

# Diversity in Clinical Psychology

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**Clinical psychology is not as diverse as society, and the generalizability of clinical psychology to diverse groups has largely been untested. Some progress has been made in increasing the number of ethnic minorities receiving PhD degrees in clinical psychology and in increasing ethnic minority representation in clinical trials. Nevertheless, clinical psychologists and clinical psychology research are not diverse. A stages of change model may be useful in motivating clinical psychologists to diversify. A future scenario involving inertia and a second involving change are offered.**

**Key words:** diversity, ethnic minorities, stages of change. [*Clin Psychol Sci Prac* 13: 258–262, 2006]

Diversity involves variation along such dimensions as gender, race/ethnicity, sexual identity/orientation, ability, and intellectual perspectives. The focus of this article is primarily on ethnic diversity, although the issues raised are applicable to other forms of diversity. The United States is ethnically diverse and rapidly becoming even more diverse. Persons of non-European ancestry constitute at least 30% of the U.S. population and are projected to be the majority within 50 years (U.S. Census Bureau, 2000). Such demographic diversity also brings a diversity of perspectives to the U.S. Clinical psychology has responded somewhat to this diversity, but needs to be more responsive than it has been. The generalizability of clinical psychology to diverse groups has largely been untested. Such unknown generalizability limits the

science and practice of clinical psychology (Sue, 1999). In this brief article, I will discuss progress that has been made in diversifying clinical psychology, progress that needs to be made, strategies for making progress toward diversification, and predictions for the future.

## PROGRESS IN DIVERSIFYING CLINICAL PSYCHOLOGY

One method of diversifying clinical psychology is to diversify its demographics. American Psychological Association (APA) data suggest that 20% of those who received doctoral degrees in clinical psychology in 2003 were members of ethnic minority groups (J. Kohout, personal communication, March 2005). There has been a generally steady growth in the percentages of ethnic minority students receiving PhD degrees in psychology across disciplines from 13% in 1989 to 22% in 2003, according to APA and National Science Foundation (NSF) data (Maton, Kohout, Wicherski, Leary, & Vinokurov, 2006). Growth in the percentages of ethnic minority psychology faculty members has also been steady, albeit slower, ranging from 7% in 1989 to 12% in 2003, again according to APA and NSF data (Maton et al., 2006).

Another method of diversifying the field is to study diverse research samples. A central issue in clinical psychology research and practice is the development and dissemination of evidence-based treatments. The conclusion of recent reviews was that ethnic minorities were largely absent from research samples on evidence-based treatments (Hall, 2001; Zane, Hall, Sue, Young, & Nunez, 2004). However, there have been several treatment outcome studies involving ethnic minorities since these reviews. The most recent review suggested that evidence-based treatments exist for depression, anxiety, attention-deficit/hyperactivity disorders, and disruptive disorders among African American and Latino/Latina American

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youth and for depression among African American and Latino/Latina American adults (Miranda et al., 2005). Research on Asian Americans is sparse, but the existing treatment research indicates positive outcomes (Miranda et al., 2005).

Although this diversification of clinical psychology's demographics and research samples may appear limited, it is an important step forward. These changes reflect the tenacity of psychologists of all ethnic backgrounds who have been committed to the principle of diversity. Nevertheless, there will need to be greater commitment and action from a greater number of clinical psychologists if the field is to keep pace with the changing face of society.

#### **PROGRESS THAT NEEDS TO BE MADE IN DIVERSIFYING CLINICAL PSYCHOLOGY**

Clinical psychology is not as diverse as society. The more discrepant that clinical psychology is relative to society with respect to diversity, the more irrelevant psychology risks becoming (Hall, 1997). Unlike many other areas of psychological science, clinical psychology is an applied science. Even basic research in clinical psychology involves the application of scientific principles to human problems. If clinical psychology is to remain viable, it must remain relevant to society. This is not to say that nonminority psychologists cannot contribute to diversity in research and practice. However, the majority of psychologists are European Americans and the majority of psychology research involves European Americans. Thus, diversifying the field may require diversifying those in the field.

