



## **Clinical Departmental Diversity and Inclusion Action Plan (DDIAP) 2021-22 Update Report Summary**

Please respond to the following questions below and submit the document via email to [ODMA@Brown.edu](mailto:ODMA@Brown.edu) by **December 2, 2022**. (Please feel free to document your free text responses in a separate word document or google doc. We ask that you use the table included for ease of data collection.)

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Name of Department: Psychiatry and Human Behavior (DPHB)

Name/title of Person Submitting Update Report: \_

Audrey Tyrka, MD, PhD, and Elizabeth McQuaid, PhD on behalf of the Diversity, Equity, Inclusion, and Belonging Committee and the Anti-Racism Steering Committee of the Department of Psychiatry and Human Behavior

1. What Departmental DIAP **goals and priorities** have you focused on over the past year? Please link your chosen priorities to each of the major DIAP themes stated below. How have your priorities advanced the DIAP desired outcome?

The Department of Psychiatry and Human Behavior (DPHB) is committed to measurable policies and practices that foster diversity, equity, and inclusion and promote anti-racism within the department's education, research, and clinical care settings, and the community at large. Much of the work has been centralized through two committees, the **Diversity, Equity, Inclusion, and Belonging (DEIB) Committee**, which is a longstanding committee (established in 2000), and the **Anti-Racism Steering Committee (ARSC)**, established in 2020 (see Figure 1). The **DEIB** has assisted with recruitment and orientation of trainees; conducted diversity-related training needs assessments of incoming clinical psychology residents and postdoctoral fellows; assisted with seminar planning on specific diversity topics; conducted evaluations of diversity-related content in didactics and overall training program; conducted faculty training on cultural competency; hosted grand rounds speakers; and managed a diversity mentoring program. The DEIB Committee is comprised of eight subcommittees: Training, Mentoring, Newsletter, Internal Diversity Award, Education/Outreach, Events, Recruitment, and Data. More recently, in 2020, DPHB faculty and trainees joined to form the **ARSC**, which guides departmental leaders in developing and continuously improving anti-racist policies, practices, and climates across clinical care, research, and education. The ARSC oversees five working groups on the topics of Community Outreach, Education Programming, Recruitment and Retention, Faculty Policies, and Communications.

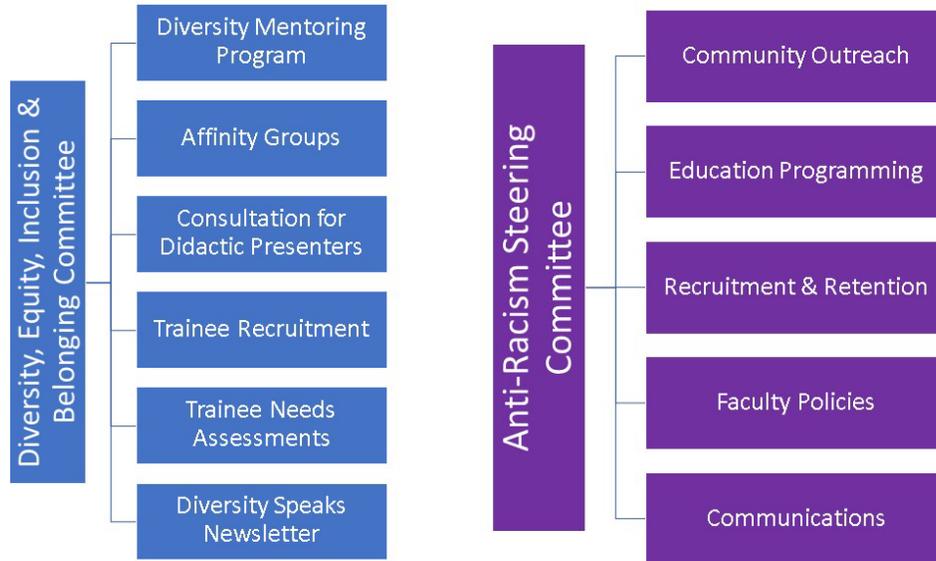


Figure 1: DEIB and ARSC Committee Structures

- a. **People:** Describe your progress on efforts and plans to recruit, support, and promote housestaff, faculty and administration to create and maintain a diverse clinical, research, and educational community. What goals and priorities have you focused on related to the following constituent groups: faculty, housestaff, students? *Please complete attached tables (#7 below) summarizing residency recruitment data.*

**Desired Outcome: Increase representation, retention, and success among HUG students and employees, as well as women faculty in STEM.**

