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Message from ABPPs Executive Officer

David Cox, PhD, ABPP

I am pleased to welcome you to this special edition of the Specialist. ABPP has been at work on issues of diversity for many years and I anticipate we will continue to do so for many years to come. Our Diversity Committee and Editorial staff of the Specialist have worked together to bring thoughtful pieces to this edition; I hope you find it thought-provoking and worthwhile. Please take the opportunity to provide to the Editor and/or the ABPP Diversity Committee your thoughts about what you read and how ABPP can improve itself in this regard. We welcome and encourage your input! Many thanks to all involved in creating this unique special edition on this important topic!

Editor’s Corner

By Kristine T. Kingsley, PsyD, ABPP

Recent events and demonstrations have drawn a significant attention to inequality in our society and institutions. In response to calls for change, many employers are reviewing their efforts to promote a more diverse, equitable and inclusive workforce.

Psychologists are encouraged to recognize that we as cultural beings, may hold attitudes and beliefs that can detrimentally influence our perceptions of and interactions with individuals who are different from us. Psychologists therefore, are encouraged to recognize the importance of multicultural sensitivity / responsiveness, knowledge, and understanding, of ethnically, racially and otherwise different individuals. Stereotyping is natural; it is even helpful in understanding the world in a rather quick, efficient manner. Understanding sameness and difference, while creating classification subcategories (i.e., schemata) to classify those relations is inevitable. What we do with this information however, is a choice.

In our clinical work, we strive to show respect for clients’ values, beliefs, preferences, environment and culture. We accomplish that by taking a flexible approach in our work- one which promotes engagement and bolsters motivation.

Do we manage to do this though on an organizational and or institutional level? How do we make sure to understand the relevant issues which may result in inequity?

In the next few pages of the Specialist (volume 47), we will try to review the steps and illustrate the outcomes of
ABPPs efforts to understand and address the issue at hand, with an emphasis in the last ten years. Have we taken an honest look at which groups are underrepresented in senior leadership and the membership in general and felt satisfied? Do we hold ourselves accountable? Do leaders provide all members development opportunities, address possible micro-aggressions and take any complaints seriously? Do we review policies and practices and ensure they are free of implicit and explicit biases? Do we listen to feedback and encourage new ideas? Do we expand recruiting in order to enhance the quality and diversity of our candidate pool, evaluate screening and selection policies, and diversify committees whose members in turn “solicit” candidates for various officer positions?

There are several articles in our newsletter, which showcase the history and evolution of our organization as a whole; a few depict the initiatives introduced by various subspecialties, in an attempt to promote solid training among specialists. Several of these efforts involve diversity among leadership respectively. The question raised though at the present time is, have we gone far enough yet (“ABPP: Are words enough?” “There is no secret to uncover or puzzle to solve”)? Let us know what you think.

This volume is possible due to the unconditional support and guidance I receive from the members of the Communications Committee- Drs. Ellen B. Snoxell, Jarrod Leffler, John Watkins, Jay Earles, Associate Editor Stacy Ogbeide as well as the Diversity Committee composed by Sharon Bowman, PhD, ABPP, Joel C. Frost, EdD, ABPP, Leonardo Caraballo, PhD, ABPP, Andrew Heck, PhD, ABPP & Jarrod Leffler, PhD, ABPP. I must not neglect to mention the valued mentorship received from Dr. David Cox (ABPP Executive Officer), and the incomparable feedback I get from Ms. Nancy McDonald (ABPP Associate Executive Officer).

Respectfully,

Kristine T. Kingsley, PsyD, ABPP Editor, the Specialist
Chair, ABPP Communications Committee

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ABPP is committed to a competent and diverse psychology workforce to serve the unique needs of the varied individuals seeking psychological services. It is imperative that the board-certified psychologist population accurately reflects the patient population it serves within our country. To fulfill this commitment, ABPP promotes a more diverse and competent membership.

To understand the rich history of ABPP’s interest in Diversity and the evolution of ABPP’s diversity initiative, we reviewed the Diplomate, later becoming the Specialist, a central repository of information about the organization and its priorities, from 1982 until present; though ABPP was incorporated in 1947, publication of the Diplomate did not occur until 1982. These publications are the vehicle with which fundamental information about ABPP is disseminated and archived. They reflect the organization's attention and commitment to diversity.

Much of ABPP’s attention and energy in its formative years was dedicated to the development and evolution of ABPP as an organization, focusing on organizational imperatives like affiliating new specialties, adding annual dues, establishing by-laws and standards, growing membership, clarifying and widely publicizing its purpose, and improving its professional image and identity. Attention was directed to standardizing examinations across specialties, and establishing uniform policies, organizational methods, and operational procedures. The central driving focus of the organization was to establish itself separate from APA, and to establish the ABPP “diploma” as…”an attestation of professional excellence and advanced competence in a recognized specialty in psychology” (1987, 7 [1], p.3).
In the 1990s, ABPP began to focus on diversity. The January 1994 issue of *the Diplomate* included a description of ABPP's first membership demographic survey, noting, “*The Membership Committee has prepared a survey of the Diplomates to consider which services, if any, you might wish to have available to you and to increase ethnic minority diversity and participation in ABPP affairs. The survey accompanies this newsletter on a separate sheet and your responses to both parts are encouraged*” (p. 3). The survey asked respondents to note their racial/ethnic background (African American, Asian, Caucasian, LatinX, Native American, or other). This was the first published notice that the demographic makeup of ABPP as an organization was important. Unfortunately, there are no archival records of the results from this survey.

The American Board of Counseling Psychology (ABCoP), established their own Diversity Task Force, initiating ABPP’s diversity discussions. The July 1996 the Diplomate included a report from the ABCoP Diversity Task Force, asserting “…counseling psychology reflects sensitivity to social context and understanding of the potential impact of diversity on the individual, group, or organization for whom services are provided” (p. 5). In July 1997, the ABCoP reported that “…inclusion of diversity in the examination criteria” was one of their central agenda items (1996, 16, [1], p 22).

The January 1997 the Diplomate offered an important article entitled: *Crossing the Racial Divide for Psychological Service Delivery in the Twenty-First Century: A Training Perspective* by John Jackson, which focused on the need to address the lack of adequate specific education and training of psychology graduate students to be competent to provide psychological services to minority populations. Dr. Jackson noted an absence of professional schools’ curricula with criteria aimed at establishing competency to provide psychological services to minorities. He further emphasized that diversity was a foundational competency and should be assessed as such in the examinations of all specialties (1997, 16 [2], p.7).

In January 1998, the ABCoP reported that, “In addition to increasing the number of counseling psychology diplomates, there is a glaring need in our organization to diversify with respect to gender, ethnicity, sexual orientation, and physical challenge” (p.10). Intending to create structure for their diversity focus, in January 1999, the ABCoP established a ‘diversity project,’ with plans to pursue “weaving diversity into the fabric of our organization” reporting they had “taken up the challenge of integrating diversity into (their) organizational culture (by reviewing all of their materials) “with the goal of updating (their) language so that it reflects (their) acknowledgement of the importance of diversity” (1999, 18, [2], p. 7). The ABCoP infused diversity content into their oral examinations and examiner training and challenged other specialty boards to devote honest attention to making diversity a part of their organizational culture and image. Continuing their within-specialty diversity work, by 2000, the ABCoP candidate and oral examination materials clearly stated the expectation that must candidates demonstrate competence in diversity and their examination evaluation forms rated candidates in this competency area.

In July 1998, the ABCoP continued to convey their specialties’ attention to increased diversity noting: “We are also excited about our success at beginning earnest dialogue with the Academy regarding the need for our organization to diversify its membership with respect to gender, ethnicity, sexual orientation, and physical challenge” including “strategies the Academy has already begun to implement in order to attract and recruit a more diverse membership. Our discussions generated additional recruitment ideas and solidified our resolve to
bring to fruition our shared vision for a membership that reflects a richness greater than we currently manifest” (1998, 18, [1], p.5). The ABCoP’s attention to diversity within ABPP was focused on 1) the need to assess competent psychological services within minority populations and 2) evolve a more diverse membership within ABPP.

As can be seen, much of the early (1990-2000) and formative impetus for ABPP attention to diversity was driven by one specialty- the ABCoP. In July 1998, calling for change, and concerned about the lack of diversity within ABPP, the ABCoP noted, “The profile of our organization, however, has yet to reflect the richness that seems to be characteristic of the larger body of counseling psychologists. If we are to be seen as viable and relevant, we will need to develop a profile that mirrors the profile of the larger body of our professional colleagues. Our goal is to stimulate a process for developing an organization with which our professional colleagues will want to affiliate. This translates to our need to create an organization that, as a matter of course, behaviorally demonstrates its commitment to diversity in the broad context” (1998, 18, [1], p. 10).

**2000-2010**

In his January 2000, “Strategic Plan for 2000-2001” ABPP Board of Trustees President, Ted Packard, included his intent to “Increase the diversity of the cadre of board-certified psychologists and of the members of ABPP's governance system” (Strategic Plan, Initiative #6, 2000, 19, [2], p. 3). Further, Dr. Packard noted that, “Neither women nor psychologists representing culturally diverse backgrounds are represented adequately in ABPP. Building a diverse organization that reflects demographic changes in the larger culture is a moral imperative and a necessity for our long-range survival” (p. 3). His goal was to establish the continuing importance of diversity for the entire organization. Consequently, Dr. Packard established a Diversity Task Force charged with identifying ways to accomplish these organizational goals. He articulated the task force’s four-point plan:

- The Task Force will request from ABPP Central Office complete information packets from each of the 11 Boards as well as several years of back issues of *The Diplomate*. These materials (e.g., brochures, pamphlets, applications, etc.) will be examined for the presence or absence of diversity related information. Results of this examination will be shared with each Board and ways of bringing the examined materials into diversity compliance will be suggested.

- All examination materials (e.g., vignettes, questions, etc.) will be scrutinized for the presence/absence of diversity related materials. Detailed feedback regarding diversity compliance of these examination materials will be shared with each board.

- The Task Force will develop a system for training in diversity in which each Board and Academy as well as the BOT will participate.

- The Task Force will develop a system for attracting and recruiting new members, with special attention being directed to underrepresented groups.

This 2000 initiative marked a shift from an ABCoP interest to an organization-wide focus, driven by the then-President Dr. Packard and the Board of Trustees.

Diversity continued to garner increased attention in 2001, both in terms of ABPP membership and governance
and in competency assessment. In winter 2001, William Parham wrote a special, front-page article titled, “The Meeting is Adjourned: Dismantling the “Old Boy’s Club” Within the American Board of Professional Psychology.” Dr. Parham noted the expanding US growth among minorities, the need for improved communication between these groups and educational, corporate, governmental, and political institutions, and the paucity of organizational response.

He wrote, “The American Board of Professional Psychology is hereby invited to begin a process of organizational self-assessment, with a particular focus on identifying the degree to which we have made diversity, as experienced in its broadest context, a working part of our self-proclaimed mandate and operating principles. Perusal of the organizational structure, its specialty Board and Academy practices, and the philosophical premises upon which the organization is based reveals a glaring absence of several functional components. Up front, we witness a membership that fails to reflect the communities and "the public" we purport to serve. Equally noticeable is the invisible participation of persons of color and women in the governance of the organization. A reality that surfaces upon closer inspection of the practices of 10 or the 11 specialty boards is a certification process that fails to integrate diversity related dimensions into the application, credentials review, and oral examination processes” (p. 1).

Dr. Parham’s article continued: “The written materials (e.g., brochures, pamphlets, candidate manuals, the Diplomate), authored by the BOT, the Boards, and the Academies, fail to even hint that diversity is a critical factor in understanding human nature. Only recently has diversity been articulated as a necessary component for effective organizational functioning (e.g., Dr. Ted Packard’s presidential address at the August, 2000 ABPP Convocation) or been translated into an action plan for change in a specialty area of practice (e.g., the work of the Counseling Psychology Board since 1997). Can we continually claim to promote advanced level of competence and to certify specialty practitioners when we are falling significantly short in identifying and acknowledging diversity as an inseparable feature of human existence and as a ‘must be included’ feature in every effort to promote the ABPP organizations?” (p. 18).

Dr. Parham called on each Specialty Board and Academy to declare their intention to follow up on the mission of the Diversity Task Force and to establish “a timetable for conducting their diversity-focused activities” (p. 18). The Diplomate’s Special Article’ on Diversity: Call for Papers was issued to chronicle efforts made toward becoming “diversity-fluent” (2001, 20, [2], p. 15). These combined initiatives constituted an organization-wide call to action to address diversity representation and competency requirements.

The emerging importance of diversity was reflected in the winter 2002 edition, which hosted a special section, Diversity and ABPP (2002, 21, [1], 3-15). Diversity appears to have achieved a critical mass within ABPP when the 2002 BOT voted to accept and promote the Diversity proclamation written by Dr. Parham: Diversity: From ABPP, Statement Affirming ABPP’s Commitment to Diversity (2002, 21, [1], p. 6). This proclamation was made ABPP policy. The same special section included an article, Diversity - It Can Work! written by John. D. Robinson, in which he noted, “We talk about wanting diversity, but we are not too successful at achieving it” (2002, 21, [1], p. 7)

Additionally, each specialty board was asked to appoint a Diversity Task Force chairperson. The article discussed the meaning of “diversity.” The 2002 ABCoP manual stated that candidates “should demonstrate an awareness of, and sensitivity to, contextual issues and acknowledge the ways diversity may impact both assessment and intervention. Race, ethnicity, gender, age, sexual/affectional preference, class and religion are examples of such
diversity as are physical and psychological challenges. Additional factors may include geographic region of birth and rearing as well as current residence. Candidates should also note the potential role of both linguistic facility and history with regard to the language(s) in which assessment and interventions are conducted. Finally, the potential impact of relational status (e.g. parent, spouse, emigrant, etc.) on assessment and intervention should be addressed” (2002, 21, [1], p. 9). The ABCoP manual stated that candidates should expect that each of these areas would be considered, that their practice samples and work experience should show evidence of having considered these dimensions, and that they would be evaluated on these dimensions during the examination, with specific rating criteria that related to these dimensions.

In the same 2002 special section on Diversity in ABPP, in his article Diversity: Individuals (Reflections of a Chicano Clinical Diplomate), Joseph Cervantes wrote, “I have become increasingly aware of the obvious discrepancy between the expectation of advanced competency for ABPP status and the omission of co-related competency in ethnic/cultural diversity” (p 10). He continued: “…competency practice with people of color requires learned awareness, developed skills, and appropriate interventions with these populations (p. 10).” He concluded: “ABPP is long overdue for the development of a substantive framework. (p. 10).” Calling for change, he continued, “The profile of our organization, however, has yet to reflect the richness that seems to be characteristic of the larger body of counseling psychologists. If we are to be seen as viable and relevant, we will need to develop a profile that mirrors the profile of the larger body of our professional colleagues. Our goal is to stimulate a process for developing an organization with which our professional colleagues will want to affiliate. This translates to our need to create an organization that, as a matter of course, behaviorally demonstrates its commitment to diversity in the broad context for advanced competence with ethnically and culturally diverse populations. This framework should include, at minimum, a secure knowledge base in those available, professional documents that provide guidelines for clinical/counseling practice with people of color (i.e., APA). Furthermore, there needs to be some developed criteria that can be used across all ABPP specialty areas that can evaluate a candidate’s awareness/knowledge based on an agreed upon proficiency in ethnic/cultural diversity. There exists already several models that can be used as a good foundation for the creation of applicable criteria for ABPP” (2002, 21, [1], p. 10).

