TRAINING HEALTH SERVICE PSYCHOLOGISTS FOR INTERNATIONAL ENGAGEMENT: PERSPECTIVES FOR TRAINING PROGRAMS

by

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Dedicated to those who gave their time and perspectives as international psychologists.

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ABSTRACT

As psychologists continue to engage the growing diversity within the United States and around the world, there is an imperative need for psychological services that are specific to cultural needs and integrate relevant sociohistorical and community factors. Currently, ethnocentrism in psychological interventions, research, and graduate training limit psychologists' international engagement and perpetuate a focus on U.S. psychology. For graduate programs in health service psychology (i.e., clinical, school, and counseling psychology), there is a dearth of literature on their methods of preparation of health service professionals engaging in psychological work outside of the U.S. However, graduate training programs have opportunities to intervene on the field's colonialism by preparing professionals to effectively engage internationally. Addressing ethnocentrism in training is a critical next step for the field of health service psychology.

This dissertation is comprised of two distinct chapters that are conceptually related. In the first chapter, I review health service psychology's current international engagement. As psychologists engage outside of the United States, the field of psychology and the training community must critically examine the applicability of psychological interventions, research, and graduate education to international contexts. I propose six recommendations for training programs to deconstruct colonialism and enhance preparation of graduates for competent work outside of the U.S.

In the second chapter, I report an original, empirical study, using qualitative descriptive methodology, which critically examines how U.S. training prepares graduates to work internationally. Through semi-structured interviews, I explored internationally based psychologists' reflections on their training experiences and preparation for their current roles in

teaching, practice, research, consultation and policy, and psychological infrastructure. Data analysis utilized consensual qualitative research methodology (CQR). Results provided valuable information regarding psychologists' professional roles outside of the U.S., factors contributing to their vocational experiences, country-specific mental health attitudes, values, and practices, the impact of U.S.-centric psychology in the country of location, lessons taken from their graduate training, and recommendations for international work. Findings provided recommendations to the training community to incorporate more of an international focus and enhance preparation of students for work outside of the U.S.

CHAPTER 1
TRAINING HEALTH SERVICE PSYCHOLOGISTS FOR INTERNATIONAL ENGAGEMENT: PERSPECTIVES FOR TRAINING PROGRAMS

Currently, three pandemics are simultaneously occurring: the COVID-19 pandemic, racism pandemic, and mental health pandemic. While the COVID-19 pandemic has revealed how interconnected we are across countries, pandemic-related restrictions have changed social connectedness and daily life, gravely impacting psychological functioning (Smith & Lim, 2020). Institutional and interpersonal racism is also taking a toll on psychological functioning particularly for Black, Indigenous, and People of Color (Laurencin & Walker, 2021). The effects of these pandemics have critical implications for psychologists, who are tasked with meeting increased mental health needs and advocating for anti-racism. To address these needs, telehealth services have greatly expanded and dismantled barriers that previously prevented psychologists from working outside of their geographical regions (Haque, 2021). These current times compel psychologists to critically reflect on ways of effectively working in this interconnected world and simultaneously, of preparing future psychologists to competently meet the needs of this time.

Even prior to the pandemic, increased mobility around the world through immigration, travel, and technology made it likely for psychologists to engage in professional work outside of their home settings. International engagement describes psychologists' professional work in countries and cultures outside of their own (Morgan-Consoli et al., 2018). The American Psychological Association asserted the importance of international engagement in the 2019 Strategic Plan, which stated that one of APA's operating principles is to "embrace a global perspective" and "advance psychology globally through international engagement, association efforts, and meaningful collaborations" (American Psychological Association, 2019, p. 7). This

focus on internationalization reflects the field's efforts to shift away from being solely a U.S.-centric discipline.

Internationalization in psychology is defined as "a broad set of approaches in which existing or new psychological theories, methods, procedures, or data are synthesized across cultures so as to create a more culture-informed, inclusive, and globally applicable psychology" (van de Vijver, 2013, p. 761). Internationalization efforts include increased attention to international trainees (i.e., Lau & Ng, 2011; Lee, 2013; Ng & Smith, 2012), international training opportunities (i.e., Heppner & Wang, 2014; Koch et al., 2014; Levy, 2012; Smith et al., 2014), and international competencies (i.e., Ægisdóttir & Gerstein, 2010; Forrest, 2010; Gerstein et al., 2015; Leach et al., 2013). Further efforts to engage are also reflected in recently published special issues such as Internationalization in School and Educational Psychology in *Psychology in the Schools* (Begeny, 2018), Global Mental Health in *Journal of Clinical Psychology* (Verdeli, 2016), and Psychology and Psychiatry in the Global World in *History of Psychology* (Pols & Wu, 2019). Additionally, the number of international students in U.S. doctoral psychology programs has doubled over the past 20 years (National Science Foundation, 1994; 2019), and both U.S.-born and international graduates of doctoral psychology programs are pursuing employment in other countries at increasing rates. For example, about 30% of international students, or students with temporary visas, who graduated with psychology doctoral degrees in 2018 held postgraduate positions outside of the U.S. (National Science Foundation, 2019). While these increased efforts certainly expand psychologists' engagement outside of the U.S., further attention to internationalization is needed. In this paper, I specifically focus on the field of health service psychology and how the emphasis on U.S. perspectives needs to be addressed to further this direction.