- In order to increase recruitment of students under-represented in medicine (UiM), Dr. Tracey Guthrie, Program Director for the General Psychiatry Residency and Assistant Dean for Diversity at Brown, together with Dr. Joe Diaz, Associate Dean for Diversity and Cultural Affairs participate in several recruitment fairs:
  - Annual Brown UiM virtual recruitment fair
  - SNMA national meeting recruitment fair
  - Howard University Recruitment fair
- The DPHB provides funding for BMHA to organize and sponsor a second-look event for UiM applicants
- The DPHB also offers away rotations at Brown for UiM students, including:
  - Diversity Visiting Clinical Scholars program (DVS)

- UiM Summer Research Fellowship for two medical students funded by NIMH
- Many of our faculty are members of the Office of Diversity and Multicultural Affairs Faculty Association which offers support for diverse faculty of color
- The presence of highly active committees plays an important role in the collegial and supportive environment of the Department.
- To maintain a diverse community, the Department has initiated two affinity groups; a Faculty of Color meeting group, as well as a Trainees of Color group.
- A major initiative in 2022 involved hiring a Communications Manager who was responsible for internal and external communications about our diversity, inclusion, and anti-racism efforts as well as our training and research programs more generally. The Communications Manager, working with the Communications Working Group of the ARSC was responsible for redesigning and relaunching the Department's main and auxiliary program websites, all of which communicate the Department's commitment to diversity, inclusion, and anti-racism. The Diversity section includes information on the two departmental committees described above; diversity resources for faculty and trainees; the Department's anti-racism action plan; the anti-racism, diversity, equity, and inclusion statement from October 2020; as well as a dedicated section for the new annual diversity, equity, inclusion, and anti-racism training re-appointment policy.

### ***DEIB***

- The DEIB has had a role in presenting DEI-related initiatives during trainee recruitment for over a decade. Most recently, the Recruitment subcommittee developed an overview slide show that is presented during internship and residency interview days. A representative from the DEIB attends each interview day's overview session to describe the work of the committee, the Department's initiatives related to diversity, and to provide information regarding the ongoing research in the Department related to DEI. A DEIB member is also available to answer questions from prospective interns and residents. The DEIB also serves as a resource to track coordinators if interviewees have specific questions about experiences related to diversity during the process.
- To foster connection, in 2022 the DEIB launched a Diversity Peer Mentoring Program, which offers peer-to-peer support for incoming trainees of color to increase feelings of community, safety, and belonging for those new to our programs.
- An existing Diversity Mentoring Program (DMP) provides faculty-to-trainee mentoring for trainees with faculty in the DPHB and at the affiliated Center for

Alcohol and Addiction Studies in the School of Public Health. Mentors and mentees meet in pairs and at social events coordinated by the DEIB. Input regarding the matching process and structure of the DMP is sought annually and integrated into program processes and content for the upcoming year.

**ARSC.** The Steering Committee meets twice monthly to provide oversight of all workgroup activities and communicate progress and requests for funding to DPHB Leadership.

- The Recruitment and Retention Workgroup meets monthly and developed a list of recommendations to improve recruitment and retention of historically-underrepresented groups, which includes pathways for recruitment of research staff, residents and fellows, and faculty, as well as recommendations for changing culture within the department and hospital settings, such as proposing a range of compensation options for DEI and anti-racism work at the departmental level.
- The Educational Programming Workgroup facilitates Department sponsorship of bimonthly mutual support BIPOC trainee gatherings and Department sponsorship of needs assessment and once-quarterly BIPOC faculty gatherings.
- The Educational Programming Workgroup is also connecting with Brown centers/institutes and ODMA to curate a wider and more accessible pool of resources, supports, and facilitators (e.g., BASCE, MEDSTEP) and is developing a needs assessment for faculty and trainees to determine additional interest in learning groups, process groups, and/or racial caucusing/affinity groups, and seeking creative/novel ways to support facilitators.

b. **Academic Excellence:** Describe department's initiatives over the past year focusing on diversity and inclusion in research and medical education.

Desired Outcome: Increase opportunities for—and production of—scholarship and research on issues of equity, justice, power and privilege impacting HUG people and communities locally, nationally and/or globally.