In the same 2002 special section, Tong-He Ko provided another perspective regarding the challenge to understand multiculturalism from a non-dominant viewpoint. In advocating for cultural pluralism, he wrote, “In the past, Assimilation or Anglo conformity of ethnic minority groups was expected because Anglo-Saxon culture was deemed superior or desirable. Assimilation involves the absorption of ethnic minority groups into the dominant group, and often, the loss of the values and behavioral patterns of ethnic groups to become ‘Americanized.’ On the other hand, Pluralism refers to the coexistence of distinct cultural groups in society. Those who encourage pluralism believe that cultural differences should be maintained and appreciated and that different groups with various cultural orientations can coexist alongside each other” (2002, 21, [1], p. 13).

During the 2002 APA annual convention, the American Psychological Association’s Council of Representatives (COR) unanimously approved the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists. This resource became the often-utilized reference for ABPP Specialties’ integration of diversity and multiculturalism into their examination manuals.

Continuing to formalize its commitment to diversity, in 2003 the ABPP Diversity Task Force formally became the Diversity Committee, a standing ABPP BOT committee. Also that year, The Diplomate became The Specialist.
In the winter of 2003, the ABPP Board of Trustees Diversity Committee published *The Template of Organizational Alignment with the Principles of Multiculturalism*, which read, “It is with the utmost excitement that the Board of Trustees Diversity Committee (BOT-DC) invites you to join us in celebrating the creation of an ABPP organization that honors the tenets of multiculturalism. Multiculturalism acknowledges the influence of race, culture, ethnicity, gender, sexual orientation, physically challenged status, age, socioeconomic status, religious affiliation, and education, operative within historical and contemporary social-political contexts, as salient dimensions of the affective, behavioral and cognitive expressions of personal identity and life-challenge resolutions” (p.5). To this end, the BOT Diversity Committee published a two-page questionnaire asking each Specialty Board and Academy President to report their attention to and inclusion of multiculturalism in their marketing, recruitment, and examinations.

In the summer of 2003, Dr. Parham wrote, “Race, ethnicity, gender, sexual orientation, physically challenged status, religion, social economic status, language, and other diversity-related contextual parameters are connected inextricably to the way in which our clients see themselves, how we see ourselves, how we see our clients and how they see us. This cornerstone notion is fundamental to our plan for a changed mindset and operation within the organization. It represents a base from which ABPP can operate as we undertake a process of turning heretofore-artificial support for diversity (a.k.a. lip service) into action and accountability” (2003, 22, [2], p. 17).

In the summer of 2004, in direct response to the BOT’s request that each specialty give greater attention to diversity, the American Board of School Psychology (ABSP) was the first specialty to publish their multiculturalism updates to practice samples and examinations. In winter 2004, the American Board of Clinical Psychology (ABCP) described their extensive diversity-related modifications to their examination manual, examination scoring, examination expectations, marketing materials, and expectations for their specialty board composition. ABSP and ABCP responded to the call, but subsequently no other specialty responded.

Noting the lack of uniformed response to the call, in winter 2006, the BOT Diversity Task Force published *The ABPP Diversity Project: Are we answering the call?* They noted that the American Board of Counseling Psychology (ABCoP) and the American Board of Cognitive & Behavioral Psychology (ABCBP) had published the results of their inclusion of multiculturalism, both of which offered detailed and extensive material, and served as examples for other specialties. Additionally, the ABCBP expressed its plan to establish diversity scholarships focused on increasing their diversity membership. However, the thrust of the Diversity Task Force article focused on the lack of similar responses from the remaining nine specialties and asked a series of questions regarding how to interpret the lack of responses. They asked whether there were impediments to making these changes, if specialties were ‘tiring’ of their work, and if ABPP was failing to live up to the promise to raise the bar (2006, 25, p. 13-15 [1]).

Summer 2006, Daryl Fujii reported, *Multicultural activities at AACN/ABCN*, which described Clinical Neuropsychology’s attention to diversity and multiculturalism, including their development of a position paper establishing guidelines for the standard of practice with a section on multiculturalism. Dr. Fujii commented that increasing the number of board-certified ethnic minority neuropsychologists would benefit clients and raise multicultural awareness within the discipline. He noted that the AACN/ABCN had established a group of minority mentors and included responses from numerous minority neuropsychologists who had successfully passed the examination.
In the winter of 2007, Dr. Parham published another article on ABPP diversity, *Shifting Perspectives: ABPP’s Alignment with Multiculturalism*, noting that the Diversity Project had then spanned six years and 19 *Specialist* articles. He expressed encouragement with the progress to date, encouraged more work by the specialties and listed additional items for ongoing attention. (2007, 26, P6)

The summer of 2007 *Specialist* marked ABPP’s 60th anniversary. Diversity and multiculturalism were among the topics discussed. While ABPP continued to value diversity and multiculturalism, interest in these topics had waxed and waned; progress and integration had not been consistent. Specific individuals and specific specialties had worked diligently to move the work forward, but the organization had not appeared to consistently maintain diversity’s importance. Indeed, during 2007 and 2008 there was little attention to diversity reflected in *The Specialist*. However, in winter 2009, Chris Nezu’s BOT presidential message reignited ABPP’s interest in diversity. Later, Dr. Nezu created the Nezu Diversity Fund through the ABPP Foundation to increase the number of diversity board certified psychologists. The ABPP Foundation was founded in 2010. Dr. Nezu, their first chair, established a competitive Diversity Scholarship.

Nadine Kaslow echoed interest in diversity in her incoming president message, (Winter 2010), affirming diversity and multiculturalism as a central and important focus and noting that diversity was a foundational competency that each specialty must examine. To better understand the demographics of ABPP, Dr. Kaslow announced that ABPP would survey its membership. Having not known of the 1994 demographic survey, this was described as the first such survey.

**2010-2020**

In winter 2012, 18 years after the first diversity survey, the BOT Diversity Committee reported the findings of its demographic survey. Of the 3000 ABPP specialists, 806 responded (26.9%), with 748 (24.9%) providing responses to all survey questions. The survey compared the membership of ABPP to the published member demographics of APA and the most recent US census. Each comparison group used different ethnic categories, so full comparisons were not possible. Additionally, religious beliefs were difficult to assess and compare across groups due to US Census Bureau restrictions and APA’s lack of specific demographics in this area. ABPP specialists reported higher levels of agnosticism and atheism than the general population. The report concluded that, compared to APA members and the US census, ABPP membership was composed of older, white, heterosexual males. Ethnic minorities were underrepresented in both ABPP and APA, compared to the general US population.

In the winter of 2014, Sally Barlow, reported for the American Board of Group Psychology (ABGP) that ABPP’s definition of diversity had lagged behind extant research. In 2014, the BOT approved a diversity position statement based on her published work. (This statement is posted on ABPP’s website.) Joel Frost, the BOT Diversity Committee Chairperson, reported the ABGP’s revision of the ABGP multiculturalism documents and invited all other specialties to do the same.

In summer 2015, Anthony Stringer and Karen Postal wrote: *Representing the Underrepresented: ABCN and AACN Diversity Initiatives*. They noted, “American neuropsychology is a profession populated mainly by straight cisgendered, temporarily able-bodied, people of white European descent, whose primary (and usually only) language is English. While no surveys of American neuropsychologists have collected data on diversity status, a visual scan of any room in our national scientific and professional meetings provides ample anecdotal support
for this assertion. The complexion of our profession “pales” in comparison to that of the larger public we serve” (2015, 35, [2], p. 31). They noted that Dr. Stringer was the first African American president of ABCN and that Dr. Postal was only the second female president-elect of AACN.

Stringer & Postal expanded the purview of diversity to include a focus on making ABCN examinations more accessible for those with disabilities, granting longer exam time for those with medical conditions, utilizing larger print for sight impaired, creating a pool of ethnic and cultural mentors for applicants who share their identity, and working to provide bilingual examiners for Hispanic applicants. ABCN made a clear statement of intent, “For these efforts at increased diversity to be more than just cosmetic, they must be accompanied by genuine institutional change. That change has been AACN’s focus. In 2014, the AACN board of directors established the specialties’ diversity committee. To ensure that the work of the committee remains central to the organization, it is housed within the executive committee of the board, with the president, president-elect, secretary, and treasurer automatically members. Other members of the AACN community with interest and expertise in diversity, including students, make up the balance of the committee. Creating a diversity committee at the center of power within the organization was particularly important to the board. The committee’s first task was to create a diversity initiative for the academy (p. 32).” And further, “In June of 2014, the AACN board ratified a multifaceted diversity plan, including a definition of diversity in its broadest sense, to include ethnicity, culture, linguistic background, sexual orientation, deafness/disability, and socioeconomic status. This broad definition was accompanied by an acknowledgement that AACN might create initiatives for specific populations, e.g., increasing the ethnic diversity of our leadership. The general goals of the initiative include 1) recruiting individuals from diverse backgrounds to the field of neuropsychology and to the Academy, 2) increasing diversity in the leadership of the organization, and 3) improving the competency of neuropsychologists to serve our country’s diverse population” (2015, 35, [2], p. 32)

In the 2016 (winter) the Specialist, the ABPP Diversity Committee reported that the ABPP BOT had approved a Position Statement on Diversity. The statement noted, “ABPP works to ensure that it appropriately affiliates with individuals and institutions that provide equal treatment and access to resources and decisions for all community members representing all aspects of individual and cultural diversity. These aspects include, but are not limited to race, ethnicity, gender, age, sexual orientation, disability status, and special populations. ABPP is held in high esteem for its dedication to diversity (2016, 35, [1], p. 4).”

In 2016, the American Academy of Forensic Psychology (AAFP) established the AAFP Diversity Grant, noting, “The Diversity Grant awarded by the AAFP is designed to increase the diversity of candidates seeking board certification in forensic psychology. Forensic Specialists have the most impact on the field when they represent a wide variety of races, genders, ages, languages, ethnicities, cultural backgrounds, disabilities, sexual orientations and religious beliefs. The Grant applies to diverse candidates applying for forensic board certification (2016, 35, [1], p. 39).”

In 2017, Joseph Cervantes wrote, Diversity and Inclusivity: Proposed Changes in the Couple and Family Psychology Examination Process. He described the evolution of guidelines regarding diversity through APA, and the extant literature. Through this compendium of information, ABCFP improved and evolved its examination and examination process. He wrote, “The competent couple and family psychologist seeks to understand context in the lives of those populations served. A commitment is required to not only address the unique personality and systems that are considered foundational, but also the diverse aspects of background, e.g., practice with Latina/o populations, aging populations, and religious and spiritual groups. Along with the functional competencies listed
in the application materials, an understanding of individual and cultural diversity is a foundational competency that is consistent with APA policy and supports our specialty’s commitment to this framework. During the examination process, candidates are expected to be queried about their understanding of diversity; how diversity relates to their professional lives; and, how the diverse populations they are serving have impacted theory building, history of intervention, and professional development (2017, 36, [1], p. 28).”

In 2017, in Understanding Competence, Jeffrey E. Barnett wrote, “One cannot be considered clinically competent without working toward a cultural competency. Just as maintaining one’s knowledge and wellness are essential mechanisms in order to remain clinically astute, so is cultural competence. The attitudes and values all psychologists should embrace, as articulated in Principle E, Respect for People’s Rights and Dignity, of the APA Ethics Code, include the need to be” … “aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices (2017, 36, [1], p. 15-18).”

In its 2017 specialty report, AACN reported it “has continued to support a yearly scholarship for 12 students. Six of these are designated as ‘Diversity Scholarships’ to support individuals from diverse and under-represented backgrounds to attend the AACN annual meeting each year (2017, 36, [1], p. 25).”

In 2018, Joseph Cervantes published another significant article titled, *Integration of APA’s Revised 2017 Multicultural Guidelines into the Couple and Family Psychology’s Diplomate Examination*. These guidelines were incorporated into the ABCFP examination process, noting, “Following the initial greeting and welcoming, the examining committee will invite the candidate to introduce herself/himself within a cultural context of a personal, professional, familial, and community identity. After this initial introduction, the candidate will be encouraged to describe how the multicultural guidelines have been understood and incorporated within his/her professional awareness and identity, with direct implication for clinical practice. This introduction is intended to alert the candidate to the relevance of the guidelines to practice as a Board-certified Couple and Family Psychologist, and the role that diversity and systemic thinking place within the conceptual and professional understanding of this competency area (2018, 39, [2], p. 13).”

In 2018, (vol 41), John Piacentini noted in his Presidential Column in *The Specialist* that, “Under the direction of Dr. Joel Frost, findings from the Diversity Committee 2016 demographic survey were published in e Specialist with a second manuscript being prepared for submission to a broader journal. his committee is also completing a review of diversity-related content from all 15 SB examination manuals with the goal of creating model language and greater uniformity across the boards.” Dr. Piacentini further noted, “In the service of moving our mission from aspirational to actual, I would like to offer the following priorities for your consideration for 2019: …4) increase the diversity of ABPP membership/governance and attention towards multiculturalism at all levels, …” Nancy Nussbaum, reporting on the activities of the American Board of Neuropsychology noted several initiatives, including developing a survey in collaboration with the Hispanic Neuropsychological Society as a “…useful first step for furthering our understanding and improving our outreach to our colleagues who trained and/or practice in Puerto Rico.” Mary Ann Covey wrote about the importance of diversity and social justice in the American Board of Counseling Psychology examinations. Marianne Celano noted the importance of diversity with Couple & Family Psychology. Tedd Judd published an article: *Cultural Competence as a Foundational Neuropsychological*
In 2019, John Piacentini noted in his Presidential Column in *The Specialist*, that, “Also in May and at the recommendation of the Diversity Committee, the BOT approved recommendations to the Specialty Boards for updating examination manuals and procedures to conform to the 2017 APA Multicultural Guidelines.” (2019, 44, p.2).

In 2019 Deering and Koepp published an article: “Assessing Cultural Competence in ABPP Exams”, in which they address the efforts within ABCP to adequately assess cultural competence and diversity issues within oral examinations. They noted, “In spite of clearly defined criteria for demonstrating competence in cultural and diversity issues, and despite having a sincere desire to be inclusive of diversity considerations, some psychologists continue to struggle with fully understanding what cultural competence means and how it manifests in practice. In the ABCP exam process, we provide several opportunities for candidates to demonstrate their cultural competence” (p. 12), and “Moreover, during the oral examination, candidates are queried on cultural diversity variables as they arise during discussions of their practice, and rated as part of the decision. While most psychologists are able to reflect on diversity considerations in their practice, and are committed to being culturally sensitive, some still fall short in their understanding and ability to attain this fundamental, to our professional practice competency” (p.11). In attempting to address these shortcomings, Deering and Koepp note that, “some candidates for board certification seem to define cultural diversity in narrow terms, usually based on race and ethnicity” that “some candidates view cultural competence as merely having knowledge about cultures other than their own.” and that psychologists do not fully understand or appreciate cultural humility and cultural equity. The closed their article stating, “As Clinical Psychology evolves, ABCP hopes to see us aspire to go beyond expanding our awareness of diversity issues, and do the hard work of becoming more open, self-reflective, and active as advocates in our practice settings.” (2019, 44, p. 12-14)

In the 2020 edition of *The Specialist*, Editor Kristine Kingsley noted that the ABPP Communications Committee was working to prepare a special diversity issue to be published in the late fall / early winter. Heather Smith noted the importance of continuing to focus upon areas of diversity within ABGERO.

