

Cultural Competency in Training Policy
UT Health Clinical Psychology Internship Training Program
Last Updated 2023

The University of Texas Health Science Center at San Antonio (aka UT Health San Antonio) was recognized in 2022 as the 16th most diverse medical school in the country by U.S News and World Report. Moreover, UT Health San Antonio has been designated by the Department of Education as a Hispanic Serving Institution (HSI). The University has made great strides to cultivate and sustain diverse training experiences. As a major training program within the Department of Psychiatry and Behavioral Sciences, the APA-Accredited Clinical Psychology Internship engages in actions that indicate respect for, and understanding of, cultural and individual differences. The internship training model acknowledges the value of diversity and evaluates interns on individual and cultural diversity competencies.

In order to optimize cultural diversity competency, every individual in the program, at every level, is held accountable. Our goal is to provide the framework for developing an institutional culture that embraces diversity, encourages respect of all individuals, and fosters an appreciation of individual differences.

As part of UT Health San Antonio, the internship program identifies diversity as a core value, which embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity. We encourage our faculty and staff to provide a thoughtful, coherent, integrated program in order to offer our interns relevant knowledge and experience that can be generalized to a wide array of clinical settings. We take positive steps to ensure exposure to cultural and individual diversity as it relates to the practice of psychology, throughout the entire internship year.

To achieve the above stated goal, this policy provides the following information, resources, and references:

- Information regarding how UT Health San Antonio and our clinical psychology internship program operationalizes respect and understanding for cultural and individual differences.
- Values and commitments related to diversity and cultural awareness
- Guidance for positive and productive interpersonal engagement regarding individual and cultural identity
- Strategies for structuring conversations when challenges arise in the work community, supervisory relationship, and/or with patients.
- Working definitions and links to additional resources and references at the end of this document

Respect and Understanding of Cultural and Individual Differences

Respect for and understanding of cultural and individual differences is cultivated in the

following ways within our training program:

- The Clinical Psychology Internship Training Program follows UT Health San Antonio's policies on diversity, including policies on Non-Discrimination, Sexual Misconduct, and Americans with Disabilities Act. These policies are available within the internship's handbook and by accessing <https://uthealthsa.sharepoint.com/RAC/Pages/HOP.aspx>.
- The program currently offers a diversity seminar series, including nine didactics over the course of the year. The program kicks off its diversity seminar series with a diversity workshop each year that all faculty and interns are invited to attend. Attendance to this workshop is voluntary. CE's are provided for the workshop.
- The program has numerous opportunities for supervised experiences providing clinical services to an ethnically and culturally diverse patient population within San Antonio and the surrounding communities.
- The program provides routine discussion of diversity issues within the context of clinical supervision, formal didactic seminars, and meetings with the training directors. The faculty strive to model respectful conversations about cultural and individual differences in all interactions with one another and the interns.
- Through grant funding awarded by APPIC, the training committee developed a policy and training on addressing patient discriminatory behaviors to help both faculty and interns navigate the delivery of patient care when a patient exhibits racist behaviors toward a trainee, while supporting the needs of the intern.
- Interns are able to provide feedback to the training program regarding diversity and inclusion as part of their end of year site and supervisor evaluations. Additionally, interns can also provide feedback during planned check-ins with the Training Directors. However, trainees are also encouraged to discuss any concerns with the training directors at any point during their training.

UT Health San Antonio Values and Commitments Regarding Diversity

Our program's view of diversity is in line with the University's mission to "make lives better through excellence in education, research, health care, and community engagement" by "educating a diverse student body to become excellent health care providers and scientists." We strive for a community characterized by shared commitments to:

- Being aware of and reflecting upon
 - Individual and cultural diversity in all professional and personal encounters and activities
 - Self, as shaped by individual and cultural diversity and context, as well as assumptions, values, and biases (both explicit and implicit)
 - The interaction of self and others, as shaped by individual and group cultural diversity and context
 - The role implicit biases and microaggressions have in all workplace interactions.
 - Our own capacity for microaggressions and ways to minimize their occurrence.
 - The impact of power and privilege on workplace interactions, patient care, research endeavors, and supervision and training
- Enhancing our multicultural knowledge and understanding related to:
 - Patient needs and challenges uniquely related to age, gender, gender identity, race, ethnicity, culture, national origin, immigration status, religion, political affiliation, sexual orientation, dis/ability status, language, and socioeconomic status, etc., as well as the intersections among these characteristics.

