Real change or performative anti-racism? Clinical psychology programs' efforts to recruit and retain BIPOC scholars

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Abstract

Objective. The present study assessed perceptions of Clinical Psychology doctoral programs' efforts to recruit and retain Black, Indigenous, and People of Color (BIPOC) faculty and graduate students, as well as differences in such perceptions based on participants': (1) position within their program (i.e., graduate student versus faculty) and (2) race.

Method. Participants ($n = 297$) were graduate students and faculty from Clinical Psychology PhD and PsyD programs who completed an anonymous online survey. The survey assessed: perceptions of Clinical Psychology doctoral programs' efforts to recruit and retain BIPOC graduate students and faculty members; participants' sense of belonging and perceptions of racial discrimination within programs; and BIPOC participants' experiences of cultural taxation and racism within their programs.

Results. Faculty reported significantly greater perceptions of recruitment and retention efforts as well as less perceptions of racial discrimination than did graduate students. Asian, Black, and Latinx participants reported significantly less perceptions of recruitment and retention efforts and sense of belongingness, as well as greater perceptions of racial discrimination than did White participants. Experiences of cultural taxation were common among BIPOC participants, and approximately half (46.60%) reported that they have considered *leaving academia* - and approximately one third (31.37%) have considered *leaving their program* - due to experiences of racism in their program or field.

Conclusions. Experiences of cultural taxation and racial discrimination are pervasive in Clinical Psychology PhD and PsyD programs. Whether intentional or not, these behaviors contribute to racially toxic environments and contribute to leaks in the mental health workforce pipeline.

Keywords. Psychology training, higher education, diversity, equity, inclusion

Introduction

Despite significant advances in our understanding of child and adolescent mental health, youth who are Black, Indigenous, and People of Color (BIPOC) continue to experience inequitable access to and utilization of mental health services (Cummings and Druss, 2011; Cummings, Wen, and Druss, 2011). These disparities have been observed across several disorders, including major depression (Cummings and Druss, 2011; Merikangas et al., 2011), anxiety disorders (Merikangas et al., 2011), autism spectrum disorders (Magaña, Lopez, Aguinaga, & Morton, 2013; Mandell et al., 2009), and substance use disorders (Cummings et al., 2011), among others. While several factors have been postulated to contribute to mental health service utilization, such as the stigma of mental health (Nadeem et al., 2007) and provider biases (Burgess, Fu, & Van Ryn, 2004), this paper focuses specifically on the limited diversity of the psychology workforce as a key contributor.

Meeting the mental health needs of BIPOC youth and their families requires a research and clinical service workforce that is racially and ethnically representative of the population it serves. The U.S. population is becoming increasingly diverse, with projections that BIPOC will constitute a numerical majority, or a “majority-minority”, by 2043 (U.S. Census Bureau, 2018). Unfortunately, psychology has not been able to keep pace with these demographic shifts in terms of its ability to recruit and retain BIPOC psychologists. According to the latest data, 4% of practicing psychologists in the United States workforce are Asian, 4% Black/African American, 6% Hispanic, 84% White, and 2% “other” (American Indian/Alaska Native Hawaiian/Pacific Islander, and two or more races) (U.S. Census Bureau, 2018). Racial disparities in the academic workforce are also evident, as only 17% of psychology faculty are BIPOC compared to 83% who are White (Bichsel et al., 2019).

Barriers to building a racially diverse workforce often take the form of “leaks” along the academic pipeline (see Figure 1). Although BIPOC individuals are underrepresented at all academic levels, these disparities increase at each “connector” along the pipeline from undergraduate to

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graduate school, all the way to higher professional ranks (e.g., postdoctoral positions to full professor positions) (U.S. Department of Education, National Center for Education Statistics, 2019). This paper focuses specifically on how Clinical Psychology PhD and PsyD programs contribute to leaks in the mental health workforce pipeline through gatekeeping behaviors that exclude people of color from entering the field and racist climates that push them out.

Faculty involved in applicant selection often attribute the lack of diversity among BIPOC graduate students and faculty as stemming from limited racial diversity in the pool of applicants at each stage of training and career. As noted by Galán and colleagues (2021) in their call to action for an anti-racism in Clinical Psychology, “All too often, graduate training programs and job searches (at all levels, including postdoc, non-tenure track, tenure track) expect that simply posting application information will be sufficient to recruit an appropriately diverse candidate pool.” Addressing pipeline issues in the mental health workforce requires active recruitment of BIPOC scholars. These recruitment efforts can take various forms, such as sharing information about graduate training and faculty positions with relevant organizations and listservs (e.g., Tribal Colleges and Universities; APA Division 45 Society for the Psychological Study of Culture, Ethnicity and Race). Besides active recruitment strategies, other factors that may influence a program’s ability to recruit BIPOC faculty and students include perceived campus climate, existing BIPOC representation in the program, and financial support (Griffin, Muñoz, & Espinosa, 2012; Muñoz-Dunbar, & Stanton, 1999; Poock, 2007).

While recruitment is an important aspect of enhancing workforce diversity, the vanishingly small percentage of BIPOC individuals in more senior positions suggest that the problem is not only one of recruitment but also retention (e.g., 1% of full professors are Latinas compared to 5% of instructors and 3% of assistant professors who are Latina; U.S. Department of Education, 2019). In addition to the general challenges of academia faced by all scholars, BIPOC graduate students and

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faculty at predominantly White institutions are also burdened by race-related stressors, including experiences of racism and discrimination (Solórzano, Ceja, & Yosso, 2000; Stolzenberg et al., 2019). Moreover, BIPOC faculty are routinely asked to undertake extra service responsibilities, such as serving on diversity, equity, and inclusion committees or mentoring BIPOC graduate students and junior faculty. Also known as “cultural taxation” (Padilla, 1994), these additional service obligations are often invisible forms of labor that are undervalued and receive little or no recognition in terms of tenure and promotion decisions (Samano, 2007). Collectively, these practices communicate to BIPOC scholars that they are unwelcomed within academic departments and organizations, contributing to heightened stress and decreased sense of belonging, and in some cases, effectively pushing them out of academia. However, few studies have quantitatively examined issues related to gatekeeping specifically in Clinical Psychology PhD and PsyD programs. Given the role of these graduate programs in training the next generation of psychologists, an empirical investigation of their gatekeeping practices is essential to understanding factors contributing to the lack of diversity among child and adolescent psychologists. Further, over the past year and a half, several Clinical Psychology programs have voiced a commitment to advancing anti-racism and promoting racial equity; thus, there is a need to better understand where we are as a field in terms of our current antiracism efforts in order to guide this momentum.

Present Study

Leveraging original data from an online national survey of graduate students and faculty in Clinical Psychology PhD and PsyD programs, the present study sought to assess perceptions of programs’ efforts to recruit and retain BIPOC faculty and graduate students. We additionally examined graduate student and faculty perceptions of the cultural climate in their programs more broadly, including their sense of belonging and experiences of racial discrimination and cultural taxation. For each of these assessments, we also aimed to examine whether findings differed based

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on participants': (1) position within their program (i.e., graduate student versus faculty) and (2) race. We hypothesized that compared to White participants, BIPOC graduate students and faculty would: (a) be less likely to believe that their program made intentional efforts to increase the representation of BIPOC graduate students and faculty via active recruitment and retention practices; (b) report a lower sense of belonging in their program; and (c) be more likely to report perceiving racial discrimination within their program. Questions concerning personal experiences of cultural taxation and racial discrimination were only asked of BIPOC participants¹; no a priori hypotheses were made regarding differences in experiences of cultural taxation and racism between different BIPOC racial groups based on the dearth of research on this topic. Directionality of differences based on position (student versus faculty) was not specified for any analysis, similarly due to scarcity of extant research to inform predictions.