**Summary:**

This article highlights ABPP’s attention to diversity as chronicled in *The Diplomate* and *The Specialist* from 1982 to 2020. In doing so, it offers the reader insights into ABPP’s early and evolving attention to diversity, as well as the individuals and specialty boards who shaped ABPP’s thinking about diversity as a topic of examinations, as a membership issue, and as a concern for leadership representation from 1982 to the present.

In its early years ABPP focused on its development, standardization, and financial stabilization. Attention to diversity did not appear for consideration until the early 1990s. In 1994, ABPP conducted its first member demographic survey consisting of one question asking for members’ ethnic background. No resulting data were reported in *The Diplomate*. Prominent individuals devoted considerable attention to diversity from the 1990s to the present. Dr. Jackson asserted that all examinations require clear evidence of applicants’ foundational competence in diversity. Dr. Packard identified diversity as one of his eight presidential priorities and created a Diversity Task Force. Dr. Parham called for the end of ABPP’s “Old Boy’s Club” and advocated for the increase of both diversity within the organization, and in examinations. During the years 2006-2007, Dr. Parham routinely...
reminded the organization about the need to continue to address diversity.

Utilizing "the Diplomate" and "the Specialist" as sole sources of ABPPs determination to diversity, has limitations. Nevertheless, one can argue these publications are the central vehicle for the dissemination of ABPP's actions and intentions. They have also served as the conduit, through which members of ABPPs governance have worked over the years, to enlighten this organization by: a) increasing the numbers of board certified psychologists of diverse background; b) increasing the attention awarded to diversity during the examination process; c) creating opportunities for board certified psychologists of variable background to enter governance; and d) creating consistency across the organization in its approach to diversity.

Additionally, there have been other significant ABPP diversity initiatives, which have not been reported in The Specialist. For example, Dr. Nezu created two ongoing annual awards: a) the Art Nezu Dissertation Diversity Award, focusing on doctoral dissertations written about diversity and multiculturalism; b) the Early Career Psychology Diversity Award for dedication to diversity and multiculturalism in professional psychology. Both are competitive, with a $1000 award attached to each one of them. These annual awards highlight diversity and make ABPP better known to psychologists of diversity.

Noteworthy diversity-related events within ABPP include the BOT approving the Diversity Task Force (2000) and the BOT establishing the Diversity Committee as a standing committee (2003). Also, when the Diversity Committee published The Template of Organizational Alignment with the Principles of Multiculturalism (2003) it endorsed the expectation that every specialty should integrate and “infuse” diversity and multiculturalism into all aspects of their examination processes, then publish those changes in The Specialist. This expectation was met with uneven success.

Influences external to ABPP have raised our diversity awareness including the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002). These guidelines offered guidance to the ABPP specialties’ integration of diversity and multiculturalism in their examination manuals and provided language, conceptual framework, and context for specialties regarding diversity.

Individuals and a few specialties have driven progress concerning diversity within ABPP rather than any organization-wide commitment. Thus, progress has not been linear, consistent, nor system-wide. A consistent devotion to diversity within its governance, policies, marketing, financial initiatives, and membership has been absent. There have been continual calls to action over the last two decades, with sporadic response. Whether the pace and universality of ABPP interest in diversity is sufficient depends upon one’s perspective. If one is not a member of a minority, there are many indications of success; however, if one is a member of a minority, the perception is quite different. There have been periods of activity and progress and times during which little to nothing has occurred.

The lack of an understanding of ABPP history may slow or obscure progress. For example, when the 2012 Diversity Committee demographic survey was published in The Specialist, it was described as the first demographic survey. Indeed, it was the second, as the first had occurred in 1994. In 2014, When the BOT approved a Position Statement on Diversity, it did so with no knowledge that ABPP already had approved the 2002 statement Diversity: From ABPP, Statement Affirming ABPP’s Commitment to Diversity. At the winter 2016 BOT meeting, when Joel Frost, Diversity Committee chair, asked each Trustee to report on their specialty’s
attention to and incorporation of diversity in its examination and examination process, he did so with no knowledge that the same request had been made in 2003 by William Parham.

Much of the progress has occurred within specialties. It is critical to revisit our progress and follow previous recommendations for sustained and focused integration and “infusion” of diversity going forward. In this way ABPP may more fully evolve and integrate the hopes and goals laid down in 2000.

The ABPP Diversity Committee has created a panel of specialty board diversity representatives who attend to diversity within their specialty. This panel has already helped each specialty revise attention to diversity in its individual page in the 16-page ABPP brochure, which is one of the central marketing tools for graduate students, ECP’s and others. This panel will be utilized to create a template for specialties to update examination materials to align with the 2017 APA Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. (Retrieved from: http://www.apa.org/about/policy/multicultural-guidelines.pdf).

As did Ted Packard in 2000, ABPP should develop a continuing multi-year strategic plan, with diversity as a core tenant. Each incoming President should propose her/his/their annual strategic plan which relates to this plan. This recommended ongoing structure will ensure that central items are continually kept on the forefront and not be allowed to lay fallow.
American Board of Professional Psychology
2020 Demographic Survey Data
analyzed and reported by Adrian N. S. Badana, PhD, MPH, CPH ABPP

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Demographics Age

In 2017, the age of specialists ranged from the youngest at 32 years of age, to the oldest at 97 years of age. In 2020, the age of specialists ranged from the youngest at 30 years of age, to the oldest at 92 years of age.

Sex

In 2017, the majority of the specialists identified as male (56%) in sex, followed by female (43.8%), and trans (.2%) (Figure 1). In 2020, more specialists identified as female (53.1%) in sex, followed by male (46.7%), and intersex (.2%). More female specialists may be attaining ABPP board certification in 2020 compared to in 2017.

Figure 1. 2017 Sex

Figure 2. 2020 Sex
Race/Ethnicity

In 2017 and 2020, the majority of specialists identified as White, non-Hispanic. However, in 2020 there was a switch in the second largest racial/ethnic group with more specialists who identified as LatinX (4.4%) followed by Black, non-Hispanic (4.1%) (Figure 4). In 2017, the second largest racial/ethnic group was Black, non-Hispanic (3.3%) followed by LatinX (3.1%) (Figure 3). This switch in proportion may represent how there are more LatinX specialists attaining ABPP board certification in 2020. Native Americans remain the smallest racial/ethnic group represented among ABPP specialists.

Figure 3. 2017 Race/Ethnicity

![2017 Race/Ethnicity chart]

Figure 4. 2020 Race/Ethnicity

![2020 Race/Ethnicity chart]
Spoken Language

In the 2017 survey, over 95% of the specialists spoke English as their first language; two percent Spanish; and, 3% spoke another language as their first language (French, Russian, Greek). About 11.4% of the specialists were bilingual and 3.4% were multilingual. Nine percent (n = 83) of specialists provided psychological services in another language (Table 1). Spanish was found to be spoken most often, with specialists providing psychological services in which they either spoke the language or used a translator. English remained the most common first language among specialists in 2020 (92.7%), followed by Spanish (2.8%), and English along with another language (.3%). About 13.1% of the specialists were bilingual and 2.3% were multilingual. About ten percent (n = 84) of specialists provided psychological services in another language (Table 2). Spanish still was found to be spoken most often, with specialists providing psychological services in which they either spoke the language or used a translator.

Table 1. 2017 Language spoken when providing services (other than English)

<table>
<thead>
<tr>
<th>Language</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>1</td>
</tr>
<tr>
<td>Yiddish</td>
<td>1</td>
</tr>
<tr>
<td>Punjabi</td>
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</tr>
<tr>
<td>Hindi</td>
<td>1</td>
</tr>
<tr>
<td>Polish</td>
<td>1</td>
</tr>
<tr>
<td>Calabrese</td>
<td>1</td>
</tr>
<tr>
<td>Chinese</td>
<td>2</td>
</tr>
<tr>
<td>German</td>
<td>2</td>
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<tr>
<td>Hebrew</td>
<td>2</td>
</tr>
<tr>
<td>Russian</td>
<td>2</td>
</tr>
<tr>
<td>American Sign Language</td>
<td>3</td>
</tr>
<tr>
<td>Italian</td>
<td>3</td>
</tr>
<tr>
<td>Greek</td>
<td>3</td>
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<tr>
<td>Portuguese</td>
<td>3</td>
</tr>
<tr>
<td>French</td>
<td>9</td>
</tr>
<tr>
<td>Spanish</td>
<td>50</td>
</tr>
</tbody>
</table>

Note. Some specialists selected multiple languages.
### Table 2. 2020 Language spoken when providing services (other than English)

<table>
<thead>
<tr>
<th>Language</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>3</td>
</tr>
<tr>
<td>Yiddish</td>
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</tr>
<tr>
<td>Punjabi</td>
<td>1</td>
</tr>
<tr>
<td>Hindi</td>
<td>2</td>
</tr>
<tr>
<td>Portuguese</td>
<td>4</td>
</tr>
<tr>
<td>Farsi</td>
<td>1</td>
</tr>
<tr>
<td>Chinese</td>
<td>4</td>
</tr>
<tr>
<td>German</td>
<td>4</td>
</tr>
<tr>
<td>Hebrew</td>
<td>2</td>
</tr>
<tr>
<td>Russian</td>
<td>2</td>
</tr>
<tr>
<td>American Sign Language</td>
<td>3</td>
</tr>
<tr>
<td>Karin</td>
<td>2</td>
</tr>
<tr>
<td>Greek</td>
<td>1</td>
</tr>
<tr>
<td>Portuguese</td>
<td>4</td>
</tr>
<tr>
<td>French</td>
<td>7</td>
</tr>
<tr>
<td>Spanish</td>
<td>60</td>
</tr>
</tbody>
</table>

*Note.* Some specialists selected multiple languages.

### Impairment

In the 2017 survey, 71 specialists reported that they were physically challenged (7.6%). Of those who answered yes, the physical challenges were categorized into hearing, visual, functional, and other impairments (Figure 5). Hearing impairment was the most prevalent impairment (45.7%), followed not far behind by those with functional physical impairment (31.4%).

In the 2020 survey, 65 specialists reported that they were physically challenged (8%). Of those who answered yes, the physical challenges were also categorized into hearing, visual, functional, and other impairments (Figure 6). Hearing impairment and other impairments were the most prevalent impairments (32.3%), followed by those with functional physical impairment (24.6%). Other impairments included pain, speech/language impairments, and fatigue.
**Figure 5. 2017 Impairment**

2017 Impairment

- Hearing Impaired: 45.70%
- Visually Impaired: 10.00%
- Physically Impaired: 31.40%
- Other: 12.90%

**Figure 6. 2020 Impairment**

2020 Impairment

- Hearing Impaired: 32.30%
- Visually Impaired: 10.80%
- Physically Impaired: 24.60%
- Other: 32.30%
Career Progress

There were more specialists early and mid-level in their career who responded to the 2020 survey (Figure 8) compared to the 2017 survey (Figure 8). However, specialists who were senior in their careers remained the highest percentage for both 2017 (68.7%) and 2020 (56.2%).

Board Certification.

In the 2017 survey, those identifying as racial and ethnic minorities represented a smaller percentage of those board-certified in clinical neuropsychology (15%) in comparison to the White, non Hispanic sample (26%). Racial and ethnic minorities represented a smaller percent particularly pediatric subspecialty where there were none reported, counseling psychology (3%), and school psychology (0%). There were higher percentages of racial and ethnic minority specialists certified in clinical health (7%), rehabilitation (11%), and behavioral and cognitive psychology (10%) (Table 3).

For the 2020 survey, those identifying as racial and ethnic minorities still represented a smaller percentage of those board-certified in clinical neuropsychology (20%) in comparison to the White, non Hispanic sample (26%). There were higher percentages of racial and ethnic minority specialists certified in clinical health (11%), couple and family (4%), and clinical psychology (30%) (Table 4).

Figure 7. 2017 Career Progress

![2017 Career Progress](image)

Figure 8. 2020 Career Progress

![2020 Career Progress](image)
Table 3. 2017 Board certification by specialty by race

<table>
<thead>
<tr>
<th>Board Certification by Specialty</th>
<th>White, Non-Hispanic Sample ($n = 786$)</th>
<th>Racial/Ethnic Sample ($n = 105$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$n$ (%)</td>
<td>$n$ (%)</td>
</tr>
<tr>
<td>Clinical psychology</td>
<td>253 (32.19)</td>
<td>34 (32.48)</td>
</tr>
<tr>
<td>Clinical neuropsychology</td>
<td>202 (25.70)</td>
<td>16 (15.24)</td>
</tr>
<tr>
<td>Pediatric subspecialty</td>
<td>24 (11.90)</td>
<td>0</td>
</tr>
<tr>
<td>Forensic psychology</td>
<td>76 (9.60)</td>
<td>9 (8.57)</td>
</tr>
<tr>
<td>Clinical child and adolescent psychology</td>
<td>49 (6.23)</td>
<td>5 (4.76)</td>
</tr>
<tr>
<td>Counseling psychology</td>
<td>49 (6.23)</td>
<td>3 (2.86)</td>
</tr>
<tr>
<td>Clinical health psychology</td>
<td>39 (5.00)</td>
<td>6 (6.67)</td>
</tr>
<tr>
<td>Rehabilitation psychology</td>
<td>32 (4.10)</td>
<td>11 (10.48)</td>
</tr>
<tr>
<td>Behavioral and cognitive psychology</td>
<td>32 (4.10)</td>
<td>10 (9.52)</td>
</tr>
<tr>
<td>Psychoanalysis</td>
<td>20 (2.54)</td>
<td>3 (2.86)</td>
</tr>
<tr>
<td>Police and public safety psychology</td>
<td>19 (2.42)</td>
<td>2 (1.90)</td>
</tr>
<tr>
<td>Couple and family psychology</td>
<td>18 (2.30)</td>
<td>2 (1.90)</td>
</tr>
<tr>
<td>School psychology</td>
<td>19 (2.42)</td>
<td>0</td>
</tr>
<tr>
<td>Group psychology</td>
<td>11 (1.20)</td>
<td>2 (1.90)</td>
</tr>
<tr>
<td>Geropsychology</td>
<td>10 (1.30)</td>
<td>1 (0.95)</td>
</tr>
<tr>
<td>Organizational and business consulting psychology</td>
<td>8 (1.01)</td>
<td>1 (0.95)</td>
</tr>
</tbody>
</table>
Table 4. 2020 Board certification by specialty by race

<table>
<thead>
<tr>
<th>Board Certification by Specialty</th>
<th>White, non-Hispanic Sample (n = 684) n (%)</th>
<th>Racial/Ethnic Sample (n = 125) n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical psychology</td>
<td>162 (23.7)</td>
<td>37 (29.6)</td>
</tr>
<tr>
<td>Clinical neuropsychology</td>
<td>179 (26.2)</td>
<td>25 (20.0)</td>
</tr>
<tr>
<td>Pediatric subspecialty</td>
<td>1 (.15)</td>
<td>0</td>
</tr>
<tr>
<td>Forensic psychology</td>
<td>55 (8.0)</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Clinical child and adolescent psychology</td>
<td>54 (7.9)</td>
<td>11 (8.8)</td>
</tr>
<tr>
<td>Counseling psychology</td>
<td>40 (5.8)</td>
<td>6 (4.8)</td>
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<tr>
<td>Clinical health psychology</td>
<td>37 (5.4)</td>
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<td>Psychoanalysis</td>
<td>2 (.29)</td>
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<td>Police and public safety psychology</td>
<td>14 (2.0)</td>
<td>1 (.8)</td>
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<tr>
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<td>5 (4.0)</td>
</tr>
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<td>School psychology</td>
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<td>Geropsychology</td>
<td>13 (1.9)</td>
<td>0</td>
</tr>
<tr>
<td>Organizational and business consulting psychology</td>
<td>5 (.73)</td>
<td>0</td>
</tr>
</tbody>
</table>
Diversity Themes

Diversity Experience
ABPP specialists were asked to, “Briefly describe their experience with ABPP related to diversity. How could ABPP be more welcoming to psychologists who reflect diverse views, cultures, ethnicities, and life experiences?” Specialists’ responses were analyzed and grouped into major themes.