- Different cultures and worldviews and how others are shaped by individual and cultural diversity and context.
- The historical significance and context of prejudice, discrimination, and oppression, along with their current manifestations and impact
- Being active and intentional about
 - Incorporating individual and cultural diversity when engaging in each of the competencies associated with health service psychology, psychiatry, and other behavioral health specialties.
 - Attending to the intersectionality of identities and the unique challenges faced by those who have multiple marginalized identities in all professional activities. Engaging in efforts to overcome biases.

Guidance for Positive and Productive Interpersonal Engagement Regarding Individual and Cultural Diversity

Our clinical psychology internship has undertaken the following efforts to prepare interns 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:

The training program, including faculty, staff, and trainees, work to foster a supportive environment that embraces cultural and individual differences. All faculty and interns are encouraged to have open and respectful conversations about cultural and individual differences in all training activities. The program actively encourages faculty and interns to engage in life-long learning when it comes to cultural and individual differences and engage in learning activities that serve to broaden understanding about culture and individual differences.

The following strategies aim to facilitate greater trust and more positive and productive engagement regarding cultural diversity within our work community and in supervisory relationships. To contribute to a respectful environment in which meaningful dialogue that facilitates safety can take place, we recommend that everyone follow the general guidance detailed below.

General Guidance

- Strive to be respectful in actions and words in all interactions.
 - Listen actively and with genuine interest.
 - Take your time to respond thoughtfully, convey you have heard what the other person shared, and ask clarifying questions.
 - Share your thoughts using clear language and with humility.
 - Recognize cultural differences in the expression of respect that deserve explicit attention at the outset of the conversation and throughout the discourse.
- Engage in ongoing self-reflection.
- Understand yourself as a cultural being in context.
- Be attuned to your own identities and identity development.
 - Seek, in a continuous fashion, to enhance your relational stance and capacity for cultural sensitivity and humility.
 - Understand how history of trauma related to discrimination and oppression can impact one's own perspective and the perspectives of others.
 - Approach the discomfort associated with conversations on diversity-related topics

- in a manner that achieves heightened awareness and growth.
- Be open to learning and sharing.
 - Seek out didactics, workshops, and training activities that allows for discussing cultural differences
 - Engage with others about cultural differences with honesty, sensitivity, respect, and civility.
 - Discuss and debate ideas rather than attack, ridicule, or demonize the personhood of opposing parties.
 - Listen to the perspectives of others who differ from you including minority voices.
 - Consider new perspectives, including those that may challenge pre-existing assumptions.
 - Ask questions thoughtfully and respectfully to learn about and understand others' cultural experiences. Speak from your own cultural experience in a manner that reflects an awareness of oneself as a cultural being.
 - Provide cultural feedback in a direct, specific, and respectful way in which you appeal to values and principles.
 - Receive cultural feedback by listening actively, asking for clarification or more information, having an open mind, and not arguing even if you have a different perspective.
- Own intentions and impact
 - Be aware of the impact of your words and actions.
 - Listen to how others perceive the impact of your words and actions.
 - Acknowledge and learn from your mistakes.
 - Notice when you are getting defensive.
 - Be aware that intention and impact matter and are not always consistent with one another.
 - Be willing to change.
- Approach educational, clinical, and scholarly endeavors with a multicultural orientation
 - Talk actively about diversity.
 - Use people's pronouns and be mindful of ingroup-outgroup terminology.
- Make connections to advance cultural awareness in your life and in the community.
 - Foster relationships with others whose multicultural identities diverge from one's own
 - Form or join social justice advocacy groups, committees, or organizations that advocate on behalf of marginalized communities.
 - Take an active role in confronting bias and prejudice.
- Understand change as a process.
 - Be aware of the ongoing nature of change.
 - Engage in critical thinking and analyzing complex and difficult topics.
 - Approach discomfort
 - Understand that safety and discomfort can coexist in conversations and conflicts related to cultural awareness.
 - Know that discomfort often is necessary to disrupt bias.
 - Reflect on whether you are complicit in contributing to a status quo that oppresses individuals with marginalized identities if you do not feel discomfort.
 - Learn from others.
 - Take risks.
 - Reflect on what you have learned.
 - Make a commitment to ongoing growth and change.