The progress detailed in the previous section has been slow relative to current societal demographics. It has been estimated that the 22% of the students entering PhD programs in psychology in 2003 who were ethnic minorities constituted 68% of their representation in the U.S. population (Maton et al., 2006). Moreover, the 12% of psychology faculty in 2003 who were ethnic minorities constituted only 37% of their representation in the U.S. population (Maton et al., 2006). Thus, there is much work to be accomplished in training, recruiting, and retaining ethnic minority students and faculty.

Increased demographic diversity in clinical psychology will not necessarily diversify the field. For example, persons from ethnic minority backgrounds who are

acculturated and not identified with their ethnic group may not bring diversity to clinical psychology. However, those who are most acculturated may be the most attractive graduate student and faculty candidates, in terms of academic background and performance. Moreover, most graduate psychology programs acculturate students into an academic culture, which may make them less diverse than when they entered the programs (Hall, Lopez, & Bansal, 2001). An acculturated ethnic minority psychologist may bring no more diversity to science and practice than an acculturated nonminority psychologist. Diversity in clinical psychology means the inclusion and incorporation of a diversity of perspectives. More effort is needed to identify and recruit persons having culturally diverse perspectives into clinical psychology, and to create opportunities to cultivate these perspectives once they enter the field.

Despite the encouraging developments involving ethnic minorities in treatment outcome research (Miranda et al., 2005), most clinical psychology research samples remain relatively homogeneous. Admonitions to diversify research samples appear to have limited impact. Despite National Institutes of Health (NIH) requirements for ethnically representative samples in all funded projects since 1995, research samples are no more diverse than they were before these requirements (Hernandez, 2005). From 1995 to 2003, less than 17% of the 3,470 grants involving children awarded by the Department of Health and Human Services included ethnic minority participants (Hernandez, 2005).

A glance at the contents of the leading journals in clinical psychology further reveals a lack of diversity. A PsycINFO search of diversity terms (i.e., African Americans, Blacks, American Indians, Native Americans, Asian Americans, Asians, Latino, Latina, Hispanics, ethnic identity, racial identity, racial and ethnic differences, racial and ethnic groups, disabilities, cross-cultural differences, homosexuality, gay, male homosexuality, lesbian, sexual orientation/identity, multicultural, and diversity) in articles published since 1985 ( $N = 5,731$ ) in the *Journal of Consulting and Clinical Psychology*, the *Journal of Abnormal Psychology*, *Clinical Psychology: Science and Practice*, and *Clinical Psychology Review* reveals that only 6% of the articles in these journals dealt with diversity issues. This percentage is somewhat of an overestimate, in that articles that simply mentioned a diverse group (e.g., African

Americans) in a sample and did nothing else with respect to diversity were counted as dealing with diversity.

Even if research samples are diversified, such diversity will have a limited impact if diverse subsamples are not considered separately. Simply analyzing means for a whole sample will mask the effects of diverse subsamples, particularly when the subsamples are small. Separate analyses of diverse subsamples are good science, insofar as such analyses directly test the generalizability of theoretical models (Sue, 1999).

Diversifying research samples and separate analyses of diverse subsamples are but first steps in diversifying clinical psychology. Theories and research developed from European American frameworks may not adequately account for aspects of psychopathology that are culturally specific. For example, clinical psychology has traditionally focused on the individual and has only occasionally considered the individual in contexts such as families and communities. In contrast, the focus of many non-European cultures is the group, and adaptive functioning involves interpersonal harmony as an effective group member (Markus & Kitayama, 1991). In these cultures, the individual is important only in relation to the group. However, the group is of secondary importance at best in most Western models of psychopathology.

The intent of this section is not to disparage the tenacity of psychologists working toward diversity that was praised in the previous section. For clinical psychology to become more broadly diversified, such tenacity needs to become more widespread. In the following section, I discuss some strategies for greater involvement in diversity initiatives based on a theory of change that has been developed in clinical psychology.

#### **STRATEGIES FOR MAKING PROGRESS TOWARD DIVERSIFICATION**

The diversification of clinical psychology requires change. The rate of change has been slow and those involved in the change have been few. A psychological theory of change may be useful in developing strategies of increasing the rate of change and involving more clinical psychologists.

Prochaska, DiClemente, and Norcross (1992) conceptualized change as occurring in stages. The *precontemplation* stage is one in which change is not being considered. The *contemplation* stage involves considering the costs

and benefits of changing versus not changing. The *preparation* stage involves a commitment to change. Change is initiated in the *action* stage and stabilized in the *maintenance* stage.