ABPP Does a Good Job
A predominant theme identified in the specialists’ responses was that ABPP already does a good or excellent job. Specialists described the organization as welcoming and one specialist stated that, “We have far more diversity on our Board. Several years ago, there was less diversity on the Board and in the membership.” Another specialist stated that they were, “Happy to see awards for ABPP for those coming from diverse backgrounds.” Some specialists acknowledged milestones in diversity within the organization, such as how, “Women have been incorporated more fully into neuropsychology than in the past.” Another specialist commented how, “The Board Certification’s requirements motivated me to seek extensive formal and informal educational experiences in diversity.” Many specialists felt that there were visible improvements in diversity within ABPP compared to earlier time periods.

Invitation and Outreach
Some specialists noted that ABPP should improve outreach to professionals. One specialist mentioned how ABPP can, “Specifically seek out folks in underrepresented communities, and change the [ABPP] mission statement to be focused on diversity/inclusion.” Another specialist recommended that ABPP, “Reach out to ethnic minority psychological organizations more, e.g., Hispanic NP Society, Asian Neuropsychological Society,” in an effort to recruit more diverse members from other organizations.

Highlighting diversity within the organization was also noted through, “… reaching out [and providing] more educational opportunities,” and through “… more visibility and workshops that are targeting underrepresented groups, ECPs, etc.” Other specialists recommended, “Focusing efforts on early career/trainees would likely be most effective. Partnering with graduate programs to recruit diverse,” and “Promoting diverse leaders who can reach out and also be role models.”

Outreach to novices or early-stage professionals was also noted through, “Work on outreach to undergraduate and even high school students from diverse backgrounds to get them in the pipeline to be psych.” Also, one specialist noted how, “Programs to link students to mentors and diversity focus in research and mentorship have been positive in my opinion.” Reaching out to university students and providing mentorship opportunities may promote diversity within ABPP.

Affordability
Cost and affordability were also noted by some specialists who cited that membership and exam fees may be a deterrent for professionals from diverse backgrounds. One specialist recommended that, “Providing more resources for those who cannot financially support the board certification process (e.g. scholarships).” Another specialist also commented, “I’d recommend supporting scholarships in doctoral programs and for ABPP to recruit diverse candidates.” A second specialist said that they, “Appreciate outreach to junior colleagues who represent diversity and waiving/decreasing fees.” A third specialist recommended that ABPP, reduce the administrative and financial barriers for early entry (e.g., aligning with licensure requirements”).

Inclusive Language
Some specialists who had disabilities or worked with diverse or disabled clients mentioned that inclusive language be, “Included in all materials and articles received from ABPP, [which were] a major part of the application process.” These specialists, working with diverse populations, also mentioned how ABPP should,
“Make things accessible, not just meeting the letter of the law (ADA) but considering access above and beyond this.” These specialists feel that ABPP print material, as well as online material, be made more accessible not only to people with disabilities, but also to those who require material in other languages or formats.

**Limited Experience or Unaware**
Several specialists stated that they were unaware or did not know about diversity within ABPP. A specialist stated that, “[I know] Very little. I have not attended an ABPP conference so my only contact with other specialists has been through colleagues.” Another specialist stated that they were, “... not aware that this was a focus.” Some specialists mentioned that they were “Not aware until this survey that ABPP was trying to be more inclusive/ sensitive to diversity.” Other specialists recommended that ABPP make diversity efforts better known to the community and. “Publicize those efforts... This is the first I’ve heard about any attempt by ABPP to address diversity issues.” A specialist recommended that ABPP “Highlight ABPP members who represent diversity in [a] ‘member spotlight’ part of [the] newsletter” to make specialists more aware of diversity within the organization.

**Focus on Other Issues**
A few specialists stated that ABPP should focus on other issues instead of diversity. One specialist mentioned, “This issue receives excessive attention. ABPP, and similar professional service organizations, should focus on the PROFESSION.” Another specialist stated that “ABPP has more important things to worry about as it teeters on irrelevance for new psychologists.” These specialists either felt that there was too much emphasis on diversity or believed that ABPP should redirect focus on other issues that were higher priority.

**Outreach and Affordability**
ABPP specialists were also asked to provide feedback about “ABPP’s work to address both the best ways to create greater outreach to psychologists of diversity, as well as best strategies for how to make board certification more affordable to potential diverse applicants.” Specialists’ responses were analyzed and grouped into major themes.

**Scholarships**
One of the more prominent themes was that more scholarships or grants be provided. One specialist recommended that ABPP provide, “Scholarships to cover the cost of the board certification process designed for minority or other applicants in need.” Another specialist mentioned how, “Increased opportunities for scholarship; involvement at the training level for more exposure to trainees of diverse backgrounds.” Another specialist suggested that, “Perhaps devoting a portion of annual fees (e.g. 2%) as a fund for those needing financial assistance with certification fees.” Providing financial assistance through scholarships may allow professionals to attain board certification.

**Reduce Costs**
Another theme was that ABPP should reduce costs associated with board certification. A specialist commented that, “Membership is NOT affordable. Anything you can do to reduce annual fees would help increase membership,” Some specialists recommended that ABPP, “Reduce application fees based on income,” and others suggested a “Discounted fee if [specialists are] willing to give back through service to ABPP. This would help with any financial barriers and get more diverse.” Another suggestion was for ABPP to, “Waive the initial early entry application fee and encourage training programs to make the completion of the application.” Another suggestion was that, “Offering video conferencing formats for the oral exam would reduce the high cost of travel for applicants with limited financial.” Reducing costs associated with board certification may make ABPP more appealing to professionals in the field.

**Reach Out Earlier**
Some specialists recommended that ABPP reach out to early-career psychologists or psychology students. A specialist stated that, “Information about ABPP should be introduced as part of the graduate school program by ABPP members;” and another recommended that, “Increased visibility of ABPP at the graduate school
level and internships.” Finally, another suggested that ABPP, “Identify graduate PhD and PsyD programs with more diverse student populations, and provide information about board certification.” Finally, a specialist recommended that ABPP, “Identify graduate PhD and PsyD programs with more diverse student populations, and provide information about board certification affordable,” which speaks to affordability as well as outreach to novice professionals. Instead of just focusing on recruiting professionals in the field, some specialists believe that ABPP should also focus on psychology students or psychologists in training.

Training
Another theme that emerged was the need for more training. One specialist recommended that ABPP, “Conduct seminars at various institutions around the country, esp. those w/training programs.” and another suggested that ABPP, “Perhaps offering webinars with experts in diversity to educate ABPP specialists in [various] topics related to diversity.” Providing virtual training options, in addition to conference workshops, may be useful to professionals in the field who want to know more about diversity issues. Another specialist stated that, “I think that [ABPP present] workshops on how to pursue board certification at a diverse set of conferences not just standard APA;” while, another specialist noted that ABPP should, “Have diversity training be added to ABPP training/assessment.” These specialists recommend that ABPP focus on incorporating additional training and workshops in conferences and professional development opportunities.

More Resources and Guidance
Some specialists mentioned that ABPP should provide more guidance and resources for obtaining board certification since the process can be confusing. One specialist mentioned how, “... the process is too onerous and intimidating. Clinical psychologists already jump through many hoops to get their license,” and another recommended that, “... providing more materials available for the board certification process - it seemed like such a mystery at the time.” A few specialists voiced how the ABPP board certification process can be difficult and how providing additional resources or guidance can help in the process. In regards to diversity, a specialist stated that ABPP should, “Focus on excellence and demystification of board certification across diverse populations.” The ABPP board certification process may be perceived differently across diverse populations, so ABPP could provide guidance tailored to the specific needs of diverse groups.

Additional Feedback
In addition to the two qualitative feedback survey questions, specialists provided general comments about ABPP diversity. While the majority of the additional feedback did reflect the content of the themes previously identified, one specialist emphasized issues regarding disability. As an ally of disabled individuals, the specialist emphasized how, “The language and terminology used in this survey are highly problematic.” The specialists then listed four areas of concern: A) “Repeated use of the term ‘impairment’ conveys a deficit-driven framework that perpetuates negative stereotypes against disabled individuals;” B) “Terms like ‘challenged’ are euphemistic and often have the negative impact of erasing the lived experiences of disabled individuals. [Instead, using the terms] ‘disabled’ and ‘disability’ are encouraged;” C) “The survey’s focus on ‘physical/sensory’ disabilities implies a hierarchy of disability, whereby other disability groups are ignored and devalued;” and D) “Although fatigue and pain are common among individuals with disabilities and chronic health conditions, the justification for inclusion of these specific symptoms is not readily apparent.”

These points raised by the specialist tie back to the theme of the need for more inclusive language within ABPP. Using more appropriate language in the survey may allow specialists to feel included and enhance diversity competency within ABPP. Also, ABPP can be vigilant about changes in preferred language for certain groups since new or different terms may replace older, outdated ones.

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There are several contextual factors framing current day-to-day lived experiences of the American citizenry. Our duo pandemics in the expression of COVID-19 and racism come to mind immediately. Indelibly etched images of the ravaging effects of the coronavirus are real and continue to be inked into our individual and collective psyches. The unrelenting stream of life’s uncertainties, abundant triggers that expose emotional vulnerabilities, economic shake ups, and pressures to manage relational responsibilities continues to flow precariously like raging white waters rapids. COVID-19 fatigue has begun to set in evidenced in increased anxiety, depression, anger, interpersonal violence, trauma, race bashing specifically targeting Asian communities, and ‘COVID-19 parties’ phenomena and ‘stress test’ gatherings by the younger generation fueled by faulty beliefs in their invincibility. A piece of good news in this pandemic is that scientists across the globe are racing to discover a COVID-19 vaccine and predictions are that this ‘all-hands-on-deck’ approach will produce an effective vaccine likely earlier than medical breakthroughs of previous decades.

The pandemic known as America’s original sin, racism, has never been eradicated. Related, an all-hands-on-deck approach by scientists across the globe to find a cure or vaccine for racism has yet to materialize! As the putrid smells of festering wounds left untreated lingers until cleansed, so too, has the four-decade long festering wounds of racism created a foul and rancid stench that continues to permeate the consciousness of American society. Socially sanctioned systems of oppressions rooted in premises of racial superiority, evidenced in historic and contemporary laws, policies, and constitutions, were put in place to keep people in place! Like Groundhog Day, collusive and patterned practices of inequities within economic, education, healthcare, employment, housing, and political domains are repeated with such habitual regularly that we have become anesthetized to the associated psychological and emotional pain and trauma that comes with always feeling ‘less than’ and anchored perpetually to proving yourself to others. That is until the global viewing of the 8 minutes, 46 seconds lynching-by-knee of George Floyd by a white police office. The horrific, deplorable, and exactingly deliberate actions of a rogue ‘cop’ with a known history of violations perpetrated on yet another African American male can’t be ‘unseen’, ‘un-felt’ or ‘unremembered’. Further, that despicable act of inhumanity galvanized audiences young, old, and in between and came with invitations to stay tuned as there is more to come.
The wincing distress of the above referenced pandemics is exacerbated with additional contextual narratives of which we need to be aware. The resurgence of Darwinian-based beliefs about natural selection and survival of the fittest has emerged on our radar. Aggressive voter suppression campaigns that trigger recollections of the 1940s ‘literacy tests, administered in the southern states to successfully squash Black voters, represents a second sighting on the radar screen. Up next are spun tales claiming falsely and rancorously that legitimate social protests are ‘riots’ ignited by ‘anarchists’ that need to be squashed militarily. Oh, and let us not forget the here-we-go-again racist birther conspiracy campaigns evidencing hate, divisiveness, and desperation.

Within these multiple contexts set forth in the above observations and coupled with observations I shared with ABPP 20 years ago ((Parham, W. D., The Meeting Is Adjourned: Dismantling the Old Boy’s Club Within the American Board of Professional Psychology, Vol. 20, No. 2)) the following organizational and self-reflection questions are hereby proposed. Where does the American Board of Professional Psychology (ABPP) continue to position itself relative to responding with character, class, and moral consciousness on matters of race and racism? How have they responded to communities calling on allies to add their voice and actions to real social issues that get to the core of what it means to be human? Relative to taking a deliberative and intentional stance against systemic oppression, with what volume has the voice of American Board of Professional Psychology (ABPP) been heard by those communities they purport to serve? Has there been a resounding, resolute and transparent no-holds-barred declaration of partnership with communities on the margins in eradicating injustices however they manifest? Or, has the American Board of Professional Psychology continued to voice their true stance about stepping to the plate to combat injustice by their appalling silence throughout the course of their organizational history? In short, has the American Board of Professional Psychology (ABPP) failed at addressing anti-racism, social inequities, and systemic oppression, or have they succeeded at not addressing deeply rooted social ills choosing, instead, to maintain divisive and non-inclusive practices?

The invitation that was sent to the ABPP in 2001, came with a request to appraise its organizational profile and practices relative to inclusivity within contexts of race, ethnicity, gender, and other markers of personal identity. In the twenty years since, and relative to queries about inclusivity, has sustained change in organizational profiles and practices occurred? Is the organization’s RSVP relative to conducting continuous improvement assessments goal-directed to engineering an organizational model of inclusivity worth emulating still forthcoming? Is a tangible and profession-leading model ever really coming to fruition? Specifically, what would a review of organization and academy demographic profiles reveal relative to inclusivity in leadership roles, membership rosters, conference presentations, annual ABPP award winners, and members’ unambiguous advocacy for changes in policies, procedures, and protocols that support status quo operations?

Where is the evidence that members of ABPP academies and the organization have taken advantage of professional development opportunities or continuing education training programs on topics that include, but not limited to, implicit bias, stereotype threat, intersectionality, cultural competence or cultural humility? Does ABPP certification and renewal now require proof of inclusivity, anti-racist, or social injustice education and service as verified by CE units earned from authorized service provider? Or, after twenty years, is the ‘idea’ of such requirements still on the table of ‘conversation’ with the purported need to ‘gather additional data’?

The current statement of American Board of Professional Psychology relative to recent social justice protests provides some beginning answers to the foregoing questions. A two to three time read of the statement distinctly showcases timidity and resolute pandering to existing membership and prospective recruits whose conservative values they do not want to offend. Relative to race consciousness, inclusivity, and answering the call from marginalized communities for visible and accountable service, the statement authored by the ABPP suggests that they have geared up for yet another round of red-herring ‘spurts’ and ‘starts-and-stops’ that then fuel their preferences to manage their perceptions of their image as exemplar leaders in the field of psychology. Whoa!
As I ponder ABPP’s history, reflect on my active participation in the organization at many levels including on the BOT and, recall past and current haggling within the organization between publicly making statements denouncing systemic injustices or shifting focus to asserting political and monetizing justifications for not doing so, I cannot say that I am surprised to discover that forward movement within the organization relative to meaningful social change has not taken place. Disappointment paired with cautious optimism feels more reflective of my current experience of the organization I believe can still actualize its full potential if it so desires.

