of whose parents are monolingual Spanish speakers. Trainees are also exposed to a variety of outpatient psychotherapy, inpatient consults, and assessment cases where they can use and hone their Spanish therapeutic and assessment skills.

Discussion

Guidelines have continually reinforced the importance of diversity and health disparities in the training and development of competent pediatric psychologists (Spirito et al., 2003; Palermo et al., 2014). Further, APA guidelines mandate that programs address issues of “cultural and individual differences and diversity” to maintain APA accreditation (APA, 1997; APA, 2003). Yet how this recommended diversity training is implemented is often varied and vague. The variety of case examples highlighted in this article illustrate that many pediatric psychology programs have already taken up the challenge of working diversity training into the fabric of their programs in a variety of innovative ways at various developmental training levels.

We selected the University of Iowa because of the program’s implementation of foundational competencies in diversity knowledge, attitudes, and skills early in the developmental trajectory. Marquette University’s utilization of a committee to ensure diversity training requirements are met as well as addressing the functional competencies of professional psychology practice (i.e., assessment, intervention, research) from readiness to practicum through readiness for internship is unique. Oklahoma State University was highlighted because of its unique, dual focus on increasing the numbers of minority psychologists (tailored to the needs of the local community) and training students to competently serve diverse populations. The UCLA Jane and Terry Semel Institute for Neuroscience and Human Behavior was selected for its promotion and implementation of clinically-based patient-centered diversity training from conceptualization of cases to provision of culturally sensitive treatments. Lastly, the Children’s Hospital of Orange County’s program uses individual goal setting to go beyond simply providing therapy in Spanish to infusing a deeper understanding of the impact of language
barriers on patients and families throughout the assessment and treatment process.

Although we recognize that implementing these efforts may create an added burden on programs (many of which may not have adequate representation of trainees/psychologists/instructors from minority backgrounds), haphazard or mediocre implementation of diversity training initiatives will only place such programs in a disadvantaged position and ill-prepare their students for the children and families they will serve during their training and upon entry into practice. Furthermore, because programs with strong and innovative diversity training imply a welcoming environment for minority students and faculty, the implementation of such integrated programs will likely aid efforts to recruit and retain minority students, staff, and faculty.

Several strategies may be used in efforts to increase diversity training at institutions, including developing allies who can help with forming a diversity committee, developing and incentivizing initiatives that promote diversity training, grant writing to fund diversity-related programs (e.g., APA’s Commission on Ethnic Minority Recruitment, Retention and Training [CEMRRAT] Grants), and collaborating with the university/hospital administration to provide scholarships and other opportunities that promote diversity training. Additional detailed recommendations on specific ways to enhance diversity initiatives are delineated in guidelines by APA’s Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology: Work Group on Education and Training (APA, 1997). Areas highlighted in these guidelines address issues related to: students (e.g., holding separate group sessions to examine whether ethnically diverse students are satisfied with the program); faculty (e.g., developing opportunities for all faculty [not just ethnic minorities] to acquire multicultural training in new instruction areas); curriculum (e.g., examining seminars/courses for multicultural content including: research methodology, history and systems, learning and cognition, and psychological measurement to ensure that they incorporate issues of multiculturalism); practicum and internships (e.g., placing students in clinical practicum sites that provide opportunities to work with ethnic minority clients and ensuring that supervisors are knowledgeable about multicultural training issues); research (e.g., ensuring the training program actively teaches and complies with National Institutes of Health regulations and APA ethical guidelines for the conduct of research with ethnic minorities and special populations); and institutional commitment (e.g., determining how top-level administration of the institution support recruitment and retention of ethnic minority students and faculty).

It is important to note that these strategies are only recommendations, as there is significant flexibility in how APA’s accreditation requirements with respect to diversity are interpreted and implemented. Although such flexibility allows for innovation and creativity in some programs, it may also lead to complacency in others. Similarly, there are no standard protocols for the evaluation of trainee competencies with respect to diversity. The development of guidelines in this area is sorely needed. For example, competencies working with culturally and linguistically diverse clients could be evaluated at standard evaluation points, such as practicum evaluations, comprehensive exams, licensure exams, and American Board of Professional Psychology (ABPP) exams. Marquette University’s program provides an excellent example of how students’ diversity competencies are evaluated within a structured clinical program. Future research is needed on additional strategies for evaluating diversity competencies across various developmental training levels.

Despite concerted efforts to reach out to all pediatric psychology programs, we acknowledge our low response rate. Many individuals contacted did not respond to initial or follow-up invitations to participate, possibly because of lack of time/interest or lack of incentive. Although this is understandable given the study’s methodology, it is possible that innovative diversity programming at other institutions may have been left out of this article. Programs may also have self-selected out of the survey if their perceptions of what is typically required for diversity training were higher than that of others. Although we provided examples of what is typically required, no specific criteria or guidelines for determining minimal requirements was provided as this may vary by training level (e.g., undergraduate vs. graduate). Our data are also limited to the information participants decided to provide. In our efforts to limit participant burden, we may have missed interesting specific details about programs, which would make exact replication difficult, such as whether...
diversity initiatives are required or optional for students and trainees at various highlighted sites. Instead, we are able to provide a general description of innovative programs and showcase how they map onto the competency training guidelines. Further, because of space limitations we were unable to showcase all the programs who responded to our survey. It is unknown how consistent these programs are in implementing these diversity initiatives or the extent to which students in these programs are acquiring clinically applied experience in diversity that is integrated throughout their clinical training. Additionally, given that our survey questionnaire specifically inquired about diversity training offerings and not health disparities, it is not known whether programs offer additional training specific to health disparities. Future studies should examine these factors as well as explore student satisfaction with diversity training. It will be important to understand and determine the impact of having integrative diversity training versus simply taking a diversity course on trainees’ development and competencies as pediatric psychologists.

There is a significant dearth of research on the implementation of diversity training initiatives in pediatric psychology programs. Further, research is needed to inform the development of best practices for training models that advance competencies in diversity and health disparities across primary care, hospitals, community settings, and schools. It is our hope that this article showcased practical and concrete ways to implement integrated diversity training at various training levels and efforts to continue to meet our training competencies as pediatric psychologists.

References


