

American Psychological Association Division 22 Diversity Committee: A Call to Action

As members of Division 22's Diversity Committee, we pledge ongoing vigilance of current and historical cultural issues that affect those we serve, as well as professionals and trainees within our Division. But as the movement for racial justice and equity has underscored, we cannot do this without help.

Because individual, institutional, and systemic biases can affect both our relationships and work with patients, colleagues, and supervisees <sup>1, 2, 3</sup>, we call on rehabilitation psychologists and trainees to actively engage in anti-racism practices<sup>4</sup>; this responsibility does not rest solely on the shoulders of the marginalized. Because discrimination is multifaceted <sup>5,6</sup>, we have divided our call into three categories in which Division 22 leaders and members can develop and advance an anti-racism agenda that supports Black and oppressed communities.

## 1. Individual self-reflection and development

- a. Ongoing recognition of attitudes and behaviors of supremacy and privilege, as well as the ways in which these variables affect our roles as colleagues, supervisors, and clinicians A great way to learn is by taking an implicit bias test or course. You might also try attending an anti-racism educational session. This is not a one-time occurrence. For all of us, this is an ongoing process that requires training and revisiting.
- b. Deeper understanding of racial and ethnic groups We can begin familiarizing ourselves with racial and ethnic groups in the United States and globally using various methods: Please refer to the supplemental reading list to work towards this action item. We can also deepen our understanding by interacting and engaging in meaningful ways with individuals different from ourselves. During these interactions, we must have cultural humility in which we listen to and learn from others while recognizing and acknowledging our limited understanding.

## 2. Division 22 organizational advancement

a. Adopt anti-racism standards within our Division 22 community – It is no longer acceptable to merely satisfy organizational requirements of diversity coursework and cultural competence. We must acknowledge our complicity with racism and White supremacy; take an anti-racism approach; and cannot ignore racism, which includes microaggressions committed by our fellow colleagues, trainees, and students. Additionally, we have a responsibility to address these matters in an appropriate manner, educate, and encourage self-exploration. This can be done in numerous ways. For example, the Diversity Committee might advocate (to the Program Committee) for systematic evaluation of diversity and multicultural aspects (e.g., no use of ablelist language, inclusion of diverse populations with proper contextualization of result interpretations) for scientific submissions (e.g., poster proposals, workshop proposals, oral presentations) and evaluation criteria for awards (e.g., travel awards, dissertation awards).

- b. Elevate voices of color that are within and outside of leadership We should shine the spotlight on those individuals of color that would like to speak about their thoughts and experiences as psychologists, trainees, and students in the field of rehabilitation psychology.
- c. Offer and attend anti-racism trainings, self-advocacy, and or education Such training and educational opportunities may be accomplished by collaborations between Division 22 committees, American Psychological Association's public interest groups and divisions, and trainee-led groups. Additionally, Division 22 might also host experts on race and cultural related issues, as they relate to rehabilitation, disability, or anti-racism at conferences and/or webinars. Other ways to elicit dialogue might include a panel discussion with the Diversity Committee at conference or an annual webinar.
- d. Endorse and encourage more evidence-based research in the field of intersectionality as it relates to marginalized communities and disabilities. A special issue in the journal of Rehabilitation Psychology, particularly as it relates to the intersection of race and disability is recommended. Members of Division 22 might also advocate for research funding for race related foci. Specific to students and trainees, psychologists can (a) promote more research in the interest areas of diversity, (b) encourage mentorship of individuals doing that type of work, and (c) increase representation of historically underrepresented groups.
- e. Consideration of underlying biases within psychological testing and interventions that have not been validated in ethnic-minority groups.

## 3. Institutional and broader community

- a. Advocate for anti-racism healthcare standards within their respective places of work At many institutions there exists barriers for care. Some examples include parking, transportation, and minimal representation by diverse physicians and providers. You might also introduce discussion groups and book clubs that promote learning about anti-racism topics or other marginalized populations. Inclusion of multi-discipline and interdisciplinary team members is also recommended.
- b. Adopt anti-racism standards and practices within our supervision and training of students and trainees Be conscious of your assessment and supervision of minority students from historically marginalized groups, as many will not only experience the power differential of supervisor to trainee/student, but also as a person from a marginalized group(s). If there is behavior that is seemingly incongruous with their expected level of learning or is confusing to you, seek understanding of their performance through race, ethnicity, and cultural supervision literature and consult someone that specializes in the issue you are trying to understand. Also, know that if you ask your trainees "What is wrong?" they might not feel comfortable sharing, due to fear of consequences or being viewed as the person that pulled the "x" (e.g., race, gender, or disability) card. Instead, ask how you can help (or other phrases to invite collaboration with the student/trainee for a safe and enriching environment).

- c. Encourage your respective educational institutions to offer anti-racism curriculum in their student and postdoctoral training programs across all disciplines that are specific to our rehabilitation community.
- d. Advocate for fair treatment within law enforcement for individuals with disabilities, particularly those within Black, brown, and indigenous communities.

## References

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- 2. Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. (2003). Washington, DC: The National Academies Press.
- 3. Feagin, J., & Bennefield, Z. (2014). Systemic racism and US health care. *Social Science & Medicine*, 103, 7-14.
- 4. Gray, D. M., Joseph, J. J., Glover, A. R., & Olayiwola, J. N. (2020). How academia should respond to racism. *Nature Reviews Gastroenterology & Hepatology*, 17(10), 589-590.
- 5. Pincus, F. L. (1996). Discrimination comes in many forms: Individual, institutional, and structural. *American Behavioral Scientist*, 40(2), 186-194.
- 6. Jones, C. P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health*, 90(8), 1212-1215.