Guidance for Supervisors

The following is specific guidance for supervisors to model and invite diversity conversations in supervision (Mori et al., 2009; Nilsson & Duan, 2007; Sue, 2013; Sue et al., 2009).

- Take the lead in creating a supervisory relationship that supports open conversation about cultural awareness including in the supervisory relationship and any issues regarding harmful views that patients express.
- Be respectful in initiating direct conversations about diversity in all forms as relevant to the supervisory process and the work being supervised.
- Engage in cultural discussions in supervision and understand individual differences as they relate to trainees' cultures of origin and interpersonal styles, particularly with international supervisees.
- Validate and respect experiences of discrimination or prejudice reported by supervisees, especially when working with supervisees from marginalized groups.
- Use self-disclosure as appropriate when discussing cultural issues and be aware of the ways self-disclosure can influence interactions.
- Acknowledge own biases and discomfort during challenging discussions.
- Invite feedback and seek out input about own diversity competencies.

Strategies for Structuring Conversations Regarding Individual and Cultural Diversity Related Challenges

Despite our intentions and efforts to be culturally humble, aware, responsive, and sensitive, sometimes our actions are experienced by others as culturally insensitive, culturally disengaged, or disrespectful. At such times, we recommend active engagement in, rather than avoidance of, potentially difficult but good-faith conversations. Such engagement can provide valuable personal and professional learning opportunities for all parties.

The following are best practices for engaging in productive conversations when cultural sensitivity challenges occur in the workplace. Even if you do not feel you can interact in a manner that is consistent with these best practices, we encourage you to participate in these conversations and strive to follow as many of the suggestions as possible. We recognize that both power and privilege dynamics (e.g., supervisory relationship, differential membership in marginalized versus unmarginalized groups) influence and may complicate these processes. If there clearly is a person with more power and/or privilege, they must be especially intentional about promoting respectful and civil interaction. Below we offer guidance for facilitating effective initial conversations, engaging in a period of reflection, and re-engaging in subsequent discourse (Arao & Clemens, 2013; Mao et al., 2013; Wallin-Ruschman & Patka, 2016).

Initial Conversations

If you witness an interaction with a colleague(s) in a one-on-one or group setting that you experienced or observed to be culturally insensitive or biased, you may choose whether to engage in a follow-up conversation and the extent to which you wish to do so. It is important to recognize that differences in privilege can affect participation in potentially challenging interactions related to culture.

If you choose to engage in a conversation, we recommend attempting to:

- Meet privately with the individual(s) or with one ally present.
- Provide feedback in as nonconfrontational and nonjudgmental manner as possible.

- Do not personally attack the other party.
- Focus the conversation on the following ways:
 - Present your perspective of the situation.
 - Share your experiences of the interaction including what it meant and how it felt to you.
 - Understand the sources of disagreement.
 - Challenge their ideas or beliefs.
 - Offer an alternative perspective or additional considerations with the goal of broadening the other person's lens.
 - Make a commitment to working cooperatively toward respectful solutions.

