

DIVERSITY CORNER

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The definition of diversity should be broad. This is perhaps the most important thing to keep in mind when you sit down to work on your talk, lecture, or presentation. All too often, “diversity” in clinical science is limited to aspects of racial diversity. In addition to race, diversity includes (but is not limited to) sex, ethnicity, sexual orientation, gender expression/identity, socioeconomic status, religion, disability, family composition, neighborhood characteristics (e.g. rural/urban, resource availability), and the list continues. A narrow definition of diversity overlooks the rich heterogeneity of our society and the very population(s) we aim to study. As our field of clinical science becomes more sophisticated in terms of methodological rigor, our approach to measurement and treatment of diversity effects also remains surprisingly simplistic within many programs of research. Indexes of diversity are often restricted to sex, age, and race and considered “nuisance” variables to be statistically controlled and put aside. Yet, in another context, it would seem ludicrous to utilize an outdated system of measurement, rely on one variable to represent a heterogeneous construct, and control for variance without testing (for example) interaction and collinearity effects.

Diversity is a broad, complex, and often emotionally charged topic, and actively inviting discussion by raising issues of diversity in a professional or classroom setting can be intimidating. Furthermore, resources on incorporating diversity into a didactic presentation and encouraging productive discussion are difficult to locate and surprisingly scarce. The following guidelines are meant to help (not hinder) the interested speaker integrate discussions about diversity into didactic presentations. If your work or expertise does not specifically address aspects of diversity, consider starting your presentation by discussing your interest in diversity and inviting specific feedback from the audience about how to further integrate diversity into your work or teaching.

Do's

- Elicit discussions about diversity by asking questions of the group.
 - How might these findings hold in rural vs. urban communities?
- Weave diversity throughout each part of your presentation if possible.
 - Consider identifying a theme from the start and check in throughout each section, such as rates of mental illness in underrepresented groups followed by how this lack of information affects the development of interventions.
- Try to spend time talking about more than one type of diversity by considering intersections of identities.
 - As an example, coping with terminal illness may look different among black females compared to Latino males. How might this affect our interventions?
- If talking about treatment, talk about efforts to adapt the intervention cross-culturally (even outside of the US).
 - Even if the treatment has not been adapted, a discussion could be had about how we might consider changing the intervention to match the community.

Don'ts

- Don't say "there isn't enough research" and stop there. At this point, we know that research is lacking.
 - Let's talk about how we can address it, instead. Related to the point above, elicit a discussion around aspects to consider moving forward.
 - Prevalence rates are a starting point. It's also safe to talk about clinical examples that are relevant. This is often incredibly useful and interesting.
- Don't point out that you have to talk about diversity in your talk.
 - Rather, it may be beneficial to say something like, "My goal is to integrate throughout the presentation. Help me track how well I do."
- Don't assume that diversity means non-white and only related to race.
 - It bears repeating, the definition of diversity should be diverse.
- Don't assume diversity does not apply to your topic.
 - As an example, ask how cultures vary in their approach to individuals with traumatic brain injury and/or mental illness.

The task of integrating diversity into didactic and other types of presentations can be daunting. Often, our own insecurities and general discomfort discussing differences get in the way of having respectful, open, and productive conversations, or any discussion at all. The preceding list is in no way exhaustive. It is a starting point. Where possible, seek consultation and feedback from your mentors, colleagues, students, peers, participants, and patients – they likely represent a diverse sample in their own right. In the end, although certainly challenging, raising issues of diversity and actively engaging audiences in discussion is critical to our field of clinical science.

Interested readers are directed to two excellent articles on this topic. Each article provides further resources:

Medin, D. L., & Lee, C. D. (2012). Diversity Makes Better Science - Association for Psychological Science. Retrieved from <http://www.psychologicalscience.org/index.php/publications/observer/2012/may-june-12/diversity-makes-better-science.html>

Wendt, D. C., & Slife, B. D. (2007). Is evidence-based practice diverse enough? Philosophy of science considerations. *American Psychologist*, 62(6), 613–614. doi:10.1037/0003-066X62.6.613

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The authors would like to thank Leah Adams, PhD, and the Diversity Advancement Committee members of the University of Washington School of Medicine, Department of Psychiatry for their helpful comments on earlier drafts of this piece.