Method

Participants

Participants were 297 graduate students and faculty from Clinical Psychology PhD and PsyD programs who completed an anonymous online survey. Individuals were eligible to participate if they were: (1) graduate students currently enrolled in an APA-accredited Clinical Psychology PhD or PsyD program, or currently completing their predoctoral clinical internship; (2) faculty in an APA-accredited Clinical Psychology PhD or PsyD program, including tenured, tenure-track, and non-tenure track faculty; (3) Directors of Clinical Training (DCT) in an APA-accredited Clinical Psychology PhD or PsyD program; and/or (4) individuals who provided clinical supervision for Clinical Psychology PhD or PsyD students within the program's in-house clinic over the past two years.

¹ All participants were asked whether they have witnessed racism in their program. However, only BIPOC participants were asked about personal experiences of racism and cultural taxation.

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Procedures

The University's Institutional Review Board approved the study. An anonymous online survey was created on Qualtrics to collect information regarding anti-racism efforts in Clinical Psychology PhD and PsyD programs in the United States. To recruit participants, the survey was distributed through social media (Twitter and Facebook), the Academy of Psychological Clinical Science (APCS) listserv, and direct emails to Department Chairs, Directors of Clinical Training, and Administrative Assistants in Clinical Psychology PhD and PsyD programs. Email recipients were encouraged to share the survey link with eligible graduate students, faculty, and clinical supervisors.

Interested participants who clicked the link were directed to an online survey hosted through the University's licensed Qualtrics platform. First, participants completed a brief, web-based screener to confirm their eligibility. Individuals who met inclusion criteria then provided informed consent and were directed to the study survey which took, on average, 25 minutes to complete. Data were collected between April 2021 through August 2021. Compensation for participation was not provided.

Analytic Sample

A total of 498 people visited the survey website between April 2021 and August 2021, and 352 met the criteria for enrollment and provided informed consent. Thirty five of 352 (9.9%) provided consent but exited out of the survey before answering any survey questions, leaving a sample of 317 participants. Three respondents were excluded from the present study due to not identifying as faculty or graduate student (i.e., clinical supervisor only), and 17 participants ended the survey prior to responding to at least one of the key variables of interest, leaving a final analytic sample of 297 participants.

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Demographic characteristics of the sample are reported in Table 1. Approximately two thirds of participants were graduate students ($n = 202$; 68.0%) and a third were faculty ($n = 95$; 32.0%). Participants were predominantly female ($n = 234$; 78.8%), heterosexual ($n = 196$; 66.0%), and born in the United States ($n = 258$; 86.9%). Participants were disproportionately from Clinical Psychology PhD programs ($n = 267$; 89.9%) and were affiliated with programs from diverse geographic regions (urban: $n = 143$, 48.2%; rural: $n = 51$, 17.2%; suburban: $n = 96$, 32.3%; other: $n = 7$, 2.36%). More than half of participants reported that both of their parents graduated from college ($n = 173$; 58.25%) and approximately a quarter indicated that neither of their parents had graduate from college ($n = 72$; 24.24%). In terms of race, less than 1% ($n = 2$) of participants identified as American Indian or Alaska Native, 10.44% Asian ($n = 31$), 8.42% Black/African American ($n = 25$), 11.79% Hispanic/Latinx ($n = 35$), 2.36% Middle Eastern or North African ($n = 7$), 64.64% White ($n = 192$), 1.35% Other ($n = 4$), and less than one percent declined to provide their race ($n = 1$). Based on the race and ethnicity prevalence in the sample, we created a five-category race/ethnicity variable for subgroup analyses that included (1) Non-Hispanic White; (2) Non-Hispanic Black; (3) Non-Hispanic Asian; (4) Hispanic/Latinx; and (5) Multiracial/Other. Participants in the first three categories answered affirmatively to White, Black/African American, or Asian, respectively, and “no” to all other race/ethnicity items. The Hispanic/Latinx category includes any participants who identified as Hispanic/Latinx regardless of the race they endorsed. Multiracial includes participants who selected more than one race (and did not endorse Hispanic), while Other includes participants who self-identified as American Indian, Alaska Native, Middle Eastern, North African, or Other (and did not endorse Hispanic). Due to significant heterogeneity in the racial identity of participants in the Multiracial/Other category and the small sample size of each group comprising the Multiracial/Other category (i.e., each less than 1%), analyses assessing subgroup differences based on race excluded participants in this group.

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Measures

Perceptions of Program-Level Diversity, Equity, and Inclusion Initiatives

Items included in the present report are listed in Tables 2-7. Although all questions had a forced response, “prefer not to answer” was included as a response option for all items. Based on the limited availability of validated measures for assessing diversity, equity, and inclusion initiatives in graduate programs, study authors developed items to assess these efforts, drawing on recently proposed approaches for advancing anti-racism in Clinical Psychology (Galán et al., 2021). Generated items assessed perceptions of efforts made by Clinical Psychology doctoral programs to recruit BIPOC graduate students and faculty members (e.g., “How often does your program use active outreach and recruitment strategies to attract a racially diverse pool of graduate students?”). Indices of programs’ efforts to retain BIPOC graduate students and faculty included: (1) experiences of cultural taxation among BIPOC faculty and students (e.g., “As a faculty member/graduate student who self-identifies as BIPOC, I have felt pressured to take on extra work that is uncompensated because of my race.”); (2) programs’ response to highly publicized acts of racism (e.g., “Following highly publicized or local traumatic racial injustice events, my department has coordinated support and mental health resources to address these traumatic racial injustice events.”); (3) promotion of anti-racist action (e.g., “The faculty and in-house supervisors in my program have cultivated a culture in which individuals – particularly, White allies – are encouraged to intervene after witnessing racial microaggressions or other oppressive actions in their professional environment.”); and (4) provision of mental health support for BIPOC graduate students (“I am aware of at least one mental health and resilience promotion resources at or near my graduate institution that is accessible and free/low-cost for BIPOC students.”)

Additionally, to assess participants’ sense of belonging and perceptions of racial discrimination within Clinical Psychology programs, we used selected items from the *Psychological*

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Sense of School Membership Scale (e.g., “Sometimes I feel as if I do not belong here”; Goodenow, 1993), the *School Racial Conflict Resolution Scale* (e.g., “I have witnessed overt racist acts in my program”; Coleman, & Stevenson, 2013), and the *School Racial Awareness and Assertiveness Scale* (e.g., “I have seen and heard stereotypes about other racial groups in my program”; Coleman, & Stevenson, 2013). Constraints on survey length precluded the use of all items from these measures. Survey items were piloted by current and past graduate students and faculty members who did not participate in the final study. For full survey questions and response options, see OSF registration (<https://osf.io/9qd6p>).

Analytic Plan

The analytic plan was registered on Open Science Framework (<https://osf.io/9qd6p>). Prior to conducting analyses, the distribution of all variables was inspected for skewness and kurtosis. Inter-item correlations were computed for items relating to the same construct (e.g., recruitment of BIPOC graduate students), and items that were correlated at or above $r \geq .70$ were aggregated by computing their mean. Although 297 participants responded to at least one of the key variables of interest, some participants did not complete the entire survey. Additionally, “prefer not to respond” was treated as missing data. The number of respondents for each item is reported in Tables 2-7.