- The Department has facilitated and/or directly supported conference attendance at AAMC conferences relating to leadership skills, including the Minority Faculty Leadership Development Program, the Early Career Women Faculty Mentoring Program, and the Mid-Career Women Faculty Mentoring Program. Although this initiative has been dormant due to the COVID19 pandemic, we will continue to offer this in the future.
- Led by the Department's faculty, The Centers of Biomedical Research Excellence (COBRE) on Stress, Trauma, and Resilience (STAR COBRE) at The Miriam Hospital, developed a *pilot research project program* of awards of up to \$40,000 which prioritized projects that are focused on health inequalities and/or historically marginalized groups.

### ***DEIB***

- Starting in 2016, the DEIB instituted the Diversity Early Career Faculty Development Award to assist in the provision of research support for early career faculty who have considerable promise and potential as Independent Investigators. This annual award provides financial support for pilot research that will inform a larger research project or for training activities (e.g., attendance at a workshop) that will provide skills central to the person's research activities.
- Additionally, the DEIB has a formal initiative to match talented investigators from diverse or minoritized backgrounds with funded researchers to facilitate the submission of Diversity Supplements to NIH. The Data subcommittee keeps a record of NIH Diversity Supplements.
- The **DEIB** Data subcommittee also collects information annually regarding research groups in the Department that are actively conducting research with diverse patient populations.

### ***ARSC***

- One of the key recommendations of the Recruitment and Retention Workgroup was to develop a funding mechanism that could enhance the retention of underrepresented early career faculty. This fall (2022), the Department introduced a DPHB Diversity Early Career Faculty Development Award (Education & Clinical Focus), which was designed by the Recruitment and Retention Workgroup to improve the climate and support of faculty from historically underrepresented groups. Additionally, members created a rubric for evaluating applicants to the Diversity Award (Education & Clinical Focus). The award (one or more awards drawn from a total of \$25,000 to be used over up to a 2-year period) could be used to support development/execution of a research or QI project conducted in a clinical setting; support for additional clinical training (i.e., support to attend a conference or to obtain a clinical certification); buying out time to provide specialized mentoring to students, residents, and/or postdoctoral fellows; or support to develop an education program for Department trainees.
- c. ***Curriculum:*** Update plans to develop or refine resident/fellowship curricula and faculty programming that addresses diversity and inclusion as well as race in medicine.
- Desired Outcome: Increase opportunities to engage issues of diversity, equity and inclusion through the curriculum.

- Both committees have worked to operationalize recommendations for Departmental Grand Rounds regarding anti-racism, diversity, equity, inclusion and belonging, and diverse presenters.
- Additionally, the committees revised a Diversity Tipsheet to support Department didactics presenters in having a focus on DEI and antiracism. The Tipsheet is distributed by the DEIB to all speakers in trainee seminars.
- The committees, with the help of Drs. Jelalian and McLaughlin, are in the process of forming a year-long DEI/AR seminar series to address current gaps in DEI and antiracism training for psychology trainees. Additional specifics by each committee are below:

### ***DEIB***

- Our training programs have specific didactic material related to diversity and diverse populations (e.g., Overcoming Cultural Barriers in Treatment; Recruitment and Retention of Diverse Populations in Research).
- Faculty are also encouraged to address diversity issues in all didactic presentations (e.g., discuss cultural variability in acceptance of various psychotherapy modalities, review differences in response to psychopharmacologic interventions by race/ethnicity). An assessment of these efforts is included in every seminar evaluation form for each training program in the DPHB.
- The DEIB has developed and distributed a resource list to faculty across our training programs to help them incorporate information related to diversity into their own presentations on various topics.
- One of the DEIB initiatives involves providing ongoing training to faculty to enhance cultural competence in research practice and supervision. The committee sponsors faculty training seminars and workshops on diversity related topics.
- The DEIB provides input into the DPHB Grand Rounds Series
- The DEIB produces and circulates a quarterly newsletter, Diversity SPEAKS, to trainees and faculty outlining progress and initiatives of the Committee.

**ARSC.** The ARSC led several Departmental initiatives to develop and refine resident/fellowship curricula and faculty programming that addressed diversity, inclusion, and race in medicine.

- In collaboration with the other **ARSC's** Workgroups, the Faculty Promotion Policies Workgroup developed and implemented a Diversity, Equity, Inclusion, and Anti-Racism (DEI/AR) Faculty Education Requirement in early 2022.
- Effective July 1, 2022, Department faculty seeking reappointment must obtain 2 hours of DEI/AR-related training per year, 1 hour of which must be anti-racism in focus. Those seeking appointment must submit documentation of 1 annual

hour of DEI/AR-related training with appointment materials. New Clinical Instructors seeking appointment are required to view Dr. Tracey Guthrie's talk, "Racism in Academic Psychiatry: Hiding Behind the Cloak of Benevolence." The Communications Workgroup continues to re-share this requirement monthly in the Department's weekly internal digest. The Faculty Promotion Policies Workgroup maintains the requirement by identifying and vetting appropriate internal and external trainings and collaborating with the Education Programming and the Communications Workgroups to archive existing continuing medical education trainings sponsored by the Department.