If you are the recipient of such feedback, suggested strategies include:

- Expressing gratitude for the feedback and a willingness to learn and change.
- Being open and non-defensive in your receipt of the input.
- Asking questions to seek clarification and greater understanding.
- Expressing your reactions to hearing the feedback, without placing undue burden on the person who delivered it.
- Reiterating appreciation for the input and an openness to reflect and continue the conversation.
- Voluntarily participating in Project READY: Reimagining Equity and Access for Diverse Youth module on implicit bias and microaggressions <https://ready.web.unc.edu/section-1-foundations/module-4-implicit-bias-microaggressions/>

If you recognize that you acted or interacted in a manner that was culturally insensitive or biased, we recommend attempting to:

- Open a conversation with the affected person/people.
- Acknowledge your awareness, even if limited, that your actions or interactions were culturally insensitive or biased.
- Elicit the affected person's perspective and reactions.
- Take appropriate responsibility, share what you have learned and/or intend to learn, and then apologize accordingly.

Period of Reflection

We recommend that after such an encounter the parties take up to one week to each process the experience separately and with the support and consultation of trusted colleagues.

- If you are the person who experienced a culturally insensitive or biased action or interaction and brought this to the attention of the other party, after the initial conversation, we recommend that you.
 - Connect with someone you trust to discuss the conversation and its impact on you and receive support.
 - Consider if a follow-up conversation would be helpful based on whether the initial conversation was reparative and/or a view that a subsequent conversation could be potentially reparative.
 - Recognize that you have the power to accept or reject a future conversation.
 - Determine your next steps if you do not intend to consent to a future conversation, or if such a conversation is not offered.
- If you are the recipient of feedback that you acted or interacted in culturally insensitive or

biased ways or recognized yourself that you did so and opened the initial conversation, after the initial conversation, we recommend that you.

- Reflect upon your own contribution to the situation.
- Develop and implement an action plan for learning and change.
- Consider if a formal follow-up conversation would be helpful if you have new reflections about your actions or interactions or an action plan that you are willing to share.
 - Recognize that the other party has the power to accept or reject your request for a future conversation.
- Institute periodic and informal check-ins with the other person if they agree to do so.

Follow-Up Conversation

Following this week of self-reflection and consultation, if both parties agree to a follow-up conversation, we recommend the following:

- Set a time to re-engage with one another.
- Share experiences related to the prior conversation and subsequent self-reflection and learnings.
- Process the situation as openly and nondefensively as possible.
- Discuss possible strategies for modifying the interaction in the future to make it more mutually positive and culturally sensitive.

In this conversation, if you were the recipient of the cultural feedback, we also recommend that you:

- Acknowledge your emotional reactions to the feedback.
- Convey that you have engaged in a process of self-reflection in order to better understand yourself and the impact of your behavior.
- Take responsibility for your behavior.
 - Share what you have learned. In cases in which either party does not feel safe directly interacting with the other person, the following may be considered:

Invite a support person/ally to join the conversation at any step of the process – either party may do so.

- Notify the other person in advance that a support person/ally has been invited and afford them the same opportunity if they are agreeable to the inclusion of the support person/ally.
- Include a range of other people in the conversation (trusted supervisor, preceptor/mentor, or training directors)
- Consider informal or more formal mediation.

Guidance for When Patients Express Offensive, Discriminatory or Oppressive Views

There are occasions when patients express offensive beliefs or espouse discriminatory or oppressive views, beliefs, or opinions. People should strive to create work, learning, and supervisory environments that are conducive to conversations regarding such matters.