To test our primary aims regarding programs’ efforts to recruit and retain BIPOC faculty and graduate students, we computed descriptive statistics (i.e., frequencies, means, and standard deviations) for all key variables. Descriptives were calculated for the entire sample, as well as separately based on participants’ position in their program (i.e., graduate student versus faculty) and participants’ race (i.e., Hispanic/Latinx; Non-Hispanic Asian, Non-Hispanic Black, Non-Hispanic White). To assess differences in responses based on position and race, one-way ANOVAS were computed for continuous variables and Pearson’s chi-square tests for binary variables. Significant omnibus tests were followed by post-hoc pairwise comparisons to determine which racial groups

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significantly differed from each other. Pairwise contrasts were not needed for subgroup analyses based on position as there were only two groups (i.e., graduate student and faculty). We first computed models without accounting for clustering of participants within schools. Subsequent analyses accounted for clustering using multilevel mixed models; however, several participants were excluded from these analyses as they declined to report the name of their school (12.46%; $n=37$). The general pattern of findings remained consistent regardless of whether we accounted for clustering. Analyses *not* accounting for clustering are reported in text to ensure that participants who did not provide their school's name were still represented in our findings. Results from analyses accounted for clustering are provided in the online supplement (Tables S1-S7). Significance cutoffs were set at $p < .05$ for all analyses. Analyses were conducted in SPSS 27.0 (IBM Corp, 2017) and R (Team, 2013).

Results

All variables had acceptable skew (values between ± 2) and kurtosis (values between ± 7) (Kim, 2013; West et al., 1995). In only two instances did inter-item correlations meet the $r \geq .70$ threshold for combining items. We combined responses to “My program makes a serious effort to recruit BIPOC graduate students” and “My program makes a serious effort to recruit BIPOC faculty” by computing their average ($r = 0.73$). We also combined responses to “As a faculty member/graduate student who self-identifies as BIPOC, I have felt pressured to take on extra work that is uncompensated because of my race” and “As a self-identified BIPOC faculty member/graduate student, I take on more service activities (e.g., committee assignments, diversity-related work) than my colleagues because of my race” ($r = 1.00$).

Perceptions of Clinical Psychology Program Efforts to Recruit and Retain BIPOC Graduate Students and Faculty (Tables 2-3)

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We first sought to describe perceptions of programs' efforts to intentionally increase the representation of BIPOC graduate students and faculty via recruitment practices, as well as to explore differences in these perceptions based on position and race. See Tables 2-3 for descriptive statistics and subgroup analysis results. Approximately two thirds of participants (67.92%) agreed (i.e., endorsed slightly agree mostly disagree, or strongly disagree) that that their program engages in intentional recruitment of BIPOC faculty and graduate students. Compared to White participants, Asian, Black, and Latinx participants were significantly less likely to believe that their program makes a serious effort to recruit BIPOC faculty and graduate students. BIPOC participants did not differ significantly from one another in their perceptions of programs' recruitment efforts. Further, when examining differences in perceptions based on position in program, graduate students were significantly less likely than faculty to agree that their program engages in intentional recruitment of BIPOC faculty and graduate students (see Table 2).

Faculty (but not graduate students) also reported on how often their program uses targeted outreach and recruitment strategies for BIPOC graduate student and faculty candidates. Approximately half of respondents (50.70%) endorsed that their program engages in such efforts more than half the time (i.e., "most of the time" or "always") to recruit graduate students. 60.87% of respondents endorsed such efforts were used to more than half the time to recruit BIPOC faculty candidates. There were no significant differences by race on this variable (see Table 3).

Next, we assessed perceptions of programs' efforts to create a culture that supports the retention of BIPOC graduate students and faculty. Faculty were significantly more likely than graduate students to endorse awareness of mental health and resilience promotion resources accessible to BIPOC students (see Table 2). Within the race subgroup analyses, Black participants were most likely and Asian participants were least likely to report awareness of such mental health resources (see Table 3). While there was not a significant difference between faculty and graduate

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students in terms of having the opportunity to receive mentorship by someone of their own race, there was a significant difference by participant race, with White participants (92.81%) most likely to endorse having had such an opportunity. Graduate students (but not faculty) also reported how much they agreed with being comfortable talking to their faculty mentors about race-related topics, with two fifths of participants (40.00%) endorsing disagreement. When examining differences in perception by participant race, Asian graduate students were significantly less likely to endorse feeling comfortable talking to their faculty mentor about race-related topics compared to White and Black participants (see Table 3).

Turning to questions about programs promoting anti-racist action, 56.29% of participants agreed (i.e., slightly agree, mostly agree, or strongly agree) that their program had created a culture in which individuals are encouraged to intervene in response to racial microaggressions and other oppressive actions. Graduate students agreed significantly less with this statement than did faculty (see Table 2). When examining differences in perceptions based on participant race, Asian, Black, and Latinx participants were significantly less likely than White participants to believe that their program encourages intervention in response to racial microaggressions (see Table 3). Asian, Black, and Latinx participants did not significantly differ from one another in these perceptions.

Next, we examined programs' responses to highly publicized and local traumatic racial injustice events. 61.89% of participants indicated that their program publicly addresses the student body to acknowledge these events using email or other communication methods more than half the time; 20.98% of participants reported that their program acknowledges racial injustice events less than half the time (i.e., "never" or "seldom"). While there were no differences based on position in program (see Table 2), compared to White participants, Asian participants reported that their program acknowledges racial injustices less frequently (see Table 3).

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We also assessed other program responses to racial injustices, including coordinating mental health resources, holding faculty meetings, and implementing other changes to minimize the negative impact of these traumatic events on students' emotional well-being and academic trajectories (e.g., relieving research or clinical responsibilities). The majority of respondents indicated that their program has rarely responded to highly publicized or local traumatic events in these ways. For example, 76.89% of participants reported that their program alleviates professional responsibilities following racial injustices less than half the time. When examining differences based on participants' position in program, compared to faculty, graduate students reported a lower perceived frequency of alleviating professional responsibilities and holding faculty meetings to discuss the impact of these events on students (see Table 2). There were no differences based on participant race in perceived frequency of coordinating mental health resources or holding a faculty meeting following racial injustices (see Table 3).

Graduate Students and Faculty Sense of Belonging and Perceptions of Racial Discrimination within Clinical Psychology Programs (Tables 4-5)

Next, we examined faculty and student sense of belonging and perceptions of racial discrimination within Clinical Psychology programs. Graduate students and faculty did not significantly differ from one another in their self-reported sense of belonging in their programs (see Table 4). Turning to racial subgroup analyses, Asian, Black, and Latinx participants reported a lower sense of belonging in their programs than did White participants. Specifically, Asian participants endorsed responses indicative of less belonging on all seven items assessing belonging, Black participants on three of seven items, and Latinx participants on five of seven items (see Table 5).

We also explored faculty and graduate student perceptions of racial discrimination within their programs. Over half of participants (56.40%) disagreed that their program handles racial

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conflict in an open and fair manner. When examining differences in perceptions based on position in program, graduate students were significantly less likely than faculty to agree that their program handles racial conflict appropriately (see Table 4). Asian, Black, and Latinx participants each reported significantly less agreement with this statement than did White participants (see Table 5).

Approximately a quarter of participants (24.78%) indicated that they have witnessed overt acts of racism in their program; there were no differences in these reports based on participant position or race. About a third of participants (32.14%) indicated that they have seen or heard racist stereotypes about their *own* race in their program, and around half (50.59%) reported perceiving stereotypes about other races. Compared to faculty, graduate students were significantly more likely to report having seen or heard racist stereotypes about other races in their program (see Table 4). When examining differences based on participant race, White participants were less likely than Asian, Black, and Latinx participants to indicate that they have perceived racist stereotypes about their own race or other races in their program (see Table 5).

