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The Integration of Ethnicity and Gender Into Clinical Training: The UCLA Model

In the last decade, there has been an increasing awareness of clinical psychology's need to prepare its members for effective practice and culturally sensitive research with racially and culturally diverse populations (Bernal & Padilla, 1982; Green, 1981; Ridley, 1985; Sarf, 1980; Wyatt & Parham, 1985). This chapter presents a discussion of issues and methods for integrating gender and ethnicity into clinical psychology training programs.

Conceptualization of a Training Model

One major philosophical question regarding the inclusion of gender and ethnic content in clinical training is whether to incorporate these issues into existing courses or to develop specific courses (Bernal & Padilla, 1982). I believe that a comprehensive approach works best. In a training model of this type, ethnic and gender issues are taught within the preexisting core clinical courses and then balanced with specialty courses at an advanced level. Using this approach, the core clinical courses, which cover areas such as psychopathology, personality organization, and assessment, provide students with an awareness of the ubiquitous effects of ethnicity and gender at the very heart of clinical psychology (Korchin, 1980). Specialty courses on ethnic or gender concerns are then used to provide in-depth coverage of specific clinical topics (e.g., Black women's mental health, African American family).

Several models have been designed to provide ethnic and cultural training in mental health, including the Mental Health Project at Brandeis University, the University of Hawaii, and the University of Miami School of Medicine. Lefley (1984) described the Miami model, which is based on four types of training modalities: didactic, cultural immersion, practicum experiences, and goal-oriented planning. Each of these modalities is designed to increase participants' awareness, skills, and knowledge of the mental health concerns of ethnic minorities.

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Training in the Miami model begins with didactic sessions that include historical overviews of mental health factors among diverse ethnic groups. Lectures provide information on religion, value systems, sex roles, world views, cultural beliefs, supernatural belief systems (including Haitian voodoo, Bahamian obeah, Black American root healing, and African Cuban santeria), and alternative healing methods. In particular, didactic sessions attempt to provide information on normative behaviors, life-styles, stressors, patterns of coping, and sources of informal support for each of the ethnic groups.

Then, cultural immersion is used to involve trainees: participant-observation of street and church experiences, visits to ethnic community clinics, and occasionally client home visits. Observations from these visits are used by trainees in follow-up classroom discussions. Classroom experiences using videotapes, role-plays, and simulations of therapist–client interactions provide practicum opportunities. The University of Miami School of Medicine training ends with the development of specific plans by the participants for incorporating this training into their clinical work.

Experiences at the University of Miami indicate that this excellent model is best used with advanced trainees. Its adaptation might work well within a psychology training clinic or in conjunction with a local community mental health center, where preestablished working relationships with the ethnic community exist.

The University of California at Los Angeles (UCLA) model of minority mental health training is best suited to a scientist and practitioner program. The model is designed to address two training goals: (a) training competent and culturally knowledgeable minority scientists and practitioners, and (b) training multiculturally effective nonminority scientists and practitioners (Myers & Baker, 1986). In addressing the first concern, the aim is not merely to increase the number of minority clinicians, but also to provide them with a training experience that addresses the issues they will encounter in their professional lives while teaching, conducting research, administering and delivering clinical or consulting services, and participating in professional activities.

Following from these two goals are several program objectives (Myers & Baker, 1986, pp. 7–8):

1. Increasing the number of ethnic minority students in existing graduate training.
2. Changing the narrow, ethnocentric biases prevalent in existing clinical models of assessment, diagnosis, treatment, and research.
3. Incorporating culturally varied clientele into supervised clinical practicum training and addressing the basic problems and issues at the core of cross-ethnic, cross-class, and cross-gender psychotherapy and supervision encounters.
4. Attending to the issues of acculturation as an important factor in mental health of upwardly mobile ethnic minorities, for both clients and clinicians.
5. Training culturally diverse nonminority clinicians.