Such environments enable and encourage people to:

- Seek support (from supervisors, colleagues, peers, training directors)
- Share what occurred.
- Process the experience.
 - Address how the belief or bias affected them, the relationship with the patient, and the patient's outcome.
- Determine the appropriate course of action (MacLeod, 2014)
 - Reflect on own motivations, reactions, internalized biases, cultural identities, and stage of identity development as they relate to addressing offensive, discriminatory, or oppressive views.
 - Assess the patient's identities and identity development stage, cultural values maintaining their beliefs, and function of the stereotypes or biases.
 - Consider the patient's goals, how prejudice or discrimination relate to those goals, and motivation for change in this area.
- Conduct the conversation with the patient if that is the determined course of action.
 - Be straightforward.
 - Foster an open dialogue about diversity and identity issues.
 - Identify and capitalize on the patient's cultural strengths and use these to help them understand and reduce their biases.
 - Determine when to revisit the issue or problematic encounter.
- Determine if a working relationship with the patient can continue.
 - Discuss the effects of the course of action selected. Our program has developed a policy for our trainees when addressing racist and discriminatory patient interactions. Supervisors and trainees should follow the internship policy.

Addressing Racist and Discriminatory Patient Interactions

This document serves to describe expectations for supervisory behavior in managing racist/discriminatory patient and client interactions when the intern is part of the treatment team.

- When a racist/discriminatory* interaction is directed at an intern by a patient, the intern is encouraged to discuss the incident with their supervisor and/or treatment team member in the moment. The supervisor is responsible for supporting the intern involved and establishing a unified and clear position that racist/discriminatory patient behavior will be addressed.
- The supervisor will facilitate a discussion as soon as possible to plan an appropriate strategy for addressing the patient's behavior and invite dialogue. The involved intern (and team member, if applicable) should be offered the option to lead the dialogue with the team and/or the patient if they choose.
 - The intern, if they choose, and a team member (preferably the supervisor) will engage the patient about the behavior.
 - The team will discuss the harmful and unacceptable nature of their patient behavior.
 - The team will allow for the intern to discuss and/or process their reactions; however, only if the intern chooses to do so.
 - Supervisors will accommodate for wrap-around support and longer-term follow-up with the intern who experienced or observed racist/discriminatory interactions, as necessary.
 - When applicable, the team will clearly state that the involved intern is a vital part of the patient's treatment team.

- If a patient requests another provider or refuses to see the assigned intern, the reason for the request must be understood to determine whether the request is discriminatory. An example: “I want to be sure I understand the reason for your request. Are you saying that you want a different provider because of their race/ethnicity?”
- When appropriate, the supervisor will convey that accommodating patient requests to change their assigned provider based on discriminatory patient preference is not acceptable. The use of clinical judgment, consultation with other providers, and discussion among the treatment team is encouraged in order to determine the optimal decision for the benefit of the intern, patients, team members, and clinic.
- The team will discuss how to move forward with patient care, balancing the organization’s policies and procedures, the clinical needs of the patient, and the intern’s well-being and preferences in the process.
- The supervisor should not reinforce the patient’s racist or harmful behaviors by immediately changing their provider or other members of their care team.
- However, an intern has the right to request being removed from the care of a patient due to discriminatory behaviors, without fear of penalty or retaliation. There must be a discussion with the responsible supervisor that includes ethical clinical decision-making and consideration of patient well-being and safety. If deemed appropriate to terminate services with a patient based on racist/discriminatory behavior, respective clinic termination policies must be followed to ensure continuity of patient care.
- Regardless of any decision made based on the clinical decision-making discussion, interns’ training and evaluations will not be affected. If interns believe a decision was made, based on minimal input from the intern, or with disregard of the interns’ experience, the affected intern is encouraged to follow grievance procedures outlined in the Psychology Internship Policy Manual.
- As supervisors, it is important for us to document and monitor these patient interactions, their effects on interns (and the treatment team), implementation of these guidelines, and resolutions in order to support the treatment team and improve the response to these challenging situations.
 - If the intern, their supervisor, and patient mutually decide to continue the clinical relationship, the supervisor will closely monitor, discuss, and address the intern’s well-being and felt sense of safety as the treating provider. The supervisor will continuously reassess if the decision to continue the clinical relationship is in the best interest of both parties, make adjustments accordingly, and provide feedback to the training committee.
- The involved intern and supervisor should report any instances of racist/discriminatory behaviors from patients to the Program Director and Associate Director in a written email.
- The supervisor and/or Program Directors will follow-up with the intern who may have experienced racism or discrimination and provide resources as necessary.
- The Program Director or the Associate Director, with the help of the intern’s supervisor, will document all instances reported, including whether and how the guidelines described above were implemented, treatment team response, effects on the intern involved, the patient and the team, and outcomes and resolutions.
- The RCT will monitor and review this cumulative documentation of harmful patient interactions at least annually as part of its overall efforts to address and reduce racism and

discrimination in the institution/work environment.