BIPOC Faculty and Student Experiences of Cultural Taxation and Racism within Clinical Psychology Programs (Tables 6-7)

For the final set of analyses, we sought to assess BIPOC faculty and student experiences of cultural taxation and personal experiences of racism (as opposed to general perceptions of racial discrimination) within Clinical Psychology programs and academia more broadly. These analyses were limited to BIPOC participants as White participants were not asked to respond to report on these experiences. Over half of BIPOC participants (64.13%) indicated that they have felt pressured to take on more service activities (e.g., committee assignments, diversity-related work) because of their race than their colleagues (i.e., they endorsed “slightly agree”, “mostly agree”, or “strongly agree”). Approximately a third of BIPOC participants (31.37%) reported that they have considered *leaving their program* because of racism they have experienced. Nearly half (46.60%) reported that

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they have considered *leaving academia* because of racism they have experienced in the field. There were no significant differences between graduate students and faculty or between Asian, Black, and Latinx participants in reported experiences of cultural taxation or racism.

Discussion

Racial inequities in access to and utilization of mental health services among children and adolescents demand interrogation of the systems and practices that fuel these disparities (Cummings, Wen, and Druss, 2011). We argue that limited diversity of the psychology workforce is a key contributor to the underservice of BIPOC youth. As such, this study focused on assessing factors related to the recruitment and retention of BIPOC graduate students and faculty in Clinical Psychology doctoral programs.

Results yielded only tepid endorsement that programs are making serious efforts to recruit BIPOC faculty and graduate students or that programs have fostered a culture of antiracism (e.g., encouraging individuals to intervene against microaggressions and other oppressive actions within the professional environment, handling racial conflict in an open and fair manner). Significant differences based on position and race were revealed, such that faculty and White participants were more likely to report perceiving programs as making serious efforts in these domains compared to graduate students and Asian, Black, and Latinx participants. In some instances, such as recruitment efforts, differences based on position may derive from limited awareness of such efforts among graduate students, pointing to a need for greater transparency between faculty and graduate students about initiatives to promote diversity. It is also possible, however, that these differences are a symptom of faculty, on average, not being in tune with the cultural shift called for by the next generation of psychologists.

Asian, Black, and Latinx participants each endorsed less sense of belonging within their programs than did White participants. Recognizing belongingness as a fundamental human need

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(Baumeister & Leary, 1995), this should be of significant concern in efforts to retain BIPOC graduate students and faculty. There are numerous factors that may contribute to diminished sense of belonging among BIPOC graduate students and faculty, including limited racial diversity within programs, experiences of racial microaggressions, and expected assimilation to White, patriarchal standards of professionalism in academia (McCluney et al., 2021; Mirza, 2018).

While study findings suggest that programs are making efforts to proactively recruit BIPOC faculty and students, the high rates of cultural taxation and racial discrimination reported in this study underscore that simply admitting BIPOC students or hiring BIPOC faculty is not the same as cultivating an inclusive, anti-racist climate. Although it is generally no longer acceptable to engage in overtly discriminatory behavior, more subtle forms of discrimination, or racial microaggressions, are pervasive, especially in academic spaces. Unfortunately, we did not collect data regarding the most common types of racial microaggressions experienced by BIPOC individuals within Clinical Psychology. However, examples documented in the broader literature on racial microaggressions include *tokenism* (e.g., emphasizing the recent hire of BIPOC faculty as “evidence” of your program’s commitment to diversity and inclusion while doing little to embed these principles into program culture; Weber et al., 2018), *environmental exclusions* (e.g., only depicting photos of White people in building art; Harwood et al., 2012), and *assuming that people of a given race are all alike* (e.g., a teacher expecting student to be a spokesperson for their race; Rice, 2019; Williams et al., 2021). Future research is needed to characterize how racial microaggressions specifically manifest within Clinical Psychology programs.

Although racial microaggressions are sometimes dismissed as simple cultural blunders, as noted by Williams and colleagues (2021), “Microaggressions, however, are not innocuous errors; rather, they are a form of oppression that reinforces unjust power differentials between groups, whether or not this was the conscious intention of the offender.” Racial microaggressions

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communicate messages of exclusion and othering to BIPOC scholars, and these experiences have been linked with negative mental and physical health and academic outcomes (Hurd et al., 2014; Jackson et al., 2010; Steketee et al., 2021). Rather than focusing on advancing their research, completing their coursework, and improving their clinical skills, BIPOC scholars may instead have to contend with the psychological and physiological stress of coping with racial microaggressions. Additionally, in the current sample, one third to nearly one half of BIPOC participants reported that they have considered leaving their program or academia due to the racism they have experienced. These findings underscore that toxic racial climates not only effect the health and well-being of individual BIPOC scholars within our programs, but they also have significant, downstream implications for the diversity of the mental health workforce.

Findings indicated that White participants were least likely to endorse having witnessed race-based stereotypes being made within their program, suggesting a lack of attunement among White graduate students and faculty to the harmful experiences endured by BIPOC colleagues. In reflecting on current practices that are within our control as academics and providers to change, this lack of racial awareness among White colleagues is a clear issue that warrants swift and intentional remediation. Galán and colleagues (2021) provide several concrete recommendations for cultivating inclusive, anti-racist programs, including trainings on how to identify and intervene in response to racial microaggressions and frequent opportunities to engage in self-reflection and discussion regarding race and racism. It is critical that included in these efforts are explicit discussions of Whiteness and how it privileges White graduate students and faculty while pushing BIPOC scholars out of our programs, and in some cases, out of academia altogether.

It is important to note that experiences of racism within academic settings only further compound the stress of interpersonal and structural racism experienced within society more broadly. Study results indicate that in general, Clinical Psychology programs have provided very limited

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support to BIPOC students following highly publicized or local traumatic racial injustice events.

These findings demonstrate the ways in which academia tries to operate “business-as-usual,”

without consideration of the larger socio-political context and events that shape students’ complex lives. Failing to recognize the ways in which BIPOC students and faculty may be affected by these events functions as another type of racial microaggression that invalidates their lived experiences.

Programs that desire to improve in this area should refer to Galán et al. (2021), who provide several recommendations for minimizing the detrimental effects that racial traumas can have on BIPOC students’ emotional wellbeing and academic trajectories. For instance, they suggest providing students the option of being relieved from clinical, research, or class responsibilities within two weeks of a local or highly publicized and traumatic racial injustice event. Students at the University of Washington drafted a template with suggested language that instructors can use to reach out to Black students to offer such accommodations:

https://docs.google.com/document/d/1MwwEGX0WJsHN7jXp_K1bseacQtFCz7X_1mSWKLvUW_OA/edit?usp=sharing

This email template can be modified for different racial groups and different racial injustice events. Additionally, programs should consider how to best support not only BIPOC students, but BIPOC faculty and staff as well.

Limitations

The current findings should be considered within the context of study limitations.

First, while we hope our sample of 297 participants is reflective of the broader field, we recognize it is limited in size and may not be fully representative of unique experiences of all the graduate students and faculty who did not participate. Second, this report focused specifically on Clinical Psychology PhD and PsyD programs and does not capture the perspectives of students and faculty in other mental health fields, such as Social Work or Counseling Psychology, which have historically been more advanced in their commitment to inclusivity and social justice training

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(Brown, 2021; Buchanan & Wiklund, 2020; Fouad et al., 2006). Third, as faculty were disproportionately more likely to be White compared to graduate students, findings concerning position in program may be conflated with participant race. Unfortunately, the small sample size and limited participation of faculty in this study precluded us from disentangling the effects of participant position and race. Relatedly, this study focused specifically on race and did not consider other aspects of participants' social identities, such as gender identity, sexual orientation, or immigration status. Future studies incorporating larger sample sizes are needed for a more nuanced, intersectional analysis. Finally, it is important to remember that eradicating mental health service disparities will require a multipronged approach and increasing the diversity of the psychology workforce is only part of the solution. We must continue to identify and address other factors contributing to these disparities, including insufficient training in cultural humility in our graduate programs (Galán et al., 2021), treatments that are not tailored to the diverse youth we seek to reach, and lack of systems of care that are cost-effective and accessible.