I wonder if the lack of forward movement toward more and sustained inclusivity, after all of these years, has something to do with a process of reconciliation, acknowledging fault and asking for forgiveness. Honest and successful reconciliation, relative to avoiding the visible embrace of more inclusive policies, practices, and protocols, promises the illumination of personal and organizational long-time collusion with status quo promotions of hierarchical philosophies that fuel marginalization of communities across markers of personal and community identities. Reconciling ongoing adherence to generationally scripted and unquestioned false narratives about social injustices and inequities, all rooted in America’s original sin of racism and white supremacy and, asking for forgiveness are bitter pills to swallow. It is easier and more convenient to behave like the precision tailors in Hans Christian Anderson tale of the Emperor’s New Clothes.

As told in a tale first penned in 1837, two con men, capitalizing on the vulnerability of the emperor whose unparalleled vanity and insatiable desire to soak up the admiration of everyone in his kingdom, positioned the emperor to listen to an idea that, if executed, would make him even more adored. The two swindlers proposed to weave a luxurious garment with fabric so fine that all persons in his kingdom who were unfit, unsuitable, useless, and stupid would not be able to see the extravagance of their promised newly tailored vestment. With the emperor’s permission, the two swindlers begin preparing the garment going through motions akin to the meticulously nuanced rhythm of master tailors. They were so convincingly authentic and professional that the emperor, his servants and handmaidens looked on in absolute amazement. Their artistry as tailors resulted in the two con men producing a fashion creation at which the entire kingdom would marvel. They presented their finished masterpiece to the emperor and, along with his loyal staff, assisted the emperor with dressing up in his new attire that was beyond comparison. You see, the con being played was that the two con men were not tailoring a garment at all. Their pantomime was enacted with no needle, no thread, and no luxurious fabric used to tailor a garment. Not wanting to be seen unfit, unsuitable, useless, and stupid, the emperor and his loyal attendants kept their mouth shut.

The crowds who lined the streets of the parade route to get a glimpse of the emperor’s new clothes, could not believe what they were seeing but also kept their mouths shut. The one outlier in the crowd was a child whose youthful curiosity about what everyone wanted him to believe he was seeing resulted in him voicing his actual lived experience of the moment wherein he proclaimed, ‘the emperor is not wearing any clothes!’ As it turned out, the child’s commanding assertion of truth was the key that unlocked the chains of complacency to which all citizens of the kingdom seemed shackled. Even the emperor had to acknowledge his shortcomings. Nonetheless, he kept up his pretense believing that he had made it thus far in his life so why change now.

To what degree has the American Board of Professional Psychology (ABPP) kept up a pretense as a leader in the profession fashioned by leadership tailors parading new luxurious garments in the guise of advanced certification? Related, to what degree has the membership kingdom maintained their silence for fear of possible banishment from the ABPP kingdom. Who are the ‘child’ members of the academies and organization whose moral compass is calibrated on truth and directed by the curiosity of what’s possible for the organization to achieve? This narrative, 20 years past sharing the forerunning document, represents another invitation for organizational and self-reflection. And, if we do not like the reflection in the mirror, it is not the fault of the mirror. It also doubles as a reminder that in the not-to-distant future the ABPP will hear a proverbial knock on personal and organization doors by Faustian peddlers promising immediate riches at cheap prices that allow the purchase of another twenty year delay in moving the needle of real change. At what cost will we sell our souls?
I will end where I began. There is no secret to uncover or puzzle to solve! Racism, systemic inequities, and structurally sanctioned barriers that maintain status quo have-and-have-not communities are deceptive, fallacious, flat out wrong! So, the only question the American Board of Professional Psychology needs to answer is will they finally put on their ‘big person’ pants and engage the difficult, sometimes exhausting, yet always rewarding work of eradicating systemic injustices however, wherever and whenever manifested. Apropos to the above reflection and call for accountability is an oft heard decree echoed among teammates moments prior to going on the field of play to defend their national championship title. It is time to play hard or go home! Which option will the American Board of Professional Psychology choose to define their next twenty years? Stay tuned!

Until next time …

About William D. Parham, PhD, ABPP

Dr. Parham is a Professor in the Counseling Program, Interim Associate Dean of Faculty and Past-President of the Loyola Marymount University Faculty Senate. He has devoted his professional career to teaching, training, clinical, administrative, and organizational consultation venues. The interplay between sport psychology, multiculturalism/diversity and health psychology represents the three areas of professional emphasis with which he has been most associated. He is a licensed psychologist, Board Certified in Counseling Psychology by the American Board of Professional Psychology (ABPP) and Past-President of the Society of Counseling Psychology of the American Psychological Association where he also is recognized as a Fellow in Divisions 17 (Society of Counseling Psychology), 45 (Society for the Study of Culture, Ethnicity and Race) and 47 (Exercise and Sport Psychology).

In addition to his administrative duties Dr. Parham teaches five courses including: Trauma Counseling: Theories and Interventions; Multicultural Counseling; Foundations of Counseling; Lifespan Development and Social, Emotional and Behavioral Functioning and serves on department, School of Education and university committees.

For most of his professional career, Dr. Parham has focused on working with athletes across organizations (e.g., National Basketball Association; National Football League; Major League Baseball; United States Olympic Committee; United States Tennis Association; Major League Soccer, UCLA, UC Irvine) across levels (e.g., professional, elite, amateur, collegiate and youth) and across sports (e.g., basketball, football, gymnastics, softball, baseball, track and field, tennis, golf, swimming, volleyball, figure skating). He also has worked with performance artists in drama, theatre and music. Dr. Parham is also serving currently as the inaugural Director of the National Basketball Players Association Mental Health and Wellness program.

Dr. Parham’s emphasis on personal empowerment, discovering and cultivating innate talents and looking for hidden opportunities in every situation are trademark foci. The articles and book chapters he has authored during the course of his career and his participation on local, state and national boards, committees, task forces, and positions of governance adds to the visible ways in which he has tried to make a difference.
Increasing Diversity in Boarded Early Career Psychologists

By:

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Early Career Psychologists (ECPs) are an important and growing body of board certified specialists. In 2019 alone, 86 ECPs became board certified across 12 specialties and we anticipate that the number of ECPs pursuing board certification will continue to grow steadily as it has over the past 6 years. Engaging with ECPs has become a vital strategy for ABPP and other organizations (e.g., APA, state and provincial psychological associations, and the National Register of Health Service Psychologists). Organizations, like ABPP, have developed governance positions, awards, and financial resources to improve ECP engagement. Although ECPs share the commonality of having less than ten years of postdoctoral experience, they are a diverse group of people that represent a spectrum of individual and cultural diversity.

To understand the diverse composition of ECPs, we analyzed the 2016 and 2020 triennial ABPP demographic surveys to examine the changes in diversity composition. The purpose of the triennial survey is to monitor the efforts of the ABPP Board of Trustees to increase the diversity composition of boarded specialists and to solicit feedback from specialists regarding these efforts. This critical information has assisted in the development of initiatives and strategic planning as well as allowed for changes in organizational culture to be implemented. As part of the triennial survey, specialists can indicate their status as an early career psychologist in addition to providing other demographic information. In 2016, ECPs composed 13.5% of the 934 respondents. While in 2020, ECPs had grown to 22.4% of the 1077 respondents. However, ECPs are not a homogeneous group of psychologists (see Figures 1-8). Understanding the diversity of ECPs is imperative to tailor future strategies for recruitment and engagement.

![2016 ECP Gender](image1)

![2020 ECP Gender](image2)
As observed, the composition of early career psychologist respondents has changed since 2016. There were more female, Asian-American, and bilingual specialists in the 2020 demographic survey. In addition, ECPs in 2020 were more likely to identify as Religious/Spiritual than in the 2016 survey. Recognizing these changes are important to understanding the diverse composition of ECPs beyond their stage of professional development. However, both the 2016 and 2020 surveys make one thing clear. We must increase the diversity of early career psychologists and board-certified specialists. There have been some improvements, but much of the change has been incremental. It is the hope and goal of the ABPP Early Career Psychologist Task Force and the Diversity Committee to make substantial progress prior to the next triennial demographic survey.
Between 2009 and 2019, 83-88% of psychologists were White (APA, 2020). These numbers are consistent with data for American Board of Professional Psychology (ABPP) specialists, where 84.5% identify as White (ABPP, 2020). At the same time, there has been an increased focus on diversity in psychology, including revised guidelines for multicultural practice (APA, 2017), an increased focus on cultural competence (Whaley & Davis, 2007), and an enhanced focus on diversity as a competence critical in training programs and specialty certification. As the nation enters a renewed moment of racial reckoning, we have an important opportunity for our organizations to look inward and consider how we embody diversity, equity, and inclusion (DEI) across all our endeavors.

A key tenet of Inclusive Excellence is the notion that DEI are integrally linked with excellence. DEI are stated values in our profession and within ABPP. Recommendations for advancing DEI include: a) clearly communicating an organization’s success in inclusion efforts; b) reaching out to underrepresented groups early in their education and educating young professionals about opportunities they may not be aware of; c) encouraging diverse leaders who can provide different perspectives (Frankel, 2017). Fortunately, racial/ethnic representation among Early Career Psychologists (ECPs; 66% White, 17% Hispanic/LatinX, 11% Black, 4% Asian, 2% Other) approximates the racial/ethnic diversity in the U.S. (Lin et al., 2018). This presents an opportunity to create a more diverse and inclusive specialist workforce.

In this article we describe efforts underway in the American Board of Clinical Child and Adolescent Psychology (ABCCAP) to enhance member diversity. We present initial results and future directions. Our hope is that recent calls to action will lead to a collective movement across specialty boards, creating a decisive shift in our approach to DEI as an organization.
Diversity within ABCCAP

In July 2020, we distributed an anonymous online quality improvement survey for current ABCCAP specialists and candidates (N=356) designed to characterize diversity and solicit feedback related to DEI. Ninety-six individuals responded (72 specialists, 22 candidates, 2 not specified; 27% response rate). In terms of race/ethnicity, 79.2% of the sample identified as White, 11.5% as Hispanic/Latinx, 11.5% as Black/African American, 4.2% as Asian, and 1% as Native Hawaiian/Pacific Islander. Participants identified as female (69.8%), male (28.1%), and non-binary (1%). Most identified as heterosexual/straight (87.5%), with 6.3% identifying as homosexual/gay/lesbian, 5.2% identifying as bisexual, and 1% identifying as queer. Respondents were ages 30-39 (33.3%), 40-49 (27.1%), 50-59 (17.7%), 60-69 (17.7%), and over age 70 (4.2%). They reported professional fluency in Spanish (12.5%), German (2.1%), and Cantonese and Mandarin (1%) each.

For some dimensions of diversity, we were able to examine distributions across candidates and specialists. Candidates were significantly more likely to identify as a racial/ethnic minority (54.5% vs. 18.1%; $\chi^2(1) = 12.72, p <.001$) and to be younger (e.g., 54.5% vs. 25.0% age 30-39) relative to specialists. Racial/ethnic minority respondents also accounted for a larger proportion of younger (e.g., 53.8% of those 30-39) than older respondents (e.g., 7.7% of those over age 50; $\chi^2(2) = 15.37, p<.001$). These data suggest that ABCCAP is somewhat more diverse with respect to race/ethnicity than the overall U.S. workforce of psychologists, with the number of respondents identifying as Black or African American (11.5%) and Asian (4.2%) approximating representation among ECPs and the overall U.S. population (Lin et al., 2018). Furthermore, 12.5% of respondents reported professional fluency in Spanish, which is higher than the 5.5% reported among psychologists (Smith, 2018). Conversely, Hispanic/Latinx respondents (11.5%) were underrepresented when compared to ECPs and the U.S. population. These demographic data provide an initial snapshot of representation within ABCCAP.

Future Directions

We aimed to assess where we are as a specialty to enhance DEI efforts going forward. As a result, we solicited feedback from all who completed the anonymous survey and also conducted interviews with six respondents, representing different aspects of diversity, who were willing to share their perspectives. Initial results suggest areas where respondents see progress. For example, respondents noted that the survey was an important step towards enacting our values towards DEI. Respondents were aware of diversity awards, improvements in how diversity is evaluated in the specialty examination, and efforts to increase diversity within the ABCCAP Board, and in our materials. Respondents also encouraged ABPP to continue setting a high standard for expectations around diversity competence, noting that it is critical that evaluation of diversity competence be thorough and on par with evaluation of other foundational competencies in the specialty.

Respondents emphasized the need to recruit and engage specialists earlier in the process. Recommendations focused on integrating specialty certification across the career trajectory, to ensure that elements of board certification are familiar rather than unique to the examination process. Further, demystifying the certification process was also a robust theme.

Lastly, they highlighted the need to minimize barriers and increase representation among ABCCAP and ABPP. In particular, developing a fee structure that is sensitive to ECPs and considering whether a nominal fee is even necessary for early entry candidates. Respondents noted that conducting oral examinations via videoconference helps reduce financial and time barriers and encouraged continuation of this option to enhance equity. They emphasized the importance of seeing diversity within the membership and leadership of the organization. Respondents encouraged ABCCAP to create opportunities for a network for specialists to interact with one another, to (a) enhance visibility of existing diversity and (b) to ensure that there is a network of colleagues and mentors that is mobilized to support outreach and engagement efforts. We are now moving towards translating this useful input into concrete actions for change.
Conclusion
We describe recent efforts to engage specialists in a collective process of supporting DEI. Results from this initial survey provide important baseline data and directions for targeted DEI efforts in the future. We were particularly heartened by the ABCCAP members who demonstrated a willingness to suggest and support DEI efforts. Despite some promising data with respect to increasing racial/ethnic diversity and the provision of services in Spanish, it is important to continue focusing on enhancing DEI efforts. To that end we aim to attain a much higher level of representation to create a critical mass of diverse perspectives to truly benefit the organization, profession, and our specialists.

References
Enhancing Diversity within the American Board of Clinical Health Psychology.

According to the American Psychological Association (2018), the psychology workforce has become younger (mean age of 50.1 in 2007 and 48.9 in 2015), predominantly female (percent of women increasing from 57% in 2007 to 65% in 2016), more racially/ethnically diverse (racial/ethnic minority representation increasing from 9% in 2007 to 16% in 2016), and stable in terms of the proportion of psychologists with disabilities. About 4 percent of licensed psychologists in the United States are board certified (Lin, Christidis, & Stamm, 2017). The American Board of Clinical Health Psychology (ABCHP) is currently considering various strategies for surveying our members and candidates to gain a snapshot of our current diversity, and in order to promote board certification for under-represented groups.