* Including, but not limited to racism and discrimination towards those with diverse backgrounds related to different socioeconomic status, ethnicity, language, nationality, gender identity, sexual orientation, religion, geography, disability, political affiliation, and/or age.

**We strongly urge each site to have a standardized process for managing racist and discriminatory patient interactions individualized to their own site and patient population served. *This document was modified from “Standardized Approach to Racist Patient Interactions” developed by Mary Duggan, MD, Tanya White-Davis, PsyD, Ellen Tattelman, MD, Montefiore Medical Center Department of Family and Social Medicine.*

Working Definitions for Terminology

Cultural humility: a lifelong process of self-reflection and self-critique that involves examining own beliefs and cultural identities and learning about other people’s cultures.

Discrimination: unjust or prejudicial treatment of people based on one or more of their multicultural identities

Diversity: representation of varied identities (e.g., age, gender, gender identity, race, ethnicity, culture, national origin, immigration status, religion, sexual orientation, dis/ability status, language, and socioeconomic status, etc.) and the intersections among these various social identities, as well as differences (e.g., thinking, communication styles)

Equity: fair treatment and access to information and resources for all and equality of opportunity

Implicit bias: inclination or prejudice that operates outside conscious awareness.

Inclusion: culture of belonging in which the contributions and participations of all parties are welcomed, encouraged, and supported and in which there is appreciation that each person’s voice adds value

Intersectionality: interconnected nature of multicultural or social identities as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or advantage

Microaffirmation (also referred to as micro-moves, micro-gestures, and micro-advantages): nonverbal (e.g., nods, facial expressions) and verbal (e.g., choices of words, tones of voice) actions that convey active listening, inclusion, and caring; recognize and validate emotional experiences; affirm emotional reactions; and substitute messages about deficit and exclusion with messages of excellence, openness and opportunity.

Microaggressions: everyday exchanges that reflect indirect, subtle, or unintentional discrimination or subordination based on any one or more social identities.

Microinterventions: words or actions directed to targets of microaggressions that validate their experiences, communicate their value as a person, affirm their racial or group identity, convey support and encouragement, and provide reassurance they are not alone.

Microprogressions: intentional small, regular, and common acts or experiences that serve to challenge and/or dismantle bias, stereotypes, discrimination, and oppression.

Multicultural competence: acquired knowledge, skills, and attitudes for engaging productively with others with culturally diverse backgrounds.

Multicultural orientation: way of being with others guided by one's philosophy, values, and appreciation of culture in the lives of others.

Oppression: a system of discrimination that is backed by social and political power prolonged cruel or unjust treatment or control

Privilege: unearned, undeserved advantages based on status and others' positive projections onto that status

Trauma history: Painful personal or vicarious experiences of discrimination or oppression due to diversity status that influence how you experience yourself and others in the world.

Systemic and structural racism: Systemic and structural racism are forms of racism that are pervasively and deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences.

Voluntary External Programs and Resources:

Framework for Self-Reflection Regarding One's Own Multicultural Identities Exploration Regarding Own Identities: ADDRESSING-GSA Model (Hays 2001, 2008).