In sum, the goals of the UCLA Minority Mental Health Training Program are not merely to increase the number of minority students, but also, through ongoing efforts of the Program's faculty and students, to work toward changing the cultural and gender biases that exist in current models of treatment, assessment, research, and clinical practica (Myers & Baker, 1986).

Implementation of Training

Changes in training programs usually originate from demands outside the training program itself. For example, clinical psychology broadened its scope of training when psychologists were called on to supply their expertise in schools, community settings, and family psychotherapy, in addition to working in hospitals in traditional areas of diagnosis and treatment (Clark, 1973). Changes in clinical psychology relevant to ethnic and gender issues have often been the result of political and educational efforts in psychology or society at large (Sue, 1983). Enforcement of culturally relevant training comes through various American Psychological Association (APA) mechanisms such as program accreditation, which require sensitivity to ethnic and gender issues or through APA's human resource monitoring (Howard, et al., 1986). At the state level, legislation is being enacted that would require candidates for licensure to demonstrate knowledge of specific psychological issues for ethnic groups (Wyatt & Parham, 1985). In addition to these long-term methods of implementation, there are other short-term remedies that may result in increased ethnic and gender awareness in clinical training.

Faculty

Ideally, every clinical training program should have a multiethnic and gender-balanced faculty who would offer coverage of ethnic and gender issues in core, as well as specialty, courses. Current human resource projections, however, indicate this is not possible (Howard et al., 1986). For example, although the number of Blacks receiving degrees in clinical psychology is increasing, they tend to find employment in the health services sector. In addition, Asian Americans and American Indians continue not to be attracted to psychology in significant numbers. Therefore, department chairs and clinical training directors must seek innovative ways to offer courses and experiences that help students to understand racial, ethnic, and gender issues.

One method may be through role swapping (Romero & Pickney, 1980). In many university settings, ethnic minorities, although not in tenure-track psychology slots, can be found in service-provider roles or staff positions in the university's counseling center, health or medical school, placement center, or special programs as academic counselors. Role swapping, as advocated by Romero and Pickney, encourages these individuals to provide course offerings in the psychology department in exchange for a reduced service or administrative load. This idea could be extended to include mutual exchanges between psychology departments or psychology training programs and the person's administrative unit in a manner beneficial to each participant. For example, psychology department faculty or clinical training staff could provide supervision time, evaluation services, research consultation, or long-term therapy services in exchange for an ethnic staff member from another university administrative unit teaching, providing supervision, or conducting workshops for clinical psychology trainees.

For psychology departments not in urban areas, it may be particularly advantageous to work out a system of mutual exchange if their trainees are not getting exposure to racially and culturally diverse populations (Halgin, 1986). Many uni-

versities have special programs for counseling and tutoring ethnic minority and low-income students. Staff in these programs are often ethnic minority mental health professionals. These programs could serve as practicum sites or research settings. Psychology departments teaching courses on intervention techniques, evaluation methods, community psychology, or social systems may find these programs as ideal potential sites for student projects.

Departments that maintain a psychology training clinic may find that ethnic minority practitioners, in exchange for university affiliation, would provide clinical supervision or research opportunities for trainees working with ethnic clients. In psychology clinics with a paucity of ethnic clients, ethnic minority practitioners from private practice or local community mental health settings may be willing to develop videotapes of diagnostic interviews, clinical interventions, or therapy sessions with ethnic clients with necessary assistance or resources provided by the university. If the university is unable to provide the expertise and equipment necessary to produce videotapes, then audiotapes illustrating ethnic and cultural issues in the management of core clinical issues such as the handling of missed appointments, dealing with clients' reactions to racism, or racial or cultural bias in assessment and diagnosis can be very useful to university faculty and students. Video- or audiotapes archived from presentations by guest lecturers, focusing on ethnic and gender issues, can also serve as training resources. This latter approach can help compensate for the dearth of published research on ethnic issues. The Psychology Training Clinic at UCLA maintains a collection of audiotapes of its weekly guest lecturer presentations for student and faculty use.