- The Education Programming Workgroup identified key areas of anti-racism education for faculty and created a map of DEI/antiracism didactics and professional development offerings available to trainees and faculty to determine gaps in anti-racism curricula across the Department.
- DPHB Leadership formed a Department Grand Rounds Committee comprised of faculty and trainee representatives to review our current policies of selecting Grand Rounds Speakers, and how these may systematically result in fewer presenters who are of diverse race and ethnicity. This led to more systematic monitoring the race/ethnicity and gender of presenters. In the 2021-2022 academic year, four of nine presenters were from historically minoritized backgrounds, and three of the four were from historically underrepresented groups.
- The Education Programming Workgroup also conducted a qualitative synthesis and report of psychology resident feedback on a racial trauma seminar series in Spring 2021 to inform recommendations for trainee anti-racism curricula.
- Lastly, the Education Programming Workgroup is currently coordinating a half-day retreat, planned for April 2023, which will bring together individuals involved in planning didactics across all training programs to discuss best practices and plan for revised curricula to be implemented in the 2023-2024 academic training year for psychology and psychiatry trainees.

- d. **Community:** Describe any progress / plans addressing departmental community engagement efforts such as community-based partnerships, research, and outreach initiatives.

Desired Outcome: Improve the climate and culture within and across departments on campus; and increase relational and transformational forms of engagement with the Rhode Island community.

Recent community engagement initiatives within the Department included:

- Developed a leadership-supported \$10,000 initiative to provide free neuropsychology services at the RI Free Clinic. Faculty and trainees will donate

their time, and funds are being allocated to pay for neuropsychological assessment materials.

- Instituted meetings with community stakeholders and a partnership with the Lifespan Community Health Institute.
- Developed an update to the Mental Health section of the RI Family Guide.
- Created a coordination of care consent form for Project WEBER/RENEW clients seeking drug detox services at Butler Hospital.

#### ***DEIB***

- Within the Department, the DEIB created and distributes a newsletter that often includes updates on DEI-related initiatives, interviews with researchers with research programs on relevant areas (e.g., the promotion of racial health equity), book reviews, recipes, and local volunteer opportunities.
- For community engaged research/clinical connections, the DEIB has an Education/Outreach subcommittee.

#### ***ARSC***

- The Community Outreach Workgroup has developed the following resources:
  - A list of Department members willing to provide educational presentations to BIPOC communities
  - Department members involved in broader community outreach efforts.
  - A list of clinicians who can give talks to community members about anti-racism topics.
  - Members published a ProJo Op-Ed supporting community policing efforts to include mental health services.

- e. ***Knowledge:*** Describe progress on data collection to assess and monitor demographic trends and assess department's culture/climate with regards to diversity and inclusion.

Desired Outcome: Increase the collection and reporting of data to inform progress on DIAP priority areas; and increase learning opportunities for faculty, staff, students, and administration.

The **DEIB Data subcommittee** has built on existing DPHB efforts from developing DIAPs over the past four years to collect demographic data on all trainees to provide a better picture of the number of trainees who are recruited, remain for additional training, and transition to faculty positions within the Department. Additionally, the Diversity Mentoring Program conducts an annual survey to assess and improve the quality of the program.

Information by group is below:

- Trainee Demographics: The Department’s Education Committee (consisting of Training Directors) have incorporated a *survey of incoming trainees* to address multiple elements of diversity beyond race/ethnicity and gender to better characterize the Department’s demographics and to support our efforts to build an inclusive and diverse department. In addition to race/ethnicity and binary gender characteristics previously collected, we now collect information regarding 1) gender status (including male, female, trans male, trans female, and gender queer/gender nonconforming, 2) sexual orientation, 3) belief system, 4) Veteran status, and 5) Disability status. This initiative will enable us to monitor trends in representation over time across training programs beyond race/ethnicity. Trainee demographics are collected annually by all Department training programs and included in Appendix A. Representation is reviewed annually by the leadership of each training program.
- Interviewing Prospective Trainees: A number of initiatives have been launched in the past two years to decrease bias in interviewing. These include 1) strongly encouraging all faculty across the Department who are involved in trainee interviews to participate in continuing education on Implicit Bias in Health Care Settings (launched in 2020; over 200 faculty participants to date), and 2) efforts to standardize the interview process through training and implementation of standard question sets.
- Faculty: In 2018, the Department began systematically monitoring the representation by gender and race/ethnicity of all faculty by obtaining and analyzing data from the Medical School.
  - Data were analyzed by Dr. Kelsey Kangos (a psychology resident and then postdoctoral trainee), Dr. Elizabeth McQuaid, and Dr. Ronald Seifer. Faculty data were first compared between 2016 and 2018 to do a comprehensive overview of and analysis of trends in race/ethnicity, gender, and academic rank. In addition, time to promotion was evaluated in Academic and Clinical tracks, by gender and degree (MD and PhD). A poster of findings was presented at the Association of Women Psychologists 2019 Conference and at the 2019 Brown Mind-Brain Research Day. This project has set up an ongoing system of monitoring faculty demographics (including gender and diversity) over time.
  - Last year, Drs. Kangos and McQuaid obtained faculty data from 2020, incorporated the data into their analyses, and presented findings to Department leadership. This presentation included an analysis of how representative the Department’s faculty are with regards to race/ethnicity and gender, using methods developed by Lett and colleagues (2018).

**Table 1.** Comparing national faculty data (AAMC) of psychiatry departments to the DPHB representation:

	2016		2018		2020	
	AAMC	DPHB	AAMC	DPHB	AAMC	DPHB
White men	42%	33%	38%	32%	32%	26%
White women	36%	56%	37%	57%	37%	58%
Minoritized men	11%	5%	12%	4%	11%	3%
HUG-identified men					4.9%	1.6%

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Minoritized women	11%	6%	13%	7%	14%	10%
HUG-identified women					7.1%	6.6%

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<sup>a</sup> HUG-identified means historically underrepresented groups

*Note:* Gender is represented here as binary as that is how data have been collected through the AAMC and through AMS (to date).

- The Department has greater representation of women compared to the national average, but lower representation of racial and ethnic minorities for both men and women.  
 These data, along with qualitative data regarding gender differences in the experience of the academic promotion process, have been submitted for review in Academic Medicine (Appendix B). Dr. McQuaid, in collaboration with the **DEIB Data subcommittee**, are currently evaluating 2022 faculty data and will continue to do so annually.

f. **Accountability:** Describe how this progress report compares to your plans/goals as outlined in your Department’s Diversity and Inclusion Action Plan.

Desired Outcome: Improve processes to assess DIAP implementation and impact at the University and departmental levels.

In the past year, the DPHB has met our goals and substantially increased our efforts and accomplishments related to diversity and inclusion. We have continued and expanded upon the extensive work being done by our long-standing DEIB and DEIB subcommittees, and we solidified, expanded, and communicated the work of the more recently developed ARSC and Working Groups.

- As discussed above, we have several systems in place to monitor our activity and progress.
- This year we hired an outstanding Communications Manager whose work addressed accountability by developing our Diversity website and a departmental newsletter that addresses issues from the DEIB and ARSC groups in addition to other topics.
- Best practices were developed by working groups of faculty and trainees, and implemented in domains including recruitment and retention, education, community engagement, and monitoring and analyzing data.

2. Please describe the **process** by which you have continued to engage your department’s house staff, faculty, and staff in discussions in order to seek feedback and input on the implementation of your Departmental DIAP.