The diversity of board-certified clinical health psychologists is of high importance particularly as the population of the United States is becoming more diverse and minorities continue to experience health disparities linked with social, economic, and/or environmental disadvantages. These disparities have become even more conspicuous during the covid19 pandemic. For example, the “weathering” processes, the effects of the cumulative exposure to socioeconomic disadvantage and racism, have been identified as a likely contributing factor to the discrepancy between Caucasian, African American and LatinX mortality rates with COVID-19 infections (Garcia, Homan, Garcia, & Brown, 2020). Sexual and gender minorities are also underserved, face access to health care concerns, and experience greater health disparities (American Psychological Association, 2020; Baptiste-Roberts, Oranuba, Werts, & Edwards, 2017). In addition, there is limited research on this population. A lack of diversity among mental health providers and a lack of comprehensive diversity training represent barriers to health care (Sue, Sue, Neville, & Smith, 2019). We need board-certified clinical health psychologists interested in diversity, continuously advocating for diversity and cultural competence, and clinically practicing and researching diverse populations in order to improve the delivery of health care.

To improve diversity in ABCHP we are currently working toward building relationships with various universities and professional groups, such as doctoral clinical psychology programs with an emphasis on health psychology at historically black colleges/universities, Association of Black Psychologists, National LatinX Psychological Association, and Society for the Psychology of Sexual Orientation and Gender Diversity, to highlight the importance and process of board certification. ABCHP could also partner with professional organizations that...
are already making strides toward addressing diversity such as the Society of Health Psychology, who recently added a diversity and inclusion officer to their executive committee.

It would be helpful to ask about demographic factors when psychologists apply for board certification. This would allow for ABCHP to better understand the demographics of psychologists applying, completing, and discontinuing board certification. This information would be useful in pinpointing where in the process we need to focus our energy in improving diversity in ABCHP.

In addition to recruitment efforts, ABCHP is also actively exploring options to reduce barriers toward completing the board certification process for under-represented groups. The covid19 pandemic has propelled many business and healthcare systems to deploy creative adaptations to maintain services, and ABCHP has followed suit. In the summer of 2020, we began offering video oral examinations. Not only did we find that video examinations were doable, but the preferred medium for most candidates per their comments on post-exam oral and written feedback. The video oral examination also proved to be cost-effective – saving both the candidates and the board considerable money on airfare and lodging. As video examinations reduce cost barriers, there is a strong incentive for ABCHP to continue to offer video oral examination in post-pandemic times.

ABCHP has also been fortunate to have strong ties with APA Division 38 and The American Academy of Clinical Health Psychology (ACHP), who has offered some partial scholarships for candidates completing the boarding process. It is currently being explored whether some of these scholarships can be designated toward minority group candidates. For example, ACHP recently distributed scholarships for $125 for early career psychologists with “special consideration given to candidates of diverse backgrounds, of underrepresented groups, and/or who demonstrated a desire to increase diversity or work with underrepresented groups in the practice of clinical health psychology.”

Fortunately, minority group representation has been well-established in ABCHP leadership, and among oral examiners and practice sample reviewers. However, to increase the number of minority group members in these roles, we need to continuously and actively recruit newly boarded members.

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References:


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**American Board of Clinical Neuropsychology (ABCN) American Academy of Clinical Neuropsychology (AACN) Our Commitment to Diversity.**

2020 promises to be one of the most difficult and unpredictable years in recent memory. On top of a global pandemic, social unrest exploded in a very polarized United States. Many have hailed 2020 “the worst year ever”. In spite of this, ABCN and AACN have had a productive year, collaborating on several initiatives to strengthen our commitment to diversity and continue supporting individuals towards board certification.
As you may recall, in 2015, AACN developed the Relevance 2050 Initiative to help address the growing number of individuals (approximately 60%) who cannot be adequately served with our current toolkit of largely mono-lingual and mono-cultural tests, as well as to assist in the recruitment and retention of individuals from underrepresented groups. To help rectify this disparity, the AACN Board of Directors unanimously voted to support an annual pledge. Starting in 2021, 10% of the Academy’s income will be allocated each year to support Relevance 2050 initiatives, such as funding normative studies, developing toolkits and educational offerings for training programs and practitioners in multicultural neuropsychology, and supporting consultation networks to name a few.

Another very noteworthy initiative is that starting in 2021, every CE offering through AACN should include learning objectives that address how the material is relevant in the context of our culturally diverse population. Since announcing this change, we have been heartened by how warmly this idea has been received by so many of our colleagues, many of whom have already implemented a similar change at their local institutions and training programs.

The AACN Relevance 2050 Student Pipeline Subcommittee (SPS) continues to aggressively recruit students and neuropsychologists from diverse backgrounds into the field and towards ABPP board certification. In collaboration with ABCN, they have hosted three highly successful free webinars to date: Meeting Criteria for Board Certification, Putting Together Your Application and Credential Review for Board Certification in Clinical Neuropsychology, and Perceived Barriers to Board Certification and How to Overcome Them. AACN continues to offer travel scholarships to diverse students to help defray the costs of attending the annual conference. Over the past two years, there has also been a much more concerted effort by AACN and ABCN to identify newly boarded candidates for ABPP Early Career Diversity Awards.

The ABCN Diversity Committee has continued to stress issues of diversity across the content of the written and oral examinations. A new policy implemented this past year is offering accommodations on the written exam for individuals whose native language is not English. We hope this will minimize the language barrier faced by some of our exam candidates and also increase the diversity of our diplomats. The ABCN Board has also made a continued concerted effort to increase the diversity of the examiner cadre for the oral exam and the board itself.

Perhaps one of the most exciting projects that ABCN and AACN have collaborated on over the past year is an appeal to all neuropsychological professional, educational, and scientific organizations to undertake a joint effort to update the neuropsychology training guidelines originally devised in 1997 (i.e., Houston Conference Guidelines). We are striving for a shift towards a neuropsychological training model that better prepares our profession to serve culturally diverse populations and implement more culturally diverse structures in leadership, practice, and training.

It has been a great year for ABCN and AACN and we are looking forward to seeing our various diversity initiatives to fruition. Stay safe out there!
Enhancing Diversity Within the American Board of Clinical Psychology

By David B. Mather, PhD, ABPP President, ABCP

The leadership of the American Board of Clinical Psychology (ABCP) is firmly committed to attracting and supporting diverse applicants and diverse specialists, representing all aspects of diversity. While data available to ABCP leadership indicates an increase in diverse specialists, we believe we can be more purposeful and therefore more successful long term in the goal of enhancing diversity in our ranks. To support this goal, we plan to enhance and sustain diversity within the “public face” of ABCP – our leadership, mentors, ambassadors, and examiners. This essay will review some of the data available regarding ABCP’s newly certified specialists, including comparison to data from the 2016 study of diversity among ABPP specialists (Frost, et al, 2019). This comparison demonstrates enhanced diversity among new ABCP specialists who completed board certification in 2019 and 2020. We will then review steps the ABCP leadership team is taking to be more purposeful in our approach to further enhancing and supporting diversity within ABCP.

Frost and colleagues (2019) present data from 934 ABPP specialists responding to the 2016 ABPP survey of specialists. Among the numerous findings, survey data specific to diversity, and at least somewhat comparable to data available on new ABCP specialists, included the following. 13.3% of responding specialists were racially/ethnically diverse (12% of respondents certified in Clinical Psychology). 55.5% were male, 43.4% were female, and two respondents identified as transgender. Somewhat loosely tied to age, 68.7% of respondents were Senior psychologists (more than 15 years since doctoral graduation), 14.9% were Mid-career (between 10 and 15 years since doctoral graduation), and 13.5% were Early career (within 10 years of graduation).

ABCP’s Board of Directors maintains data regarding new applicants, tracking applicants from initial credentials approval through completion of board certification. Several aspects of this database are informative regarding diversity; those data were compiled for this essay for newly certified Clinical specialists from 2019 and 2020 year to date. 72 clinical psychologists completed board certification in those two years. 43 (60%) are female, a clear increase in comparison to 43.4% female from the 2016 ABPP survey, and directly comparable to the percentage
of women in recent APA membership demographics (American Psychological Association, 2017). 16 new Clinical specialists are racially/ethnically diverse (22%), compared to 13.3% of total ABPP respondents and 12% of Clinical Psychology respondents from the 2016 survey. Of note, ethnicity was not recorded in the database for all new specialists; thus, the actual percentages of ethnically diverse new Clinical specialists could be higher. That, of course, is speculative. Seven new specialists are Hispanic (10% of total, compared to 1.8% in the 2016 survey), six new specialists are Asian (8% of total, compared to 3.1% from 2016), 2 new specialists are Black (3%, compared to 3.3% from 2016), and 1 is Native American (1%, compared to 0.3% from 2016). Again loosely tied to age, 38 new Clinical specialists (53%) applied through ABPP's Early Career Program (ECP). This cannot be directly compared to the 13.5% of Early Career psychologists in the 2016 survey; Clinical’s ECPs will “age into” Mid-Career and then Senior Career as defined in the 2016 survey. Nevertheless, if sustained across time, the fact that more than half of new Clinical specialists are attaining Board Certification early in their careers indicates success in enhancing age diversity among Clinical specialists.

Despite these indications of positive growth in diversity, our data also indicate that factors external to ABCP’s efforts are likely driving at least some of that growth. For example, 44% of our ethnically diverse new specialists, and 23% of the women, are active duty military. They receive a $6000 annual bonus for ABPP certification, and have exam expenses reimbursed upon successfully passing. Attracting military Clinical applicants is “easy”, requiring little direct effort from ABCP. To be more broadly successful, ABCP leadership has resolved to be more purposeful in attracting diverse specialists, and bringing those specialists into active participation within ABCP functions. In order to be more purposeful, we can take the following steps to increase diverse specialists engaged in our “public interaction” with potential applicants, active applicants, and specialists throughout the course of their careers.

**Increase Diverse Examiners:** While ABCP has strong examiners representing multiple aspects of diversity, we can strengthen that cadre. In their applications, practice samples, and oral exams, many applicants self-identify numerous aspects of diversity. Our Regional Directors, who develop our exam committees, will focus on training and utilization of strong, diverse specialists on those committees. This ensures our exam teams (the face of our “admissions process” that every candidate experiences) represent the broad diversity of clinical psychology, and opens pathways to participation in ABCP mentoring and leadership.

**Increase Diverse Mentors:** ABCP consistently seeks new mentors, to ensure availability for candidates who request a mentor. Mentors must have served as recent examiners, to ensure they provide current and accurate information and guidance. As we increase our ranks of diverse examiners, this provides the opportunity to recruit and utilize diverse mentors.

**Increase Diverse Ambassadors:** A relatively new program, ABCP’s ambassadors are specialists interested in public outreach to attract new applicants. They offer presentations about the benefits and process of board certification at various clinical psychology meetings, usually within their own geographic regions. Most but not all have served as examiners. Our process of building our pool of diverse examiners also offers the opportunity to identify and recruit diverse ambassadors. Again, this helps our “public presentation” mirror the diversity within clinical psychology.

**Increase Board of Directors Diversity:** Our senior ABCP leadership is strong in some areas of diversity, and could be more representative in others. We have diverse examiners currently who are strong, experienced, and energized for ABCP. We will build more. These are prime candidates for recruiting as we have openings on our Board. This will help our leadership even better reflect diversity within Clinical Psychology.

A final word: diversity enhancement operates in the broader context of increasing specialists across the board. ABPP specialist numbers still hover around 5% of licensed psychologists. Our marketing success requires more effective answers regarding questions of “what’s in it for me?”, relative value compared to other professional
expenses, etc. Clearly, much work remains to be done.

References


Couple and Family Psychology: Diversity as Context by Marianne Celano, PhD, ABPP President, American Board of Couple & Family Psychology

As a context for development and human interaction, diversity is a defining feature of our specialty. Unique among other specialties, Couple and Family Psychology (CFP) is distinguished by its systemic lens: all behavior is considered in context, including those contexts engendered by diversity. Below we describe how we have recently addressed diversity in the areas of representation, recruitment, and the oral exam. We conclude with reflections on how we can strive to be more inclusive and equitable in our mission.
Representation
Our by-laws state: The Board fosters a culture in which all members feel respected, valued, included, and recognized for their unique and collective contributions to the purpose and mission of ABCFP. The Board welcomes, respects, and embraces differences among applicants, candidates, examiners, and board members in age, gender, sexual orientation, gender identity, race, ethnicity, indigenous background, culture, national origin, language, religion, spiritual orientation, ability status, social class, veteran status, political persuasion, professional interests, and other cultural and professional dimensions, as well as the intersectionalities among these dimensions. The Board does not discriminate in its selection, approval, or reimbursement of applicants, candidates, examiners, and board members on the basis of age, gender, sexual orientation, gender identity, race, ethnicity, indigenous background, culture, national origin, language, religion, spiritual orientation, ability status, social class, veteran status, political persuasion, or any other cultural or diversity variable. The Board will make reasonable accommodations to allow for participation of applicants, candidates, examiners and board members in oral exams and other activities (e.g., board meetings) needed to accomplish the Board’s purpose.

Although we often learn about the expressed diversity characteristics and intersectionalities of candidates through their practice sample and oral exam, we do not know the race of existing CFP specialists, as this information is not routinely collected by the ABPP Central Office (see article by Celano & Perry in this issue).

We have actively strived to achieve gender and racial diversity on our Board. Currently three of nine board members are from racial minority groups. Six are women.

At our meeting on 2/22/20, we discussed the absence of CFP Specialists in 28 states and Canada. The board resolved to track geographic practice locations of all applicants, and to increase recruitment of psychologists from states without CFP specialists. Of the five candidates administered oral exams in 2020, one is from a state that did not have a CFP Specialist in the previous year.

Recruitment
In collaboration with the board of the American Academy of Couple and Family Psychology, we are actively recruiting applicants who are diverse, especially with respect to race, ethnicity, and geography.

In the past we have tried to recruit applicants from APA Division 45 (Society for the Psychological Study of Culture, Ethnicity and Race). Psychologists interested in becoming CFP Specialists also may be found among the membership of the Association of Black Psychologists, the National LatinX Psychological Association, or the Society of Indian Psychologists.

Oral Exam
Thanks to the suggestion of former board member Joseph Cervantes, we now begin all oral exams with the question: “Please situate yourself within a cultural context. Which aspects or features of individual and cultural diversity (e.g., gender identity, race, intersectionality, etc.) are most relevant to your current clinical practice?” After the candidate responds, committee members also answer the question, which helps to demonstrate both the collegiality of our exam process, and the importance of the diversity competency for all CFP specialists.

To pass the oral exam, candidates must pass the diversity competency. Consistent with a systemic framework, successful candidates must demonstrate knowledge of: (a) the range of reciprocally determined individual, interpersonal, and macrosystemic factors that shape the experience of individuals, couples/families and organizations; and (b) theory and empirical literature relevant to providing CFP clinical services to multicultural populations. However, they must also display awareness of how they themselves have been shaped by diversity factors, including how their own individual, interpersonal, and contextual characteristics shape their perceptions of diversity factors in others.
Most of our written ethical vignettes feature some form of diversity (sexual orientation, cultural diversity, immigration status, etc.)

We have advocated for and used a video-teleconferencing platform for oral exams during the COVID-19 pandemic, and we currently believe that continued use of this platform may reduce barriers to board certification for diverse candidates (e.g., those with disabilities, in advanced stage of pregnancy, living in rural locations, or without the financial means to travel).

Reflections on the Future
We have not yet conducted an organizational self-assessment to determine unequal opportunities and racial inequities in the board certification process (i.e., policies and practices) for those seeking to become CFP Specialists. Application of such a tool would raise organizational awareness, contribute to an equity action plan, and allow us to track organizational change. We believe that such an assessment is best conducted on a system-wide level (e.g., all specialty boards in coordination with ABPP Central Office).