Members of our work community with an interest in further exploring their own cultural identities may:

- Reflect upon their identities in accord with the ADDRESSING-GSA model (Hays 2001, 2008)
 - Age and Generational Influences
 - Disability Status (developmental disability)
 - Disability Status (acquired physical/cognitive/psychological disabilities)
 - Religion and Spiritual Orientation
 - Ethnic and Racial Identity
 - Social Class
 - Sexual Orientation
 - Indigenous Background/Heritage
 - National Origin
 - Gender
 - Gender Expression
 - Size
 - Assigned sex at birth/biological sex
- Possible Additions
 - Political Perspective/Party Affiliation
 - Military/Veteran Status
- Complete ADDRESSING-GSA Self-Assessment activity based on the model to identify ways in which one is a member of the dominant group and holds privilege <https://cdn-media.waldenu.edu/2dett4d/Walden/COUN/6312A/CH/mm/AddressingGSASelfAssessm>

[ent/module1.html](#)

- Use the ADDRESSING-GSA model to
 - Consider your own multicultural identities and intersectionality among these identities.
 - Explore existing cultural influences.
 - Reflect upon personal experiences and history of trauma as related to oppression and discrimination.
 - Examine the links between your own identities and power, privilege, and biases.
 - Contemplate how social constructions of power impact ourselves and others.

Exploration Regarding Implicit Biases

Everyone has biases (e.g., unconscious, implicit, conscious) due to individual experiences and socialization. These biases influence behavior and decision-making, often outside of conscious awareness, and can manifest in ways that are discriminatory.

There are multiple ways to examine one's own biases. Members of our work community with an interest in doing so may:

- Participate in one or more trainings related to implicit bias
 - Refer to the UCLA Equity, Diversity, and Inclusion Implicit Bias Video Series <https://equity.ucla.edu/know/implicit-bias/>
- Take the Implicit Association Test (IAT), a computer-based exercise that prompts for reflection and facilitates awareness of implicit biases - the IAT measures the strength of automatic associations between concepts (e.g., gender, race) and evaluations (e.g., good or bad) or stereotypes. The Harvard Project Implicit supports on-going research on implicit bias. Take one of the 14 publicly accessible Implicit Association Tests. <https://implicit.harvard.edu/implicit/>
- Review one's IAT results and engage in deliberate reflection on the potential impact of these implicit biases on interactions with other people.
- Develop an individualized action plan to mitigate these unconscious or implicit biases (e.g., diversifying experiences to provide counterstereotypical interactions)
- Take these, or other action steps:
 - Introduce yourself with your pronouns, verbally and in writing
 - Familiarize yourself the APA's Inclusive Language Guidelines <https://www.hrc.org/resources/glossary-of-terms>
 - Conduct holistic reviews of applicants for positions. Review The Future of Psychology: Redefining Professionalism Through an Inclusive Lens When Reviewing Trainee Applicants and Conducting Interviews.
 - Follow guidance about avoiding bias when writing letters of recommendation
 - Avoiding Gender Bias in Reference Writing https://csw.arizona.edu/sites/default/files/avoiding_gender_bias_in_letter_of_reference_writing.pdf
 - Guide to Avoid Racial Bias in Reference Letter Writing <https://eswnonline.org/guide-to-avoid-racial-bias-in-reference-letter-writing/>

PRIDE UTHSA

<https://lsom.uthscsa.edu/diversity/pride>

San Antonio Pride Center

<https://pridecentersa.org>

City of San Antonio Office of Equity

<https://www.sanantonio.gov/equity>

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The reader also may find valuable the American Psychological Association's Professional Practice Guidelines for multicultural practice with particular populations, including (1) transgender and gender nonconforming people; (2) girls and women; (3) older adults; (4) sexual minority persons (5) persons with disabilities; (6) identity and intersectionality; (7) people with low-income and economic marginalization. View the APA Professional Practice Guidelines (<https://www.apa.org/practice/guidelines>).

Resources on Addressing Issues Related to Diversity and Racism in Research, Teaching/Mentoring, and Clinical Practice

https://societyforscienceofclinicalpsychology.wildapricot.org/resources_on_racism#RR_2

***This policy was adapted from the Diversity, Equity, and Inclusion Engagement Guidance document utilized by the Internship in Health Service Psychology at Emory University with permission from the authors.**