- Currently approximately 95 faculty and trainees participate in diversity and anti-racism committees and working groups in the DPHB many with leadership roles, and all with an active voice as to the direction and progress of the committee work. A few staff members also play key roles in these efforts, and we have made an effort to increase diversity and inclusion for our research staff, but challenges regarding the needs of these diverse groups and limited resources to support staff in these efforts have limited staff opportunities.
  - We have communicated about the work of these groups on our websites, newsletter, and in departmental meetings, and have been encouraging additional faculty and trainees to participate in these initiatives and provide feedback.
  - Feedback regarding each Departmental offering specific to DEI/AR is evaluated by the Department’s Education Committee and used for planning the following events.
  - For example, after a 2021 offering addressing how to address microaggressions, we received input that faculty were very interested in gaining more skills in culturally responsive supervision. As a result, we scheduled the two-part series, “Cross-Racial Dialogues” (February, 2022) and “Toward a Culturally Responsive Supervision” (October, 2022). Participation in these programs has been excellent, with approximately 160 faculty participating in the Cross-Racial Dialogues session, and approximately 175 in the Culturally Responsive Supervision session.
- a. Do you have a DIAP Committee or Diversity Committee? If yes:
- i. Please list the members of the committee(s) and their roles in your Department.
    - **DEIB.** Members: Ernestine Jennings, Associate Professor of Psychiatry and Human Behavior (Co-Chair) and Hayley Treloar Padovano, Assistant Professor of Psychiatry and Human Behavior (Co-Chair). The DEIB is a very active committee of 62 faculty and 25 trainees, and 3 others. Trainee members are clinical psychology residents and fellows. Other faculty members include training staff from the various consortium hospitals, as well as representatives from the psychology internship class, the psychology postdoctoral fellowship program, and the psychiatry residency program.
    - **DEIB Subcommittees:** Training: LG Ward, Assistant Professor of Psychiatry and Human Behavior; Lindsay Huffhines, Assistant Professor of Psychiatry and Human Behavior (Research); Mentoring: Athene Lee, Assistant Professor of Psychiatry and Human Behavior, Clinician Educator; Stephanie Parade, Associate Professor of Psychiatry and Human Behavior; Newsletter: Nicholas Tarantino, Assistant Professor of Psychiatry and Human Behavior (Research); Internal Diversity Award: Ernestine Jennings, Associate Professor of Psychiatry and Human Behavior; Education/Outreach: Athene Lee, Assistant Professor of Psychiatry and Human Behavior, Clinician Educator; Events: Trisha Arnold, Assistant Professor of Psychiatry and Human Behavior; Recruitment: Ernestine Jennings, Associate

- Professor of Psychiatry and Human Behavior; Data: Chrystal Vergara-Lopez, Assistant Professor of Psychiatry and Human Behavior.
- **ARSC**. Members: Beth McQuaid (Chair), Vice Chair of Academic Affairs, Director of the Division of Clinical Psychology, Professor of Psychiatry and Human Behavior; Christa Belgrave, graduate of Triple Board Program; Beth Brannan, Assistant Professor of Psychiatry and Human Behavior, Clinician Educator; Brian Castelluccio, Clinical Assistant Professor of Psychiatry and Human Behavior; Elliot Feld, Clinical Instructor in Psychiatry and Human Behavior; Jennifer Freeman, Professor of Psychiatry and Human Behavior (Research); Stephanie Goldstein, Assistant Professor of Psychiatry and Human Behavior (Research); Tracey Guthrie, Vice Chair for Clinical Academic Affairs, Professor of Psychiatry and Human Behavior, Clinician Educator, Assistant Dean for Diversity in the Division of Biology and Medicine; Ernestine Jennings, Associate Professor of Psychiatry and Human Behavior; Daniella Palermo, Clinical Assistant Professor of Psychiatry and Human Behavior; Audrey Tyrka, Vice Chair for Research, Residency Director of Research Training, Professor of Psychiatry and Human Behavior; and Holly Wilker, Administrative Manager, Academic Affairs.
  - **ARSC Workgroups**: Recruitment and Retention: Lisa Uebelacker, Professor of Psychiatry and Human Behavior; Community Outreach: Maria Mancebo, Associate Professor of Psychiatry and Human Behavior, Clinician Educator; Faculty Promotion Policies: Stephanie Goldstein, Assistant Professor of Psychiatry and Human Behavior (Research); John McGeary, Associate Professor of Psychiatry and Human Behavior; Communications: Audrey Tyrka, Vice Chair for Research, Residency Director of Research Training, Professor of Psychiatry and Human Behavior; Education Programming: Prachi Bhuptani, clinical psychology postdoctoral research fellow; Elizabeth Brannan, Assistant Professor of Psychiatry and Human Behavior, Clinician Educator; Tosca Braun, Assistant Professor of Psychiatry and Human Behavior (Research); Daniella Palermo, Clinical Assistant Professor of Psychiatry and Human Behavior.
  - In addition to these DPHB-wide efforts, there are two grassroots efforts that have arisen within specific areas, the Child Track Social Justice Committee (Child Division, Psychology Training), and the Neuropsychology Justice, Equity, Diversity, and Inclusion (JEDI) Committee (Neuropsychology Track, Psychology Training). Both groups have worked on issues such as minimizing bias in the interviewing and selection of trainees and revising and developing specific curricula for their trainees and/or faculty. There is consistent communication between these groups and the ARSC by having at least one member of each group serve on the Steering Committee to communicate new efforts and initiatives that could be taken “to scale” across the DPHB.

ii. Please indicate to whom the committee reports.