We should apply equity analyses to recruitment efforts and key decisions (e.g., specialty credential review). Because we are a relatively small specialty, we would have to look at data aggregated over several years to determine whether our key decisions yield outcomes that differ by applicant/candidate race, gender, or other diversity characteristics.

Recruitment has long been a challenge for our specialty, primarily because CFP is not among the “substantive areas” for which the APA Commission on Accreditation evaluates doctoral programs. Many psychologists with a systemic practice do not seek board certification, or they have been certified in another specialty. However, there are many licensed couple and family therapists, including those from racial and ethnic minority groups, who did not obtain a doctoral degree in professional psychology. Therefore, efforts to make our specialty more diverse may require us to promote CFP to college students who are considering doctoral training, and to the graduate programs that select and fund them. Across specialties, we need to better understand the barriers to board certification for psychologists from ethnic and racial minority groups.
The American Academy of Forensic Psychology is committed to inclusive excellence and seeks to increase the diversity of board-certified forensic psychologists. The work of forensic psychologists intersects with the varied legal implications of many forms of discrimination. By broadening our membership, we hope to better meet the needs of these diverse populations and to contribute to greater equity in the legal system.

To this end, the American Academy of Forensic Psychology offers a Diversity Grant to assist diverse candidates in seeking board certification in forensic psychology. The Diversity Grant reimburses candidates for the ABPP application fee, the written examination fee, the practice sample fee, and the oral examination fee. Upon verification of payment of each fee and successful completion/passing of each step, the candidate is reimbursed for the fee. Each fee is reimbursed only once. The American Academy of Forensic Psychology invites candidates from diverse backgrounds to contact our treasurer, Rhett Landis, PhD, ABPP, at ELANDIS@nc.rr.com to apply for this grant.

The American Board of Group Psychology experienced the invitation to submit a diversity article for The Specialist as a wake-up call. We quickly recognized that, while we had made progress in reaching some of our diversity goals, we had not met all of them. We determined that, as a board, we need to be more intentional in our support of diversity within our specialty, and the timing of the invitation for this article was perfect. We were approaching our annual board meeting, and decided to make achieving more of our diversity goals part of our agenda.

In regard to our progress in the realm of diversity, over the past 5 years, we have recruited board members with greater diversity in age (focusing on younger professionals), race (focusing on nonwhite professionals), theoretical orientation (outside of traditional psychoanalytic long-term process groups), and workplace (outside of predominantly private practice settings). We have become less focused on expert senior level practitioners at the end of their careers as the primary criterion for board certification, and more focused on including all group practitioners who can demonstrate solid competency in the field. We now have board members, and applicants, from a variety of viewpoints regarding how to approach group therapy creatively, with a wide array of patient populations, a variety of practice settings, and a variety of styles of group intervention. Because board members are a primary source of recruitment, selecting more diverse board members has led to greater diversity in applicants for board certification. The board has, in turn, gone to great lengths to accommodate these more diverse applicants by ensuring that the examination process is equitable for candidates of diverse backgrounds in
terms of written and oral assessment. For example, a candidate with chronic fatigue was successfully examined, and the exam schedule was modified to provide an equitable examination opportunity. The candidate was allowed extended exam time, and frequent breaks in a hotel room, which allowed the candidate to lie down and to have periods of quiet. The board remains open to providing accommodations to any diverse candidate upon request.

In addition, we have recently expanded our diversity statement for the ABGP page of the ABPP marketing brochure, which publicly documents our commitment to diversity, equity and inclusion. Our recently revised conceptualization of diversity, as noted in the new ABPP brochure, reads as follows:

“Multicultural competency within group psychology is defined as evolving self-awareness, sensitivity and skills in clinical work with diverse individuals, groups and communities. Group psychologists recognize the importance of exploring their own cultural identities and privilege, as well as the importance of maintaining an attitude of inclusiveness and professional curiosity about the intersectional identities of all group members. Group psychologists possess essential knowledge regarding the emotional and political impact of belonging to majority and minority groups, and how this group membership impacts behavior. They are aware that the self is shaped by culture and context, by such factors as race, ethnicity, gender, age, religion, sexual orientation, disability and socioeconomic status. Self-identities may be overt, such as a person in a wheelchair, or covert, such as sexual orientation; all identities impact group processes. Behavioral components of competence include the clear, demonstrated ability to interact effectively and sensitively with an array of diverse group members.”

At our board meeting in October of 2020, we approved the development of an annual non-competitive AAGP/ABGP Diversity Grant to help defray the costs of the board certification process for diverse individuals. We are finalizing the details as to which specific groups we will target, but as a board, we are very excited to be offering this grant, and the proposal passed unanimously. We will now have two grants to offer applicants, the other of which targets training directors who are running specialized programs in group therapy. With regard to our aspirational diversity goals, we intend to develop more effective strategies for inviting diverse applicants into our specialty, beyond just the scope of our current board members. This initiative will include aggressive marketing of our new diversity grant to various professional organizations with diverse membership. We currently employ a comprehensive and highly supportive mentoring process for board certification, of which all candidates are encouraged to take advantage. There is an additional mentoring and training process in place to assist new board members in developing the skills needed for examining candidates, as well as developing the multifaceted skills needed for effective board leadership. We aspire to further develop these programs to promote diversity within the board, as well as within the specialty.

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Considering Diversity in Board Practices, Recruitment, and Advocacy.

By Clifford V. Hatt, EdD, ABPP President, American Board of School Psychology

Each of the subspecialty boards of the American Board of Professional Psychology has been asked to reflect on our efforts to support diversity in all its various forms. From our perspective, diversity encompasses age, race, ethnicity, disability status, economic standing, gender identity, sexual orientation, and religious affiliation. It is important that psychologists respect diversity, continue to develop awareness and sensitivity to individual and cultural diversity in their practice, and address those issues related to social justice through advocacy as professionals in a diverse society. It is both our ethical and professional duty and responsibility.

The American Board of School Psychology has addressed the importance of diversity in our publications, manuals, and bylaws. In our brochure describing the specialty area of school psychology, we make explicit that applicants must demonstrate an awareness and sensitivity to individual and cultural diversity. This is also elaborated in our examination manual as a core competency for all candidates applying for board certification. It must be reflected in their professional statement by providing specific examples of awareness of individual and cultural diversity in their practice. We encourage qualified applicants with disabilities to apply for board certification and provide reasonable accommodations for these individuals as requested. We are sensitive to religious holidays when scheduling meetings and examinations. In our bylaws, we have stated that we will strive for diversity in gender, ethnicity, cultural background, ability status, primary professional background, and activity and appoint incoming Board members in such a manner that the board has representation of diverse opinions and perspectives.

As important as it is for ABSP to reflect awareness and sensitivity to individual and cultural diversity in its materials and board procedures and practices, it is also critical for us to engage in outreach and public awareness of the profession of school psychology and the importance of board certification as a practicing school psychologist. We have engaged in several activities over the years to accomplish this.
Annually, the American Board of School Psychology and the Academy of School Psychology (which have now merged) awards several $1000 Hyman-Lambert Memorial Scholarships in honor of Irwin Hyman and Nadine Lambert, two outstanding school psychologists who have made significant contributions to the field. These scholarships help deserving doctoral students in school psychology defray the costs of tuition and other academic expenses. They can also use the funds to subsidize attendance costs for APA or National Association of School Psychologists (NASP) conventions. Applicants are required to submit a letter of recommendation, graduate school transcript, current curriculum vitae, and a personal statement outlining their future professional interests in school psychology. We have averaged approximately five scholarships per year with funding coming from professional publishing companies. The awards are usually presented at a special breakfast during one of the conventions with ABSP certified specialists in attendance. It provides a great opportunity for the doctoral students and faculty to meet boarded specialists and hear about ABSP. Our hope is that they will make board certification a future professional goal.

ABSP has also presented about specialty board certification at professional association meetings like APA, NASP, and the Council of Directors of School Psychology Programs. We have done formal presentations, conversation hours, and held social hours to encourage more psychologists to become board certified, discuss professional interests that we all have in common, and sometimes just to have fun.

While these activities are not specifically directed at increasing diversity per se, we feel that these outreach activities provide more awareness of ABSP in the professional community. One of our difficulties in recruiting new members is the relatively small pool of potential applicants in school psychology generally. Many doctoral level school psychologists work in schools which are licensure exempt settings and do not require board of psychology or department of health professions licenses. So not only do we need to encourage ABPP specialty certification in school psychology, our profession must encourage school psychologists to obtain licenses for the independent practice of psychology.

The American Board of School Psychology is very fortunate to be one of the members of the School Psychology Leadership Roundtable. Other members include APA Division 16 (School Psychology), Trainers of School Psychologists, Council of Directors of School Psychology Programs, Society for the Study of School Psychology, and the National Association of School Psychologists. It provides a forum to discuss issues and concerns in the profession and provides an avenue for joint advocacy when needed. Since advocacy is one of our stated professional competencies, we believe that it should be modeled by our board.

A perfect example that is pertinent to this article is a position paper on racial injustice that we published in June following the death of George Floyd. Under the initiative and direction of Division 16 leaders, the school psychology organizations and others worked together and authored a document called “School Psychology Unified Anti-Racism Statement and Call to Action”. The purpose of the statement is clearly articulated in the abstract of the article cited below:

“As school psychologists, we have an ethical responsibility to engage in social justice and anti-racist action. School psychology organizations and graduate education programs play an important role in shaping future generations of school psychologists to lead the mental health, educational and research, and advocacy initiatives that promote equity for school personnel, students, families and communities they serve. This is only possible if our field acknowledges, evaluates, and works to reconstruct existing systems, structures, and policies that lead to inequitable outcomes for some groups and not others. “How can the school psychology community serve the diverse society in which we live without explicit and intentional education and growth in this area?” To help answer this question, APA Division 16, Trainers of School Psychologists, Council of Directors of School Psychology Programs, Society for the Study of School Psychology, the American Board of School Psychology, and the National Association of School Psychologists have come together to reaffirm our commitment to ensure current and future school psychologists are empowered to be anti-racist agents of change.”


Within the statement, an action plan is proposed that includes creation of a library of resources on social justice, equity, and inclusion for trainers and programs; establishing a mentoring program for early career psychologists and students with increased collaboration and support; actively recruiting diverse voices for our professional leadership positions; and committing to using psychological science to combat systemic racism and implicit bias at all levels to foster change. We encourage all ABPP specialists to read the article and promote the actions proposed in their own professional practice.

ABSP has much more to do to help promote diversity in board representation, active recruitment, and professional support. We encourage all board certified specialists to join with us in our efforts to make our subspecialty of school psychology and ABPP more representative with diverse voices and being more aware and sensitive to individual and cultural diversity in our profession, in our practice.

**ABPP and Antiracism: Are words enough?**

*By Marianne Celano, PhD, ABPP & QuaVaundra Perry, PhD, ABPP*

In recent months, there has been a storm of attention to racial justice among individuals, groups, and organizations. Triggers include the murders of Ahmuad Arbery, George Floyd, Breonna Taylor, Rayshard Brooks, as well as countless others, and the brazenly racist behavior of a White woman toward a Black birdwatcher, Christian Cooper. These events have prompted an explosion of media about antiracism (defined as an active commitment to fighting systemic racism) and its counterpart, "White" privilege. Claiming that one is “not racist” is not sufficient, as racism and White privilege are deeply embedded into American culture, defining “normal” standards of beauty, communication, and even health. Many organizations, including ABPP and APA, have
published statements condemning racial injustice. On its website, ABPP states that it “stands against all forms of discrimination and violence based on intolerance toward individuals of difference and the communities to which they belong. The ABPP Board of Trustees joins the national movement to end endemic racism and racially motivated violence.”

Although we appreciate the timely and clear message about “intolerance toward individuals of difference,” as well as ABPP’s commitment to “advocacy toward a better understanding of the trauma of violence, intolerance, and healthcare inequities,” we don’t think this statement is strong enough, at least in addressing systemic racism. But the bigger problem is that this statement – like many organizational missions – lacks teeth. It’s easy to say you stand up for cultural equity and inclusion, or against racism; it’s much harder to do the work, which can be messy, uncomfortable, unending, and exhausting.

We have attended or facilitated several Town Halls addressing race in the past month, usually arranged by a group’s formal or informal diversity/inclusion committee. At best, the conversations among participants are courageous, honest, and sometimes inspiring. At worst, the discussions are cringe-worthy, frustrating, or painful, usually because the experiences or views of White participants are prioritized over those of people of color, and/or the White participants lean on the people of color to do all the work (e.g., educate them, share their emotional experience yet again, or make suggestions for change). Although some of the Town Halls explicitly request “action items” in the service of antiracism, others do not. The assumption is that the sharing of participants’ reactions to racially-motivated violence is enough.

It is not enough. Just as ABPP “recognizes the mental health impact of discrimination…that disproportionately affect persons of color,” it must also acknowledge the dual damage done to psychologists of color, who must manage their personal reactions to racism while working in mostly “White” settings and competently holding space for the emotional experiences of their clients. How might this reality hinder psychologists of color from pursuing board certification?

In order to dismantle white supremacy within our professional organizations and communities, ABPP must commit to an active, ongoing, and thorough process of examination of policies, practices, and representation. Are people of color represented within the organization membership? Within the organization leadership? What assumptions about board certification and race need to be addressed? Do policies and practices promote racial equity? A few years ago, the APA Council of Representatives underwent this process, led by a grass roots group within the organization. Has the ABPP Board of Trustees done this?

Several ABPP practices should be examined. First, the ABPP office does not collect or publish data on the race of applicants, candidates, or specialists. Why not? This information could have answered the question of a recently boarded psychologist, who wondered if she was the first Black female Couple and Family Psychology specialist. Surely race is an important characteristic for some clients seeking a specialist or for those considering becoming a specialist. The broader issue here is representation. What proportion of specialists are people of color? What proportion are African American? Is this proportion equivalent to the proportion of African American psychologists? If it is smaller, what is ABPP doing to discourage board certification (or not doing to encourage board certification) among Black psychologists? Specifically, which policies or practices, including financial practices, make board certification more difficult or less accessible to psychologists of color?

A second example is the decision to temporarily allow oral exams via video-teleconference during the COVID-19 pandemic. Does this practice make it easier or more difficult for candidates and examinees of color to participate in exams? Does this practice reduce costs (for either candidates or specialty boards) in a way that promotes racial equity? If so, why is the practice only “temporary”?

We recommend that ABPP update its 2014 position on diversity (https://www.abpp.org/About/Diversity/
ABPP and each constituent specialty board should conduct a self-study that yields an action plan and updating of current materials (e.g. brochure, manual) to include information on its commitment to racial equity. The self-study should examine specialty competency requirements, especially in the area of cultural diversity, and consider how the processes and costs of board certification promote or don’t promote racial equity. Adding components like racial equity and cultural humility to the diversity competency may offer candidates the opportunity to demonstrate a depth of awareness and practice beyond knowledge of basic diversity factors.

Anti-racism work requires advocacy for specific policies and practices that promote equity and inclusion. It should prioritize the voices of people of color, without placing the burden of work on their shoulders. Most important, it should embody self-reflection and the courage to ask ourselves the difficult questions: Are our anti-racist actions genuine or performative? Are we seeking improved credibility or credible improvements? Are we in it for the long haul or only for a moment? If we can truly promote cultural humility, equity and inclusion, we gain much more than the moral high ground of condemning “intolerance.” Putting the above-mentioned steps in place will add teeth to ABPP’s statement against racial injustice, and take a sizable bite out of the mountain of racism. In the end, we all win: diversity ultimately benefits the organization, our relationships with one another, and the consumers we serve.