Conclusions

Although several Clinical Psychology programs have been making efforts to recruit BIPOC faculty and graduate students, there has been far less attention to ensuring that these individuals are welcomed into warm, inclusive environments. Findings from this paper demonstrate that experiences of cultural taxation and racial discrimination are pervasive in Clinical Psychology PhD and PsyD programs. Regardless of whether these behaviors are intentional or not, their effects are damaging nonetheless and contribute to leaks in the mental health workforce pipeline. These leaks will not be resolved by quick fixes or Band-Aids (e.g., one-time trainings on racial microaggressions), but rather necessitate a commitment to critically interrogating and eradicating all forms of racism and systemic Whiteness that permeate Clinical Psychology programs. We must hold our programs and one another accountable for making these changes to ensure that the next

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generation of researchers, practitioners, and educators are diverse as the children and families with whom they work.

References

- Alexandre, P. K., Martins, S. S., & Richard, P. (2009). Disparities in adequate mental health care for past-year major depressive episodes among Caucasian and Hispanic youths. *Psychiatric Services*, 60(10), 1365-1371. <https://doi.org/10.1176/ps.2009.60.10.1365>
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497-529.
- Bichsel, J., Li, J., McChesney, J., & Pritchard, A. (2019, March). *Faculty in higher education annual report: Key findings, trends, and comprehensive tables for tenure-track, non-tenure teaching, and non-tenure research faculty; academic department heads; and adjunct faculty for the 2018-19 academic year* (Research Report). College and University Professional Association for Human Resources [CUPA-HR]. Available from <https://www.cupahr.org/surveys/results/>.
- Brown, C. (2021). Critical clinical social work and the neoliberal constraints on social justice in mental health. *Research on Social Work Practice*, 1049731520984531.
- Buchanan, N. T., & Wiklund, L. O. (2020). Why clinical science must change or die: Integrating intersectionality and social justice. *Women & Therapy*, 43(3-4), 309-329. <https://doi.org/10.1080/02703149.2020.1729470>
- Coleman, S., & Stevenson, H. C. (2013). The racial stress of membership: Development of the faculty inventory of racialized experiences in schools. *Psychology in the Schools*, 50(6), 548-566. <https://doi.org/10.1002/pits.21693>
- Cummings, J.R. & Druss, B.G. (2011). Racial/ethnic differences in mental health service use among adolescents with major depression. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(2), 160-170. <https://doi.org/10.1016/j.jaac.2010.11.004>
- Cummings, J.R., Wen, H., & Druss, B.G. (2011). Racial/ethnic differences in treatment for

GATEKEEPING IN CLINICAL PSYCHOLOGY

substance use disorders among US adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(12), 1265-1274. <https://doi.org/10.1016/j.jaac.2011.09.006>

Fouad, N. A., Gerstein, L. H., & Toporek, R. L. (2006). Social justice and counseling psychology in context. In R. L. Toporek, L. H. Gerstein, N. A. Fouad, G. Roysircar, & T. Israel (Eds.), *Handbook for social justice in counseling psychology* (pp. 1-16). Thousand Oaks, CA: Sage.

Galán, C. A., Bekele, B., Boness, C., Bowdring, M. A., Call, C. C., Hails, K. A., McPhee, J., Mendes, S. H., Moses, J., Northrup, J. B., Rupert, P., Savell, S., Sequeira, S., Tervo-Clemmens, B., Tung, I., Vanwoerden, S., Womack, S. R., Yilmaz, B. (2021). A call to action for an antiracist Clinical Science. *Journal of Clinical Child & Adolescent Psychology*, 50(1), 12-57. <https://doi.org/10.1080/15374416.2020.1860066>

Goodenow, C. (1993). The psychological sense of school membership among adolescents: Scale development and educational correlates. *Psychology in the Schools*, 30(1), 79-90. [https://doi.org/10.1002/1520-6807\(199301\)30:1<79::AID-PITS2310300113>3.0.CO;2-X](https://doi.org/10.1002/1520-6807(199301)30:1<79::AID-PITS2310300113>3.0.CO;2-X)

Griffin, K. A., Muñiz, M. M., & Espinosa, L. (2012). The influence of campus racial climate on diversity in graduate education. *The Review of Higher Education*, 35(4), 535-566.

Hurd, N. M., Varner, F. A., Caldwell, C. H., Zimmerman, M. A. (2014). Does perceived racial discrimination predict changes in psychological distress and substance use over time? An examination among Black emerging adults. *Developmental Psychology*, 50(7), 1910–1918. <https://doi.org/10.1037/a0036438>

IBM Corp. (2017). *IBM SPSS Statistics for Windows, Version 27.0*. Armonk, NY: IBM Corp.

Jackson, J. S., Knight, K. M., Rafferty, J. A. (2010). Race and unhealthy behaviors: Chronic stress, the HPA axis, and physical and mental health disparities over the life course. *American Journal of Public Health*, 100, 933–939.

GATEKEEPING IN CLINICAL PSYCHOLOGY

- Kim, H.-Y. (2013). Statistical notes for clinical researchers: Assessing normal distribution (2) using skewness and kurtosis. *Restorative Dentistry & Endodontics*, 38(1), 52–54.
<https://doi.org/10.5395/rde.2013.38.1.52>
- Magaña, S., Lopez, K., Aguinaga, A., & Morton, H. (2013). Access to diagnosis and treatment services among Latino children with autism spectrum disorders. *Intellectual and Developmental Disabilities*, 51(3), 141-153. <https://doi.org/10.1352/1934-9556-51.3.141>
- Mandell, D. S., Wiggins, L. D., Carpenter, L. A., Daniels, J., DiGuseppi, C., Durkin, M. S., ... & Kirby, R. S. (2009). Racial/ethnic disparities in the identification of children with autism spectrum disorders. *American Journal of Public Health*, 99(3), 493-498.
<https://doi.org/10.2105/AJPH.2007.131243>
- McCluney, C. L., Durkee, M. I., Smith, R., Robotham, K. J., & Lee, S. S. L. (2021). To be, or not to be... Black: The effects of racial codeswitching on perceived professionalism in the workplace. *Journal of Experimental Social Psychology*, 97, 104199.
<https://doi.org/10.1016/j.jesp.2021.104199>
- Merikangas, K. R., He, J. P., Burstein, M., Swendsen, J., Avenevoli, S., Case, B., ... & Olfson, M. (2011). Service utilization for lifetime mental disorders in US adolescents: results of the National Comorbidity Survey–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child & Adolescent Psychiatry*, 50(1), 32-45.
- Mirza, H. S. (2018). Racism in higher education: ‘What then, can be done?’. In *Dismantling race in higher education* (pp. 3-23). Palgrave Macmillan, Cham.
- Muñoz-Dunbar, R., & Stanton, A. L. (1999). Ethnic diversity in clinical psychology: Recruitment and admission practices among doctoral programs. *Teaching of Psychology*, 26(4), 259-263.