- **DEIB.** The DEIB meets monthly and reports to the Training Committee of the Psychology Training Program, and the Subcommittees, which meet monthly, report to the DEIB.
- **ARSC.** The ARSC meets every two weeks and reports to the Leadership Council and Chair. The Workgroups, which meet monthly, report to the ARSC.

iii. Please indicate the mission / charge of the committee.

- **DEIB.** The mission of the DEIB is multi-faceted. A primary goal is to foster a culture of belonging and mentorship among trainees and faculty. Other missions of the DEIB include, but are not limited to: assisting with recruitment and orientation of trainees, conducting diversity-related training needs assessment of incoming clinical psychology residents and postdoctoral fellows, assisting with seminar planning on specific diversity topics, conducting evaluation of diversity-related content in didactics and overall training program, conducting faculty training on cultural competency, hosting grand rounds speakers, and managing the diversity mentoring program. Subcommittees of the DEIB pursue this mission by focusing on the following topics: Training, Mentoring, Newsletter, Internal Diversity Award, Education/Outreach, Events, Recruitment, and Data.
- **ARSC.** The mission of the ARSC is to guide departmental leaders in developing and continuously improving anti-racist policies, practices, and climates across clinical care, research, and education. We understand anti-racism to include action against systemic and institutional racial bias, embedded prejudice, discrimination, hate, and other forms of oppression of racially and ethnically minoritized groups. We are committed to efforts that are collaborative, specific, time-based and measurable. Workgroups pursue this mission in the following intersecting domains:
  - Recruitment and Retention. We know that diversity strengthens the quality of clinical care, research, and education we can offer and must be pursued intentionally through specific goals related to enhancing outreach, removing existing barriers, allocating resources, and creating pathways and reinforcers for hiring, promoting, and supporting the work of faculty and trainees of color. We also aim to alleviate the undue burden placed on faculty and trainees from historically underrepresented backgrounds to lead the charge on DEI efforts and initiatives (often referred to as the “minority tax”) by promoting buy-in and collaboration from non-minoritized faculty and leadership.
  - Faculty Promotion Policies. We are committed to providing rigorous, accessible educational opportunities to ensure faculty better understand the impact of past and present bias and racism on mental health and mental health care across settings. We seek to empower, support, and fund faculty to

- develop and practice anti-racist clinical care, research, and supervision and teaching of trainees.
- Educational Programming. We know that we must critically evaluate and enhance didactic and experiential educational content and environments to educate trainees about the impact of past and present racism on mental health and mental health care and to train future clinicians and researchers to take leadership positions in the further dissemination of anti-racist clinical care, research, and education. This includes ongoing examination of our current didactics to ensure we are teaching all concepts from an anti-racist perspective.
  - Community Outreach. We recognize that the effectiveness of our clinical, research, and educational programs relies on actively engaging with the diverse communities in which our patients live. We are committed to assessing the needs of these communities, involving community partners and stakeholders in planning and implementation of clinical and research interventions, and continuously seeking feedback to enhance future partnerships in mental health services.
  - Communications. Success in each of the above domains will require a commitment to transparency and careful attention to communications with all of our stakeholders, including faculty, trainees, staff, and members of the community. We recognize that we must learn from our stakeholders about what their priorities and concerns are, and that we must communicate our plans, goals, and progress with our academic and broader communities.
- iv. Please describe the work that the committee(s) has done to date, which outcome metrics are being followed and how “success” for the committee has been defined.
- **DEIB**. Please see our responses to Question #1 for explanations of the extensive work DEIB conducts within the department.
  - **ARSC**. Several activities and accomplishments of these groups are described above in the answers to Question #1.
- v. Please highlight opportunities for interprofessional collaboration on your committee.
- Individuals available for interprofessional collaboration include: members of the **ARSC** and Workgroups and the **DEIB** including faculty, postdoctoral fellows, residents, interns, and in some cases staff. Their academic training is primarily in psychiatry and psychology, and in the case of the **DEIB**, both the Department and the Center for Alcohol and Addiction Studies (CAAS). Members regularly collaborate

on anti-racism-specific projects under the **ARSC** umbrella, as well as with broader University and hospital partners.