Where ethnic minority or female psychologists are unavailable, department chairs or directors of clinical training may find it useful to contact the APA's Distinguished Lecturers Program for a resource person. Other strategies include seeking funds for ethnic and women visiting scholars through pre- and postdoctoral training grants. For example, funds were obtained through UCLA's postdoctoral minority training grant for week-long in-residence visits by senior ethnic scholars to present colloquia and luncheon talks and meet informally with students, faculty, and practicum supervisors (Myers & Baker, 1986).

Courses

Sue (1981) has underscored the need for courses that increase awareness of the history, strengths, and needs of ethnic and racial groups. He advocated that these courses must go beyond a cognitive focus on racial and ethnic issues to incorporate both affective and skill (i.e., practicum) components for working with members of these groups. In the UCLA clinical training program, one required practicum experience consists of a series of advanced psychological methods courses that begins in the second year of the curriculum. For example, students take a two-quarter advanced sequence in psychological assessment, including lectures by ethnic faculty, case material, videotapes, and guest lecturers on the intricacies of assessment with various ethnic groups. They are also required to take a third course in this series, which involves a clinical placement. This course can include marital therapy, behavior modification, family therapy, clinical interventions with children, interpersonal processes, or a course that I teach called Political,

Social, and Economic Issues in the Delivery of Services to Ethnic Minorities. Students with a particular interest in working with ethnic minorities are assisted in finding appropriate placements for this practicum component. Sites for these practica have included Veterans Administration hospitals, UCLA's Psychology Training Clinic, community mental health centers, community groups, and legislative offices.

Some Final Thoughts

Graduate clinical programs need to consider the resources they are willing to commit to achieve ethnic and racial diversity in their training. Suggested program goals are given in Fortune (1979). Assistance in developing ethnic and racial diversity and awareness is available in the form of consultation with ethnic scholars from either APA's Distinguished Lecturers Program or the appropriate Board of Ethnic Minority Affairs committee (e.g., the Committee on Ethnic Minority Human Resource Development). However, the development of a comprehensive and diverse training program also requires mobilization of local resources, as well as creative approaches to implementing programmatic changes at a local level.

For psychology departments with limited resources, it may be useful to identify resources that exist in other programs and departments, for example, counseling, education, public health, nursing, sociology, personnel and guidance, urban planning, African American studies, Chicano studies, and women's studies. Courses in these departments on ethnic or gender issues in mental health may provide an excellent balance to the clinical student's training experience.

Priority should be placed on the recruitment and retention of a critical mass of ethnic faculty and students. In the long run, this is what makes an ethnically diverse training program viable. At a faculty level, it may also be necessary to monitor the gender balance of the faculty to ensure that sufficient numbers of women are present to act as role models for students. A critical mass of minority and women faculty will also help ensure stability and prevent overload on any one individual in representing the minority and female perspectives. However, although it is important to have ethnic minority and women faculty members, it is deleterious to the underlying purpose of these programs if they alone carry the responsibility for bringing ethnicity and gender into the training program. To truly integrate these issues within the discipline of psychology, all members of the clinical faculty must take it upon themselves to develop and monitor their awareness and knowledge of, and skills for dealing with, gender and ethnic issues in clinical practice and research.

This integrative goal is an important element of the success of the UCLA clinical training program. The UCLA program provides an atmosphere in which all students take seriously the importance of ethnic and gender issues in their clinical training, because these issues may be raised by nonethnic faculty. As an example, concern with how ethnicity and gender influence clinical practice is an area of assessment in the second-year oral exams that clinical students are required to pass in order to advance in the program. Students are aware in preparing their clinical case presentations for a two-faculty examiner team that they must be able

to discuss the research and practice issues of ethnic and gender issues. Each faculty member, regardless of ethnic background or gender, assesses the students' competency in this area. Hence, both the faculty and the students are reminded of the program's commitment and perspective on the scholarly importance of these issues. Our experience demonstrates that the integration of gender and ethnicity in clinical training may best be accomplished as a program philosophy, rather than as mere curriculum inclusions.

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