GATEKEEPING IN CLINICAL PSYCHOLOGY

- Nadeem E, Lange J, Edge D, Fongwa M, Belin T, Miranda J. 2007. Does stigma keep poor young immigrant and US-born black and Latina women from seeking mental health care? *Psychiatric Services*, 58(12), 1547-1554. <https://doi.org/10.1176/ps.2007.58.12.1547>.
- Padilla, A. M. (1994). Ethnic minority scholars, research, and mentoring: Current and future issues. *Educational Researcher*, 23(4), 24–27.
- Pittman, C. T. (2012). Racial microaggressions: The narratives of African American faculty at a predominantly White university. *The Journal of Negro Education*, 81(1), 82–92. <https://doi.org/10.7709/jnegroeducation.81.1.0082>
- Poock, M. C. (2007). A shifting paradigm in the recruitment and retention of underrepresented graduate students. *Journal of College Student Retention: Research, Theory & Practice*, 9(2), 169-181
- Rice, P. C. (2019). *South Asian American experiences in schools: Brown voices from the Classroom*. Lanham, MD: Rowman & Littlefield.
- Solórzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *The Journal of Negro Education*, 69(1–2), 60–73. <http://www.jstor.org/stable/2696265>
- Samano, M. L. (2007). *Respecting one's abilities, or (post) colonial tokenism?: Narrative testimonios of faculty of color working in predominantly White community colleges* [Unpublished doctoral dissertation]. Oregon State University. https://ir.library.oregonstate.edu/concern/graduate_thesis_or_dissertations/dj52w930c?locale=en
- Steketee, A., Williams, M., Valencia, B., Printz, D., Hooper, L. M. (2021). Racial and language microaggressions in the school ecology. *Perspectives on Psychological Science*, 16(5), 1075–1098. <https://doi.org/10.1177/1745691621995740>

GATEKEEPING IN CLINICAL PSYCHOLOGY

Stolzenberg, E. B., Eagan, M. K., Zimmerman, H. B., Berdan Lozano, J., Cesar-Davis, N. M.,

Aragon, M. C., & Rios-Aguilar, C. (2019). Undergraduate teaching faculty: The HERI

Faculty Survey 2016–2017. Los Angeles: Higher Education Research Institute, UCLA.

Team, R. C. (2013). *R: A language and environment for statistical computing*.

U.S. Census Bureau. (2018). American Community Survey 1-Year PUMS

file. www.census.gov/programs-surveys/acs/data/pums.html.

U.S. Department of Education, National Center for Education Statistics, Integrated

Postsecondary Education Data System (IPEDS), IPEDS Spring 2019, Human Resources

component. See Digest of Education Statistics 2019, table 315.20.

West, S. G., Finch, J. F., & Curran, P. J. (1995). Structural equation models with nonnormal

variables: Problems and remedies. In R. H. Hoyle (Ed.), *Structural equation modeling:*

Concepts, issues, and applications (pp. 56–75). Thousand Oaks, CA: Sage.

Williams, M. T., Skinta, M. D., & Martin-Willett, R. (2021). After Pierce and Sue: A revised racial

microaggressions taxonomy. *Perspectives on Psychological Science*, 16(5), 991-1007.

Table 1

Race, Gender, and Sexual Orientation Frequencies by Position

Item	Total <i>n</i> (%)	Graduate Student <i>n</i> (%)	Faculty <i>n</i> (%)
Race			
American Indian or Alaska Native	2 (0.67%)	1 (0.50%)	1 (1.05%)
Asian	31 (10.44%)	28 (13.86%)	3 (3.16%)
Black or African American ^a	25 (8.42%)	18 (8.91%)	7 (7.37%)
Hispanic, Latinx, or Spanish Origin ^b	35 (11.79%)	24 (11.88%)	11 (11.58%)
Middle Eastern or North African	7 (2.36%)	6 (2.97%)	1 (1.05%)
White	192 (64.65%)	121 (59.90%)	71 (74.74%)
Other	4 (1.35%)	3 (1.49%)	1 (1.05%)
Prefer not to answer	1 (0.34%)	1 (0.50%)	0 (0%)

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Gender			
Female	234 (78.79%)	170 (84.16%)	64 (67.37%)
Male	56 (18.86%)	25 (12.38%)	31 (32.63%)
Nonbinary	7 (2.36%)	7 (3.47%)	0 (0%)
Queer	3 (1.01%)	3 (1.49%)	0 (0%)
Other	2 (0.67%)	2 (0.99%)	0 (0%)
Prefer not to answer	1 (0.34%)	1 (0.50%)	0 (0%)
Sexual Orientation			
Asexual	3 (1.01%)	3 (1.49%)	0 (0%)
Bisexual	38 (12.80%)	29 (14.36%)	9 (9.47%)
Gay or lesbian	17 (5.72%)	10 (4.95%)	7 (7.37%)
Heterosexual	196 (65.99%)	130 (64.36%)	66 (69.47%)
Mostly heterosexual	31 (10.44%)	19 (9.41%)	12 (12.63%)
Queer	17 (5.72%)	15 (7.43%)	2 (2.11%)
Another identity	4 (1.35%)	4 (1.98%)	0 (0%)
Not sure	2 (0.67%)	2 (0.99%)	0 (0%)
Prefer not to answer	3 (1.01%)	2 (0.99%)	1 (1.05%)

Note. Participants were permitted to endorse multiple gender and sexual orientation response options, thus,

sums of percentages exceed 100% and sums of frequencies exceed the sample size of 297.

^a Listed as “Black” in subsequent tables and in text. ^b Listed as “Latinx” in subsequent tables and in text.

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Table 2

Perceptions of Programs' Efforts to Recruit and Retain BIPOC Graduate Students and Faculty: Differences by Participants' Position in Program

Item	Total Sample <i>M</i> (<i>SD</i>) or % "Yes"	Graduate Student <i>M</i> (<i>SD</i>) or % "Yes"	Faculty <i>M</i> (<i>SD</i>) or % "Yes"	ANOVA or Chi-Square Test (χ^2) Results
Perceptions of Recruitment Practices				
My program makes a serious effort to recruit BIPOC faculty and graduate students. ^{a,b} (<i>n</i> =297)	3.83 (1.37)	3.48 (1.31)	4.60 (1.20)	$F(1, 291) = 49.51$, $p < .001^{***}$
Perceptions of Retention Practices				
I am aware of at least one mental health and resilience promotion resources at or near my graduate institution that is accessible and free/low-cost for BIPOC students. ^c (<i>n</i> =218)	68.81%	57.75%	89.47%	$\chi^2(1) = 23.22$, $p < .001^{***}$
I have been given the opportunity to receive mentorship from a person of my own race/ethnicity during my time in this program. ^c (<i>n</i> =240)	70.42%	72.13%	64.91%	$\chi^2(1) = 1.09$, $p = .30$
My program is genuinely committed to dismantling racist practices. ^b (<i>n</i> =296)	4.16 (1.33)	3.90 (1.32)	4.73 (1.18)	$F(1, 294) = 27.76$, $p < .001^{***}$
The faculty and in-house supervisors in my program have cultivated a culture in which individuals – particularly, White allies – are encouraged to intervene after witnessing racial microaggressions or other oppressive actions in their professional environment. ^b (<i>n</i> =286)	3.56 (1.47)	3.28 (1.48)	4.16 (1.26)	$F(1, 284) = 23.47$, $p < .001^{***}$
Following highly publicized or local traumatic racial injustice events, my department has...				
... publicly addressed the student body to acknowledge the event using email or other communication methods. ^d (<i>n</i> =283)	3.54 (1.01)	3.47 (1.02)	3.70 (0.98)	$F(1, 281) = 2.95$, $p = .09$
...coordinated support and mental health resources to address these traumatic racial injustice events. ^d (<i>n</i> =266)	2.39 (1.11)	2.32 (1.12)	2.53 (1.09)	$F(1, 264) = 2.26$, $p = .13$
...implemented concrete changes to minimize the negative impact of the event on affected students' academic trajectories (e.g., extensions on exams or papers, being relieved of research responsibilities for a few weeks). ^d (<i>n</i> =245)	2.18 (1.11)	1.88 (0.96)	2.79 (1.17)	$F(1, 243) = 41.31$, $p < .001^{***}$
... held faculty meetings dedicated to discussing the impact of these traumatic events on students' emotional wellbeing and academic trajectories. ^d (<i>n</i> =177)	2.60 (1.14)	2.34 (1.06)	2.85 (1.16)	$F(1, 175) = 9.40$, $p < .01^{**}$

Note. *M* = Mean. *SD* = standard deviation. ANOVA = analysis of variance. ^a Multiple items combined into one measure. ^b Responses ranged from 1 (strongly disagree)

to 6 (strongly agree). ^c Responses were coded as yes versus no. ^d Responses ranged from 1 (never) to 5 (always).