- Faculty across disciplines are able to foster working relationships through the Faculty Mentorship Program. Faculty and trainees within the trainee Diversity Mentorship Program are able to connect with others with similar research interests and/or those with similar backgrounds. Trainees on the Committees are also connected socially and are able to network with other trainees serving on the various Committees. Resources created/collated by the Committees are widely available and Committee members are available for consultation with members of the Department.
- Projects include: the Diversity, Equity, Inclusion, and Anti-Racism Faculty Education Requirement (Faculty Promotion Policies/Educational Programming/Communications); Community Engagement Survey (Community Outreach/Communications); Diversity Tipsheet (Educational Programming/DEIB); and Warren Alpert Medical School's DEI criteria for promotion (Faculty Promotion Policies/Dean Cyr's office).

3. Name **three best practices** would you like to share regarding your approach to your Departmental DIAP implementation over the past academic year?

- i. Established and effectively communicated about infrastructure to address multiple goals addressing various domains assessed in the DDIAP and actively engaged trainees and faculty in all initiatives.
- ii. Provided support for under-represented trainees and faculty members (affinity groups, peer mentoring, conference attendance, diversity faculty development awards in clinical, education, and research domains, NIH diversity supplements)
- iii. Established and effectively communicated about ongoing professional development initiatives for faculty and trainee development regarding diversity, inclusion, and anti-racism.

4. Please describe **three challenges** you have faced in your DDIAP implementation this past year? How did you, or will you, address these challenges?

- i. Most of our diversity, inclusion, and anti-racism work is done on a volunteer basis. We have accomplished a great deal with this approach, but we are increasingly hearing that people cannot continue this uncompensated work, particularly in an environment with increasing pressures in clinical, research, and teaching domains, as the time and effort needed for this work directly competes with clinical and research activities that are rewarded financially and/or academically. This issue is substantially compounded for under-represented and minoritized faculty and trainees who experience racism,

exclusion, and inequities in mentorship and promotion, yet are expected to contribute their experience and solutions to diversity and anti-racism efforts without compensation.

- ii. The DPHB is large and dispersed, and communication and engagement in diversity, inclusion, and anti-racism efforts remain ongoing challenges. Communication is particularly important for inclusion, so that all members of the community have easily available access to initiatives and opportunities.
- iii. It remains very challenging to increase our numbers of faculty and trainees of color especially given the limited diversity of our department.

b. What support do you need to be successful?

- i. Financial remuneration and academic credit for DEI/AR work are necessary to address the inequities described above, and a senior leadership role is needed to lead, organize, and support this work for a department of this size.
- ii. Our Communications Manager did an outstanding job of launching the initiatives described above, but unfortunately has now taken another position. It will be imperative to recruit and support another excellent candidate for this position to maintain and expand our successful initiatives.
- iii. In order to recruit and retain more under-represented faculty and trainees, we need ongoing, concerted support from all facets of the department, division, and university to actively contribute to changing our culture to make it a diverse, welcoming and supportive environment for faculty and trainees from diverse backgrounds.

5. Please share **three examples of positive outcomes** generated by the DDIAP implementation work you have done to date.

1. More than 95 faculty and trainees are now actively participating in our **DEIB, ARSC**, and other diversity committees and working groups, educating themselves, encouraging others, and providing tangible resources aimed at making our Department a more diverse, welcoming, inclusive, and just environment for all members.
2. We instituted a new educational requirement for appointment and re-appointment and provided live educational offerings and a listing of other appropriate educational materials for the requirement.
3. We are embarking on the process of revising all educational materials in our training programs to be consistent with our anti-racist principles, and revised our Diversity Tipsheet for presenters to be mindful of common concerns and ways to address these.



6. Please state **three plans and goals** for the next year regarding staff, house staff and faculty training in areas of diversity and inclusion in medicine.
  1. Continue to provide excellent education/training opportunities on DEI/AR.
  2. Administer the new training requirement for appointments and reappointments.
  3. A minimum of three Department Grand Rounds will focus on issues relating to Diversity, Equity, Inclusion, Anti Racism.
  
7. Please complete the following tables regarding residency and fellow recruitment over the past year.

See Appendix A for tables regarding the following:

  - Clinical Psychology Internship Program
  - Postdoctoral Fellowship Program
  - Adult Psychiatry Residency Program
  - Child Psychiatry Fellowship Program
  - Triple Board Residency Program
  - Forensic Fellowship Program
  - Women's Mental Health Fellowship Program

**[NOTE: Appendices are not included in the web version of this document in order to protect potentially identifying information about department members.]**