Marianne Celano, Ph.D., ABPP is a licensed psychologist who is board certified in Couple and Family Psychology. She is interested in behavioral health workforce development and health services research, particularly in treatment of children who have experienced abuse or neglect. Her teaching interests lie primarily in family therapy and family psychology, culturally competent family interventions, and treatment models for families affected by child abuse or neglect. She directs the Parent Child Interaction Therapy (PCIT) program at Emory. Dr. Celano is an Associate Editor of the forthcoming APA Handbook of Contemporary Family Psychology, and a former President of the Society for Family Psychology (Division 43 of the American Psychological Association). Her clinical practice includes individual therapy for children, family therapy, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Parent Child Interaction Therapy (PCIT).

Qua Vaundra Perry, PhD, ABPP is board-certified in Couple and Family Psychology and a Christian psychologist with “a passion for helping others have a change of heart”. She has trained and worked several years at the Dallas VA Medical Center and also served as an assistant professor of psychiatry at UT Southwestern Medical Center. She is currently managing her own practice in Rockwall.

Dear Drs. Celano and Perry,

Thank you for your article. You have brought clarity, direction, and passion to work that does require a “long haul” approach and commitment. The ABPP Diversity Committee has been dedicated to maintaining a focus upon diversity within ABPP as an organization, and within its component parts. You note the recent and continuing storm of attention to social and racial injustice among individuals, groups, and organizations which has clarified endemic racism and the need for it to be aggressively addressed. You write: “It’s easy to say you stand up for cultural equity and inclusion, or against racism; it’s much
harder to do the work, which can be messy, uncomfortable, unending, and exhausting.” To that end, I would like to identify what we have been doing, what we are doing, and what we would like to commit to, going forward.

The ABPP Diversity Committee annually advertises, reviews applicants’ materials, and chooses a recipient for each of the *Art Nezu Dissertation Diversity* Award and the *Early Career Diversity* Award. We award each recipient $1,000 and showcase their work. Indeed, we have found that the advertisement of these awards is often the first connection that encourages graduate students of diversity and newly graduated psychologists to become apprised about and engaged with ABPP.

Additionally, the Diversity Committee recently recognized that the 16-page ABPP brochure, which is a primary marketing tool to inform graduate students and psychologists about ABPP, was lacking in sufficient information about diversity. The Diversity Committee subsequently encouraged each of the 15 specialties to identify a diversity representative. This panel of ABPP Specialty Board Diversity Representatives was charged with reviewing their respective specialty page in the brochure and developing informative diversity language relative to their specialty. Furthermore, the ABPP Specialty Board Diversity Representatives will be charged with the development of a template to assist specialty boards in their mission to integrate the “Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality (2017) as well as the APA Guidelines on Race and Ethnicity in Psychology (2019) in their updated specialty board examination manuals and processes. In an effort to enhance this endeavor while moving forward ABPP will address “diversity” as a competency and proficiency area, requiring that candidates demonstrate their comprehension of, attention to, and experience with diversity in their own clinical practice. Unmistakably, an updated diversity template for oral examinations and specialty training in cultural humility and racism is essential.

Furthermore, the ABPP Diversity Committee has committed to conducting a Triennial Demographic survey of the ABPP membership. You are correct that ABPP does not collect demographic information, and has relied upon these surveys to inform us as to our demographics. The survey results have been organized into reports that have been published in *The Specialist*, Vol 40, 2018, and in *Who gets certified by the American Board of Professional Psychology and why: A diversity survey*, Journal of Clinical Psychology, 2019;75:1820–1837.

Here are some additional current and ongoing projects involving ABPP and our committee:

a. In 2020, the ABPP Triennial Demographic Survey was conducted. We received 1077 responses out of 4100 members, a 26.3% response rate. In this sample, we found that ABPP membership comprises the following racial/ethnic demographics: White **84.5%**, LatinX **4.44%**, African American **4.1%**, Asian **3.1%**, Multi-Racial **2.0%**, Native American **0.1%**, Other **1.7%**.

b. ABPP has developed and posted its 2014 position on Diversity, has created a dedicated Diversity section on its website, has approved an annual Diversity Committee line item of $2,000, and has approved its first Public Statement in response to racial injustice, which was posted prominently on its website.

c. At the 2020 Mid-Year ABPP Board of Trustees meeting, the members of the Executive Committee and representatives of specialties agreed to support and implement recommendations submitted to them by the ABPP Diversity Committee. These recommendations included:

- Establish clear and specific goals and timelines for increased diversity representation on each specialty board, the EC, CO, BOT, and membership.

- Develop a plan of action to engage minority colleagues in deepening the bench for leadership roles by engaging them in regular dialogue and leadership activities; those activities stem from the specialty level up into the governance, and include assessment of interests and perspectives, mentoring, and leadership
succession, planning.

- Establish a clear statement in which ABPP stands against all forms of discrimination based solely upon differences.

- Work to identify ways ABPP can contribute to ending racism and racially motivated violence.

- Establish a clear stand of non-acceptance of marginalization, microaggressions, or any form of abuse within its internal or external process and interactions.

The ABPP Diversity Committee has taken a bifurcated approach within ABPP:

1) Address the broader understanding of diversity representation to include racial, ethnic, cultural, sexual orientation, economic, sex, gender, age, religion/spirituality, disability, and geography of individuals, groups, and communities whose access, representation, social justice, where inclusion has been traditionally limited by bias or lack of access to ABPP; 2) Specifically address the lack of representation and empowerment of racial, ethnic, and cultural individuals, groups, and communities within the ABPP organization.

The passion and specificity of the statements in your article serve to remind us that organizational pace often serves to maintain "White" privilege, even unintentionally. You clearly lay out actions and directions that ABPP can take to intentionally address racism and white privilege (defined as those who have an unearned and unfair advantage based upon being white) within our organization, and the need for ABPP to ‘pick up the pace’.

In your article, you state: “In order to dismantle white supremacy within our professional organizations and communities, ABPP must commit to an active, ongoing, and thorough process of examination of policies, practices, and representation.” People are often more disposed to join organizations where they see others like themselves. That we have moved to be more inclusive of diversity information in our brochure, included diversity representatives to each specialty board, and have committed to addressing racism in ABPP is not sufficient. That ABPP has historically not collected demographic information does not mean that we should not seriously reconsider this practice. The ABPP Diversity Committee will be canvassing each specialty board to clarify each board's demographics, which will allow us to establish expectations for racial and ethnic representation within our governance going forward. We need to assess the demographics of our examination committees to ensure that candidates see themselves represented in their examination team.

You raise that ABPP needs to consider both how we may discourage, as well as how we may not adequately encourage board certification among Black psychologists. As with many minority psychologists, the financial challenges of board certification are challenging and at times prohibitive. We have appreciated that oral examinations via video-conferencing substantially reduce candidate expenses, and increase geographic access to an examination. For these reasons, we will be discussing making this process available as an option going forward.

An additional ABPP Diversity Committee recommendation that was approved by the Board of Trustees was: “The ABPP Diversity Committee would like to reach out to board-certified psychologists of all ethnic communities to engage them in open dialogue about ways that ABPP may be able to address racism within the parameters of our mission.” To this end, the ABPP Diversity Committee will utilize your article, and its specific clarification of necessary items to address while working with the Executive Committee and Board of Trustees to maintain focus upon antiracism and white privilege in ABPP. As you note, a few years ago the APA Council of Representatives underwent a process of self-review led by a grass-roots group from within the organization. We would be interested in having you join with the ABPP Diversity Committee, and additional board certified psychologists of diversity to do something similar from within ABPP.
Respectfully,
Joel C. Frost, EdD,
ABPP Secretary,
ABPP Board of Trustees Chair,
ABPP Diversity Committee

Joel C. Frost, EdD, ABPP, is the Secretary of the American Board of Professional Psychology. He is Chair of the ABPP Diversity Committee, and serves in an ex-officio capacity on the board of the American Board of Professional Psychology Foundation. He is board certified in Group Psychology. He is a Life Fellow of the American Group Psychotherapy Association, and a Fellow of the American Board of Group Psychology, ABPP.

He is presently retired, having served as Assistant Clinical Professor of Psychology in the Department of Psychiatry, Harvard Medical School, Allied Health with Clinical Privileges (Psychiatry), Department of Psychiatry, Beth Israel Deaconess Medical Center, Boston, MA. He was in Private Practice in Boston, MA for 30 years. His teaching, supervision, presentations, and publications have been in the areas of Gay Male Development, and Group Psychotherapy.
In 2009, Julea Ward was a counseling student at an Eastern Michigan University (EMU) practicum. She declined to see a client to whom she was assigned after she read in his file that he had previously been in therapy about his same-sex relationship (Rudow, 2009). Ms. Ward told her supervisor that she was unable to provide services to this client due to her conservative Christian beliefs (Rudow, 2009). In an informal review with EMU faculty members, Ms. Ward was told that she needed to abide by the university counseling program’s policies and curricular requirements which adhere to the American Counselling Association Code of Ethics (Rudow, 2009). She was given the choice of completing a remediation program, leaving EMU, or requesting a formal hearing (Rudow, 2009). Ms. Ward chose the formal hearing and was dismissed from EMU’s counseling program for a violation of the ACA’s Code of Ethics (Rudow, 2009). Ms. Ward sued EMU for her dismissal and in December, Ward officially left the EMU program following the lawsuit being settled (Rudow, 2009). The settlement left intact the district court ruling that supported EMU’s decision in dismissing a student who refused to counsel an LGBT client (Rudow, 2009). The question which emerged from this case is, “Who should decide how graduate psychology or counseling students are trained to treat a diverse public?” Is it students, state legislators, or faculties of APA approved clinical psychology programs? In Arizona the answer is legislators.

In April of 2011, Arizona’s governor passed an educational bill (H.B. 2565) that stated a university or college cannot discipline or discriminate against a student because a student refuses to counsel a client about goals that conflict with sincerely held religious beliefs if they consult with a supervisor to determine proper course of care. Why is this legislation and Julea Ward’s case relevant to education and training of psychologists? This case began a movement for what is now called conscience clause legislation based on first amendment rights. Conscience clause is a legislative provision that relieves a person from compliance of programmatic professional guidelines on religious grounds. It permits pharmacists, physicians, and other health care providers to decline to provide certain medical services for reasons of religion or conscience. In psychology training programs, it can be used to exempt students from providing treatment to individuals whose goals are contrary to their religious beliefs. As conscience clause legislation begins to spread across the United States, it is our job to bring awareness to the potential harm it has on trainers, students, clients, and the profession.
From a training perspective, the American Psychology Association (APA) identifies the importance of individual and cultural diversity as well as ethical and legal standards and policy. Faculty members, training directors, and supervisors must prepare students to treat a diverse client population effectively. Those who are training developing psychologists have the responsibility for clinical decisions and client assignments that balance trainee learning with competent client care (Wise et al., 2015). If students are not trained in how to work with diverse clients, how will they learn to relate to and be empathic towards anyone who presents them with different values and belief systems? If a student cannot work in the client's best interest, how can they act ethically? If a student is not ethical, then they are not upholding the standards of care in the profession of psychology. It is the job of the supervisor, or trainer, to help students understand there are ways to set aside personal values and beliefs temporarily while focusing on the client and his or her needs. It takes effort to understand different perspectives especially when they are widely divergent from one's own. The development of these skills is emblematic of the cognitive complexity necessary for connection with diverse others, and the good boundaries needed so that the needs of another person are the focus of attention instead of one's own. Ethical trainers believe that these traits and developmental milestones are not optional to becoming a competent psychologist.

Most students come into the field of psychology to help others, regardless of where their clients come from, or what they believe in. In every course, assignment, practicum, and internship placement, the importance of working with diverse clients and understanding their different points of view is heavily emphasized. The importance of engaging in self-reflection regarding our own reactions and biases is also an ongoing professional process. Doing this allows for a student to develop the skills and preparation for many different situations in which they may encounter clients from diverse backgrounds. We are trained to be healthcare providers and to be aware of, and respect, cultural and individual differences. If a student can decline to work with someone because of a particular belief system they find distasteful, are the skills necessary for work with people different from themselves ever developed? The answer is no. If a student is not adequately trained to do this work, there is the potential for harm when an ethical dilemma due to difference develops.

Conscience clause legislation has the potential to change how psychology and other healthcare disciplines train their students. The goal of cultural competence is lost to the pressure of potential lawsuits due to inherent discrimination. Therefore, it is essential for those who are responsible for training our students to foster cultural self-assessment, personal awareness, and reflective practice consistent with the APA benchmark competencies. It is equally important to establish supervisory and mentoring relationships as safe places for the difficult dialogues and discussions regarding values, attitudes, and potential biases which exist and can be recognized and overcome (Dressel et al., 2007). Most importantly, trainers have the opportunity to normalize value conflicts, which is a necessary experience for clinicians at all levels of training. By having these conversations and encounters our students (and ourselves) we can be trained to grow into cultural competence.

References


In 2019, a total of 26 ethics consultations were requested, while from January 1, 2020, through August 1, 2020, a total of 21 consultations were requested and completed. The latter requests came from specialists representing 10 of the 15 Specialty Boards. The goal of the committee has been to respond to the consultation requests within five days. In general, feedback about the consultation service has been positive.

Factors to consider when requesting a consultation

In reviewing ethics consultations, the ABPP Ethics Committee conducts a four-bin analysis, as recommended by the APA Ethics Office. These four bins are: Ethical, Legal, Clinical, or Risk Management. A consultation request may fall in one or more of these bins.

The APA Ethical Principles of Psychologists and Code of Conduct is the basis for the ethical bin. This Ethics Code outlines a variety of standards that psychologists are mandated to follow. The legal bin would involve concerns about statutes and regulations, which commonly vary from state to state. This bin would include dealing with subpoenas, reporting child abuse, contractual disputes with agencies/clinics, and employment disciplinary action. This bin usually requires a legal interpretation and is beyond the expertise of the ABPP Ethics Committee. The Clinical bin focuses on assessment and treatment issues, such as best practices or dealing with a client's resistance. The Risk Management bin deals with the psychologist's exposure to legal liability, such as handling suicidal or homicidal clients or utilizing a controversial/unproven treatment technique.

Although there is overlap amongst the bins, the ABPP Ethics Committee is only able to focus on the Ethical bin. Therefore, it is important for those requesting consultations to ensure that the primary concern has an ethical basis. Further information about the ABPP Ethics Consultation Service is available at the following link: https://www.abpp.org/specialists/Ethics-Committee/Ethics-Consultation-Process.aspx

* Dr. James Bow's current practice is limited to forensic training and consultation. He provides consultation to attorneys, courts, and licensing boards regarding work product reviews. He also assists attorneys in preparing for cross-examining expert witnesses. Dr. Bow no longer conducts evaluations for the court or any other type of evaluations or treatment.
Dr. Bow has provided local and national workshops in the forensic area, along with supervising professionals and trainees. He was formerly a consultant to the Child Custody Program in the Department of Psychiatry and Behavioral Neurosciences at Wayne State University.
Dr. Bow has conducted much research over the years on child custody practice. He is widely published in the field. He has interests in child custody practice, including topics such as sexual abuse, domestic violence, domicile relocation, parental alienation, and mental health issues. He also has much expertise in ethics and risk management.