Based on the slow rate of progress in clinical psychology with respect to diversity, most clinical psychologists are likely to be in one of the first three stages. Some may view diversification of the field as unnecessary. Others may be considering change or may even be committed to change but have yet to take action. A few have changed their careers by incorporating diversity, and another relatively small group has been active in diversifying psychology for sustained periods.

Movement from the precontemplation or contemplation stages into preparation or action occurs with increased motivation and commitment to change (Miller, 1983). Motivational interviewing is an approach that enhances intrinsic motivation to change (Miller & Rollnick, 2002). It has been found to be effective with disorders highly resistant to change, including problems involving alcohol, drugs, diet, and exercise (Burke, Arkowitz, & Menchola, 2003). The relative lack of diversity in clinical psychology suggests that many clinical psychologists may be resistant to change. Perhaps motivational interviewing may be applicable to diversifying clinical psychology.

A key goal in motivational interviewing is to develop a discrepancy between a person's current behavior and their personal values (Miller & Rollnick, 2002). Such a discrepancy increases the importance of change from the person's perspective. In a survey of 169 members of the American Psychological Society who were in academia, 95% of whom were European Americans, there was a preference for African Americans and Latino Americans over Asian Americans and European Americans in graduate admissions to psychology programs when all groups had equal academic qualifications (Amirkhan, Betancourt, Graham, Lopez, & Weiner, 1995). It is possible that the psychologists who participated in this survey on affirmative action are more liberal than most psychologists and that psychologists have become more conservative in the decade since the study was conducted. Nevertheless, these data provide evidence that psychologists value affirmative action. Juxtapositioning these values against the slow progress in diversifying psychology may be one step toward action. The current state of clinical psychology

with respect to diversity does not reflect the values of many clinical psychologists.

In addition to the perceived importance of change, a person's confidence about his or her ability to make the change is associated with readiness to change. Such confidence may increase with the availability of tools for change. The Commission on Ethnic Minority Recruitment, Retention, and Training in Psychology (1997) offered many practical tools for diversifying psychology. These included recruiting clusters of diverse faculty and students, diversifying the curriculum, and creating a pipeline of diverse students and faculty. A Special Section of the February–March 2006 *American Psychologist* is also devoted to diversifying psychology and offers practical suggestions.

Stages of change models primarily have been applied to individuals. Attempting to change a whole professional field via individual change may seem ineffective. Nevertheless, change must begin at some level, and change focused at the individual level may have a greater impact than attempting the monumental task of wholesale change of a field that has resisted change.

#### THE FUTURE

I offer two scenarios as predictions for the future of diversity in clinical psychology. The first is realistic and the second is optimistic. These predictions are intended to provoke clinical psychologists into considering whether the current state of the field reflects their personal values concerning diversity.

My realistic prediction is that diversity in clinical psychology will change very little over the next few decades. Despite calls to diversify psychology over at least the past 30 years and specific recommendations on how to do so, diversification of the field has proceeded at a glacial pace (Hall, Iwamasa, & Smith, 2003). Ethical appeals, such as the development of multicultural guidelines, or institutional requirements, such as those of NIH to diversify research samples, have not resulted in a significant diversification of the field. Based on clinical psychology's inertia with respect to diversity, the most likely prediction for the future is continued inertia. To those who view change as inevitable as the demographics of the United States change, I point to South Africa, where a small, powerful minority controlled the country for many years. Although U.S. demographics

are changing relatively rapidly, the power structure is not.

A second, more optimistic prediction is that clinical psychologists will recognize a responsibility to lead and serve a public that is increasingly diverse. Clinical psychologists will realize that a failure to diversify will make it difficult to serve a significant segment of the public that is rapidly growing. Such efforts toward diversification will occur because clinical psychologists value diversity.

#### CONCLUSION

Clinical psychology is not particularly diverse, although there have been some important efforts to diversify its demographics and research samples. The power structure of society and of psychology is not diverse and is not likely to devote adequate attention to diversity in the future. Thus, there is unlikely to be much impetus for clinical psychology to diversify in the next few decades. The diversification of psychology depends on the efforts of psychologists who value diversity and view the current state of the field as being at odds with their values. Whether these psychologists' efforts can significantly impact the field of clinical psychology remains to be seen.

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