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Table 3

Perceptions of Programs' Efforts to Recruit and Retain BIPOC Graduate Students and Faculty: Differences by Participants' Race

Item	Latinx (1) <i>M (SD)</i> or % "Yes"	Black (2) <i>M (SD)</i> or % "Yes"	Asian (3) <i>M (SD)</i> or % "Yes"	White (4) <i>M (SD)</i> or % "Yes"	ANOVA or Chi-Square Test (χ^2) Results
Perceptions of Recruitment Practices					
My program makes a serious effort to recruit BIPOC faculty and graduate students. ^{a,b} (<i>n</i> =280)	3.52 (1.51) ^{1 < 4}	3.16 (1.40) ^{2 < 4}	3.19 (1.35) ^{3 < 4}	4.05 (1.29) ^{4 > 1,2,3}	$F(3, 276) = 6.80$, $p < .001$
How often does your program use active outreach and recruitment strategies to attract a racially diverse pool of faculty? ^d (<i>n</i> =64)	2.83 (1.84)	3.40 (1.14)	N/A	3.70 (1.34)	$F(2, 61) = 1.21$, $p = .33$
How often does your program use active outreach and recruitment strategies to attract a racially diverse pool of graduate students? ^d (<i>n</i> =66)	2.43 (1.51)	2.67 (1.51)	N/A	3.51 (1.27)	$F(2, 63) = 2.92$, $p = .06$
Perceptions of Retention Practices					
I am aware of at least one mental health and resilience promotion resources at or near my graduate institution that is accessible and free/low-cost for BIPOC students. ^c (<i>n</i> =208)	53.85%	77.27%	40.91%	73.91%	$\chi^2(3) = 12.95$, $p < .01$
I have been given the opportunity to receive mentorship from a person of my own race/ethnicity during my time in this program. ^c (<i>n</i> =232)	33.33%	34.78%	15.39%	92.81%	$\chi^2(3) = 109.03$, $p < .001$
My program is genuinely committed to dismantling racist practices. ^b (<i>n</i> =282)	3.69 (1.55) ^{1 < 4}	3.52 (1.39) ^{2 < 4}	3.32 (1.45) ^{3 < 4}	4.45 (1.14) ^{4 > 1,2,3}	$F(3, 278) = 11.71$, $p < .001$
I feel comfortable talking to my faculty mentor(s) about race-related topics as they relate to myself and/or others. ^b (<i>n</i> =180)	3.60 (1.70)	4.11 (1.49) ^{2 > 3}	2.86 (1.17) ^{3 < 2,4}	3.95 (1.51) ^{4 > 3}	$F(3, 169) = 3.62$, $p < .05$
The faculty and in-house supervisors in my program have cultivated a culture in which individuals – particularly, White allies – are encouraged to intervene after witnessing racial microaggressions or other oppressive actions in their professional environment. ^b (<i>n</i> =273)	2.85 (1.66) ^{1 < 4}	2.96 (1.49) ^{2 < 4}	2.54 (1.29) ^{3 < 4}	3.90 (1.30) ^{4 > 1,2,3}	$F(3, 269) = 13.68$, $p < .001$

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Following highly publicized or local traumatic racial injustice events, my department/program has...

Item	Latinx (1) <i>M (SD)</i>	Black (2) <i>M (SD)</i>	Asian (3) <i>M (SD)</i>	White (4) <i>M (SD)</i>	ANOVA or Chi-Square Test (χ^2)
... publicly addressed the student body to acknowledge the event using email or other communication methods. ^d (<i>n</i> =270)	3.28 (1.14)	3.56 (0.92)	3.07 (0.98) ^{3 < 4}	3.63 (0.97) ^{4 > 3}	$F(3, 266) = 3.28$, $p < .05$
...coordinated support and mental health resources to address these traumatic racial injustice events. ^d (<i>n</i> =255)	2.38 (1.27)	2.26 (1.14)	2.15 (0.91)	2.44 (1.10)	$F(3, 251) = 0.67$, $p = .57$
...implemented concrete changes to minimize the negative impact of the event on affected students' academic trajectories (e.g., extensions on exams or papers, being relieved of research responsibilities for a few weeks). ^d (<i>n</i> =238)	2.24 (1.12)	2.00 (1.13)	1.64 (0.95)	2.26 (1.10)	$F(3, 234) = 2.37$, $p = .07$
... held faculty meetings dedicated to discussing the impact of these traumatic events on students' emotional wellbeing and academic trajectories. ^d (<i>n</i> =173)	2.65 (1.06)	2.43 (1.40)	2.00 (0.82)	2.63 (1.11)	$F(3, 169) = 1.41$, $p = .24$

Note. Superscript numbers denote significant differences in mean scores between classes based on Least Significant Difference post-hoc comparisons, $ps < .05$. *M* = Mean. *SD* = standard deviation. ANOVA = analysis of variance. N/A = subgroup did not comprise 5% of analysis sample.

^a Multiple items combined into one measure. ^b Responses ranged from 1 (strongly disagree) to 6 (strongly agree). ^c Responses were coded as yes versus no. ^d Responses ranged from 1 (never) to 5 (always).

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Table 4

Sense of Belongingness and Perceptions of Racial Discrimination within Clinical Psychology Programs: Differences by Participants' Position in Program

Item	Total Sample <i>M</i> (<i>SD</i>)	Graduate Student <i>M</i> (<i>SD</i>)	Faculty <i>M</i> (<i>SD</i>)	ANOVA Results
Sense of Belongingness				
It is difficult for me to feel accepted here. ^a (<i>n</i> =259)	2.80 (1.68)	2.81 (1.64)	2.77 (1.77)	$F(1, 268) = 0.04$, $p = .85$
People in my program take my opinions seriously. ^a (<i>n</i> =259)	4.60 (1.20)	4.54 (1.14)	4.74 (1.32)	$F(1, 257) = 1.57$, $p = .21$
Sometimes I feel as if I do not belong here. ^a (<i>n</i> =258)	3.54 (1.74)	3.58 (1.74)	3.47 (1.75)	$F(1, 256) = 0.21$, $p = .65$
I do not feel included by peers in the social activities of my program. ^a (<i>n</i> =258)	2.45 (1.55)	2.46 (1.55)	2.44 (1.55)	$F(1, 256) = 0.01$, $p = .91$
I am treated with as much respect as other peers in my program. ^a (<i>n</i> =258)	4.66 (1.39)	4.64 (1.38)	4.70 (1.44)	$F(1, 256) = 0.10$, $p = .75$
I can really be myself in this program. ^a (<i>n</i> =258)	3.93 (1.59)	3.90 (1.58)	4.00 (1.63)	$F(1, 256) = 0.23$, $p = .64$
I wish I were in a different program. ^a (<i>n</i> =252)	2.76 (1.68)	2.81 (1.66)	2.65 (1.72)	$F(1, 250) = 0.50$, $p = .48$
Perceptions of Racial Discrimination				
Our program deals with racial conflict in an open and fair manner. ^a (<i>n</i> =250)	3.12 (1.45)	2.79 (1.38)	3.86 (1.33)	$F(1, 248) = 33.02$, $p < .001$
I have witnessed overt racist acts in my program. ^a (<i>n</i> =230)	2.35 (1.34)	2.45 (1.35)	2.14 (1.29)	$F(1, 228) = 2.76$, $p = .10$
I have seen and heard stereotypes about my racial group at my program. ^a (<i>n</i> =252)	2.53 (1.74)	2.59 (1.80)	2.39 (1.58)	$F(1, 250) = 0.74$, $p = .39$
I have seen and heard stereotypes about other racial groups in my program. ^a (<i>n</i> =255)	3.35 (1.68)	3.58 (1.65)	2.84 (1.63)	$F(1, 253) = 11.14$, $p < .001$

Note. *M* = Mean. *SD* = standard deviation. ANOVA = analysis of variance.