Current State of Internationalization in Health Service Psychology

As the discipline of health service psychology involves the provision of health care through clinical, counseling, and school psychology (Commission on Accreditation, 2015), more attention to internationalization is needed across each subfield. Although the discipline of school psychology has a presence in approximately 83 countries, with graduate-level training programs in at least 56 of them, literature on internationalization is lacking (Begeny, 2018; Jimerson et al., 2008). In counseling psychology, scholars have written extensively on internationalization predominantly since the early 2000s (e.g., Ægisdóttir & Gerstein, 2010; Forest, 2010; Gerstein & Ægisdóttir, 2007; Heppner, 2006; Leong & Ponterotto, 2003; Marsella & Pederson, 2004; Turner-Essel & Waehler, 2009). However, systematic reviews demonstrate little implementation of these authors' recommendations, particularly those involving internationalizing the training curriculum (Hurley et al., 2013; Turner-Essel & Waehler, 2009). Similarly, the universal applicability of clinical psychology's diagnostic, assessment, and treatment approaches and their roots in Western traditions have been challenged (Marsella, 2011). To continue efforts toward internationalization, health service psychologists must address colonialism embedded in the field.

Colonialism in U.S. Psychology and Training

The insulation of health service psychology as very focused on the U.S. "perpetuates the cultural encapsulation of the profession" (Leung, 2003, p. 415). As U.S. and Western psychologies are rooted in colonial assumptions, they perpetuate the notion that Western values and practices are superior and disregard indigenous ideals (Nilsson et al., 2019; Yakushko, 2021). Colonialism is evident in how Western psychological concepts and practices are exported around the world and described as universal truths based on scientific inquiry, in contrast to

indigenous practices, which scholars deem as lacking empirical validation (Yakushko, 2021). In fact, most of the world's psychological literature is written by psychologists trained in the West, who are undoubtedly prioritized in the peer review process (Yakushko, 2021). These "truths" are even incorporated into media and popular press on psychological topics. In the Global North, indigenous psychological ideas and interventions are devalued in comparison to Western methods.

More scholarship around colonialism in the discipline of psychology is needed (Okazaki et al., 2008). Dismantling ongoing colonialism is a critical next step for the field to truly embrace a global perspective. The following sections detail how colonialism is woven throughout U.S. health service psychology's methods of intervention, research, and graduate education curriculum. With these three critical areas identified and discussed, the training community is uniquely positioned to intervene by preparing future generations of psychologists to be more globally minded and able to effectively engage across national boundaries. The final section posits recommendations for the training community to implement these changes.

Impacts of Ethnocentrism on Intervention

Providing psychological interventions to individuals, groups, and organizations is fundamental to health service psychologists' roles. Delivering these interventions in international contexts requires psychologists' attention to their own competence, use of culture-specific interventions, and knowledge of system-specific models of service delivery. Consideration of these three constructs impacts access to and provision of psychological services for those living outside of the U.S., as well as for those who were born in other countries and reside in the U.S.

When health service psychologists lack awareness of their U.S. framework while working with international communities, harm results. For instance, international students in the

U.S. utilize mental health services at very low rates (Hurley & Gerstein, 2013), which is at least partly due to psychologists' international competency shortcomings (Smith et al., 2014). Additionally, when mental health clinicians provide emergency assistance to international groups and settings, providers most likely rely on U.S. ideologies instead of interventions that integrate historical, political, cultural, and social variables affecting populations with whom they work (Hurley & Gerstein, 2013; Inman et al., 2019). Using U.S.-based approaches in international contexts is inappropriate given varying sociohistorical factors and cultural values.

U.S.-based psychological theories and interventions reflect a Western framework given their emphases on individuals' autonomy, Euro-American values such as independence, democracy, and social justice, and limited attention to impacts of institutional and sociopolitical systems (Hurley & Gerstein, 2013; Leung & Chen, 2009). These counseling models impose values around career, interpersonal relationships, wellness, and psychological functioning (Toporek & Vaughn, 2010). They often ignore the family's role and function that can be crucial in some cultures and advocate for children leaving home and leading independent lives (Sumari & Jalal, 2008). Within these theories, the individual is regarded as the one responsible for change. By using this Western framework in clinical work, providers impose ethnocentric values on those that may have very different experiences or contexts.

Further, prioritizing individual-level interventions without awareness of psychological and systemic variables affecting those with whom psychologists work results in unsuccessful treatment efforts in most of the world (Begeny, 2018). The prevailing model of health psychology service delivery through individual therapy is unable to reach most individuals in need (Kazdin & Blase, 2011). Psychologists need to move beyond emphasizing individual therapy and engage more with communities, families, groups, and organizations, as individual

therapy can involve cost burden, be culturally inappropriate, and be difficult to access when there are limited providers (Rowan et al., 2013). Therefore, the roles of community-based work and the use of interventions that promote systems-level changes are necessary for expanding access, collaborating with the public on available services, and increasing trust in therapy and mental health providers (Pillay & Kriel, 2006; Vera & Speight, 2003). Broadening the reach of health service psychology requires expanding beyond the current focus on individual services and engaging more with communities, families, groups, systems, and organizations. Similarly, the field must expand research perspectives to move away from the current focus on U.S. literature and the English language.

