Students Harness the Power for Social Change in Clinical Science

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In her book *On Being Included*, Sara Ahmed makes two critically important observations of institutional spaces. One, that, “the responsibility for diversity and equality is unevenly distributed,” and two, that, “if diversity and equality work is less valued by organizations, then to become responsible for this work can mean to inhabit institutional spaces that are also less valued” (Ahmed, 2012). As graduate students in a clinical psychology Ph.D. program, we argue that the responsibility for equity falls upon every member of our organizations equally, moving beyond either relegating this work to a “less than” category, or worse, performing what Ahmed terms “image work,” in which issues are discussed but action is not taken. There are many “calls to action” like this one, but it is important to keep in mind that there is still work that must be done and promises that must be kept. Students of psychology and neuroscience have the power to inspire change and demonstrate leadership in the work of equity and inclusion in research, teaching, and clinical care. This letter is a brief report on one such actionable approach: initiating a collaborative needs assessment.

As trainees navigating academic hierarchies, it can be challenging to recognize the power that we hold, and even more frightening to wield it. However, graduate students are uniquely positioned to assess the needs of their department given their roles as trainees, but also as mentors and teachers. We can find our strength and voices in creating community, and in our own experience, this process can be positive and collaborative. Working in groups whose members span diverse backgrounds and perspectives maximizes innovation, creativity, and divergent approaches. Groups can be within your own department, or across institutional boundaries. For example, several multi-university student groups have already organized to enact change, such as Psychology Students for Inclusion, Diversity, and Equity (PSIDE) and Dismantling Systemic Shortcomings in Education and Clinical Training (DiSSECT).
But what is a collaborative needs assessment?

In this context, “needs” are defined as the difference between the current state of something and its “target” state (Roth, 1990). Thus, a collaborative assessment identifies areas that are not in their target state, as well as areas of strength. In the ongoing process of conducting a student-led collaborative needs assessment of our own training program at the University of Colorado Boulder, we highlight the following lessons we hope to share with other students to be aware of when initiating changes in their own respective programs.

1) Engage all levels of program members.

Initial work can be driven by students with gradually increasing faculty involvement towards including members at all levels. For example, our student group wrote an open letter to faculty that sparked the creation of student and faculty subgroups, each with a focus on key areas such as BIPOC mentorship or clinical training.

2) Maintain frequent communication.

Diversity, Equity and Inclusion (DEI) workgroups should cut across programs and positions of power, with frequent, multi-level communication (e.g., between students and faculty, department chairs, and high-level university figures).

3) Track goals transparently.

Making public commitments, tracking ongoing progress, and sharing that information program-wide can be an effective way to motivate continued efforts. For example, semesterly program updates and reports can be posted on department websites.

4) Persist.

Do not be dissuaded by forms of institutional resistance. Approaching change at the accreditation or university board level can create the push needed to motivate departments to commit to anti-racist reforms. Letters to the editor, such as the National Call to Action Letter to APA, can be powerful, especially when they gain public attention.

5) Collaborate across divisions.

We don’t have to do this alone. Sharing resources can significantly strengthen and quicken your impact. There are several platforms for pooling resources such as the BRIDGE Clinical Psychology Network, and publicly available training courses like this one from the University of Pittsburgh. In our department, clinical students are beginning to coordinate with social psychology students on the topic of undergraduate research experience. Academic Twitter is also a great place to learn what other groups are doing.
A collaborative needs assessment is just the beginning of a process that requires frequent re-commitments to learning, growing, and holding ourselves and each other accountable. We cannot rest the power of change on any one group of people, nor can we expect a single DEI task force to uproot the longstanding systemic inequities embedded in our academic traditions and cultures. Instead, we must equally share the responsibility for equity, and we must prioritize the value of equity within our organizations. We believe that many clinical training programs would like to do better, we just need a place to start. While many have felt terrified, angry, frustrated, and moved by the injustices of systemic racism and structural inequality continuing to rip at the seams of this country, we have also found hope through actions within our reach.

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