^a Responses ranged from 1 (strongly disagree) to 6 (strongly agree).

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Table 5

Sense of Belongingness and Perceptions of Racial Discrimination within Clinical Psychology Programs: Differences by Participants' Race

Item	Latinx (1) <i>M (SD)</i>	Black (2) <i>M (SD)</i>	Asian (3) <i>M (SD)</i>	White (4) <i>M (SD)</i>	ANOVA Results
Sense of Belongingness					
It is difficult for me to feel accepted here. ^a (<i>n</i> =248)	3.21 (2.01) ^{4<1<3}	3.28 (1.65) ^{4<2<3}	4.30 (1.58) ^{3>1,2,4}	2.39 (1.44) ^{4<1,2,3}	$F(3, 244) = 12.68$, $p < .001$
People in my program take my opinions seriously. ^a (<i>n</i> =248)	4.43 (1.37) ^{1>3}	4.52 (1.05) ^{2>3}	3.30 (1.46) ^{3<1,2,4}	4.82 (1.02) ^{4>3}	$F(3, 244) = 12.93$, $p < .001$
Sometimes I feel as if I do not belong here. ^a (<i>n</i> =247)	4.18 (1.52) ^{1>4}	3.92 (1.61) ^{2>4}	4.78 (1.68) ^{3>4}	3.20 (1.68) ^{4<1,2,3}	$F(3, 243) = 8.46$, $p < .001$
I do not feel included by peers in the social activities of my program. ^a (<i>n</i> =247)	2.86 (1.69) ^{1>4}	2.40 (1.58)	3.26 (1.48) ^{3>4}	2.24 (1.50) ^{4<1,3}	$F(3, 243) = 3.88$ $p < .05$
I am treated with as much respect as other peers in my program. ^a (<i>n</i> =247)	4.54 (1.55) ^{1>3}	4.33 (1.49) ^{2>3}	3.57 (1.62) ^{3<1,2,4}	4.90 (1.22) ^{4>3}	$F(3, 243) = 7.54$, $p < .001$
I can really be myself in this program. ^a (<i>n</i> =247)	3.43 (1.93) ^{1<4}	3.29 (1.60) ^{2<4}	2.83 (1.47) ^{3<4}	4.29 (1.40) ^{4>1,2,3}	$F(3, 243) = 10.04$, $p < .001$
I wish I were in a different program. ^a (<i>n</i> =241)	3.52 (1.95) ^{1>4}	2.75 (1.48) ^{2<3}	3.83 (1.72) ^{3>2,4}	2.46 (1.53) ^{4<1,3}	$F(3, 237) = 7.49$, $p < .001$
Perceptions of Racial Discrimination					
Our program deals with racial conflict in an open and fair manner. ^a (<i>n</i> =240)	2.56 (1.55) ^{1<4}	2.71 (1.46) ^{2<4}	2.43 (1.34) ^{3<4}	3.38 (1.39) ^{4>1,2,3}	$F(3, 236) = 5.79$, $p < .001$
I have witnessed overt racist acts in my program. ^a (<i>n</i> =221)	2.70 (1.49)	2.67 (1.28)	2.50 (1.27)	2.25 (1.33)	$F(3, 217) = 1.24$, $p = .30$
I have seen and heard stereotypes about my racial group at my program. ^a (<i>n</i> =242)	3.57 (2.06) ^{1>4}	3.70 (1.66) ^{2>4}	4.00 (1.60) ^{3>4}	1.99 (1.43) ^{4<1,2,3}	$F(3, 238) = 22.03$, $p < .001$
I have seen and heard stereotypes about other racial groups in my program. ^a (<i>n</i> =245)	3.68 (1.81)	3.46 (1.64)	4.35 (1.53) ^{3>4}	3.18 (1.66) ^{4<3}	$F(3, 241) = 3.73$, $p < .05$

Note. Superscript numbers denote significant differences in mean scores between classes based on Least Significant Difference post-hoc comparisons, $ps < .05$. *M* = Mean. *SD*

= standard deviation; ANOVA = analysis of variance.

^a Responses ranged from 1 (strongly disagree) to 6 (strongly agree).

Table 6

Personal Experiences of Cultural Taxation and Racism within Clinical Psychology Programs: Differences by Participants' Position in Program

Item	Total Sample <i>M (SD)</i>	Graduate Student <i>M (SD)</i>	Faculty <i>M (SD)</i>	ANOVA Results
Experiences of Cultural Taxation				
As a faculty member/graduate student who self-identifies as BIPOC, I have felt pressured to take on extra work that is uncompensated because of my race and I take on more service activities (e.g., committee assignments, diversity-related work) than my colleagues because of my race. ^{a,b} (<i>n</i> =92)	3.94 (1.72)	3.81 (1.69)	4.42 (1.77)	$F(1, 90) = 1.95$, $p = .17$
Experiences of Racism				
I have considered leaving my program because of racism I have experienced. ^b (<i>n</i> =102)	2.46 (1.80)	2.49 (1.82)	2.38 (1.77)	$F(1, 100) = 0.07$, $p = .79$
I have considered leaving academia because of racism I have experienced in the field. ^b (<i>n</i> =103)	3.08 (1.92)	3.28 (1.94)	2.42 (1.74)	$F(1, 101) = 3.80$, $p = .05$

Note. *M* = Mean; *SD* = standard deviation; ANOVA = analysis of variance.

^a Multiple items combined into one measure. ^b Responses ranged from 1 (strongly disagree) to 6 (strongly agree).

Table 7

Personal Experiences of Cultural Taxation and Racism within Clinical Psychology Programs: Differences by Participants' Race

Item	Latinx (1) <i>M (SD)</i>	Black (2) <i>M (SD)</i>	Asian (3) <i>M (SD)</i>	ANOVA Results
Experiences of Cultural Taxation				
As a faculty member/graduate student who self-identifies as BIPOC, I have felt pressured to take on extra work that is uncompensated because of my race and I take on more service activities (e.g., committee assignments, diversity-related work) than my colleagues because of my race. ^{a,b} (<i>n</i> =85)	4.31 (1.65)	4.13 (1.60)	3.69 (1.73)	$F(2, 82) = 1.10$, $p = .34$
Experiences of Racism				
I have considered leaving my program because of racism I have experienced. ^b (<i>n</i> =89)	2.65 (1.91)	2.32 (1.57)	2.67 (1.95)	$F(2, 86) = 0.30$, $p = .74$
I have considered leaving academia because of racism I have experienced in the field. ^b (<i>n</i> =90)	3.18 (2.18)	3.28 (1.72)	3.26 (1.81)	$F(2, 87) = 0.24$, $p = .98$

Note. *M* = Mean; *SD* = standard deviation; ANOVA = analysis of variance.

^a Multiple items combined into one measure. ^b Responses ranged from 1 (strongly disagree) to 6 (strongly agree).

Figure 1

Conceptual model of current institutional efforts to mend the ‘leaky pipeline’ in clinical psychology by increasing recruitment and retention of BIPOC students and faculty.