STUDENT, FACULTY, AND SUPERVISOR DIVERSITY

Many of our students are recent graduates from local and national colleges and universities. Some are returning to school after raising a family or working in related fields. This diversity of students' backgrounds and life experiences creates a rich, energized learning community. Students are united by a desire to learn how best to help those facing life challenges and contribute to the health and well-being of families and society.

Our program is committed to creating an inclusive learning environment that values students' strengths and differences. We welcome students' voices in how best to construct an affirming and intellectually challenging experience for all. We believe that a diverse learning community best prepares students to participate as couple and family therapists in a global society.

Our student diversity composition over the current accreditation period is depicted in the table below:

% Self-Identified Number White Female 32 76 White Male 7 17 Black or African American 1 .02 Asian 1 .02 1 Hispanic .02

Student Diversity Composition (2012-2018)

Diversity is integrated throughout the curriculum, not just in a single course. <u>Core CFT Faculty</u> identify as: White Female (2) and White Male (1). <u>Non-core CFT Faculty</u> in the HDF Department identify as White Female (3), White Male (1), and Black/Haitian-Canadian (1). Our Clinic Coordinator is bi-lingual (Spanish and English), allowing the potential for bi-lingual students to work with newly immigrated clients in their first language.

Students are offered a chance to work in diverse settings and with diverse personnel whenever possible. The following table indicates the diversity of supervisors, including core faculty, clinic coordinator, and off-site supervisors over the last accreditation period:

Supervisor Diversity Composition (2012-2018)

Self-Identified	Number	%
White Female	9	64
White Male	3	21
Mexican-American Female	1	7
Native-American Female	1	7

Students interning at our urban sites work daily with diverse mentors, including African, African-American, Haitian, Jamaican, and Central-American clinicians.

Achieving greater diversity among our student body, faculty, and supervisors is an ongoing effort. Despite challenges, we remain committed to progress in this area, including implementation of recruitment and retention initiatives. As an example, the URI Faculty Senate recently approved our proposal to eliminate the requirement of the GRE for applying to the program. Faculty recognized research indicating that such tests are poor predictors of success in graduate school and potentially discriminatory toward minority applicants.

Our program is committed to increasing the diversity of our student body and offering students opportunities to learn from diverse mentors whenever possible