Impacts of Ethnocentrism on Research

Scholarship in health service psychology primarily represents U.S.-based authors and a small group of authors from English-speaking countries. Most articles published in APA journals concentrate on 11% of the world's population, neglecting the remaining 89% (Thalmayer et al., 2020). Even with increased efforts, ethnocentric publication trends in health service psychology continue. In 1950, U.S.-based authors represented 85% of scholarship in U.S. psychology journals (Piocuda et al., 2015). Since then, some subfields of psychology have increased their representation of research from outside of the U.S. For example, the proportion of non-U.S. authors increased from 7% in 1970 to 50% in 2005 in cognitive psychology and from 6% in the 1960s to over 40% in 2010 in social psychology. However, in clinical and counseling psychology, the representation of non-U.S. authors remained around 10% between 1950 to 1970 and only increased to 24% by 2010. Furthermore, between 2002 and 2016, almost 85% of first authors and 89% of contributing authors worked in the U.S.; there were no authors published from South or Central Americas, and less than 1% of first authors and 0.2% of contributing

authors were from Africa (Begeny et al., 2018). Similarly, school and educational psychology journals predominantly publish scholarship of participants and authors living and working in the U.S., Great Britain, and Canada (Begeny et al., 2018). Clearly, these limited perspectives impact psychologists' access to empirical research to guide and support their work in settings outside of the U.S. Health service psychology research may perpetuate colonialism by limiting access to knowledge of various cultural groups' psychological concerns and interventions, as well as by communicating the notion that U.S. research applies to all populations. This extremely narrow scope of psychological research (Arnett, 2009; Thalmayer et al., 2020) emphasizes psychology as understood as a European and U.S. discipline.

A key aspect of this issue is the dominance of the English language in academic systems and scientific journals. Many journal editors and contributors work in English-speaking universities, and journals with the highest impact factors and academic websites are often published in English (Altbach, 2007). Most school psychology scholars working outside of the United States publish scholarship in English (Kim et al., 2018), even those working in over 60 countries that do not recognize English as the primary language (Begeny et al., 2018). While increased publications in languages other than English are certainly needed, measurement issues also need to be addressed.

When conducting language translations, specifically adapting U.S.-based scales to other countries, there are considerable concerns related to equivalence, validity of the constructs, bias, and the use of translation and adaptation of instruments for international and cross-cultural studies (Ægisdóttir et al., 2008). Ægisdóttir and colleagues (2008) evaluated articles published in counseling psychology flagship journals over a five-year period and identified that few studies utilized scale translation procedures or studied multilingual or non-U.S. based groups. They also

determined that researchers used inadequate procedures to verify equivalence between language versions of an instrument. Following this, Yakushko and Morgan-Consoli (2014) described how measures developed to understand certain experiences in specific immigrant or refugee communities were frequently being utilized in studies with communities other than those they were developed for. Clearly, methodological challenges in scholarship are reflections of systemic research procedures that need to be addressed in training. Integrating more diverse research methodologies and learning to include scales developed in different countries is necessary for preparing graduates.

Impacts of Ethnocentrism on Graduate Training Curriculum

These ethnocentric trends in intervention and research affect graduate education curriculum for psychologists by informing curricula content, as well as clinical and research training. Given the various settings graduates will work in, as well as how interconnected the world is, psychology graduate programs must increase efforts of preparing future generations of psychologists to work competently both in and outside of the U.S. Health service psychology trainers need to critically attend to methods of preparing psychologists for this work.

Amongst APA-accredited doctoral programs in the U.S., there are 70 programs in school or educational psychology, 76 in counseling psychology, and 244 in clinical psychology (APA, 2019). Graduate education in professional psychology utilizes competency-based training, which emphasizes trainees' development and mastery of a set of skills necessary to become a psychologist. This form of training supports the preparation of psychologists that are fit to practice, involves mechanisms to ensure their competence, and holds the profession accountable for protecting the public through preparing competent professionals (Fouad & Grus, 2014). Training focuses on developing competence in several areas including professionalism, science,

relationships, ethics, interdisciplinary systems, reflective practice, and individual and cultural diversity (Fouad et al., 2009; Kaslow et al., 2009).

However, this competency-based training is very focused on preparing psychologists to work with U.S.-born populations. This is partly due to the ethnocentrism in intervention and research practices as described above, which permeate training and curricula. Ethnocentrism in training is reflected in the attention to psychological theories and techniques rooted in Western concepts (Hurley & Gerstein, 2013; Leung & Chen, 2009), predominance of U.S. college students represented in research samples (Henrich et al., 2010; Thalmayer, 2020), and publications that are mainly written by U.S.-based authors (Thalmayer, et al., 2020; Piocuda et al., 2015). Given these trends, students have limited access to literature outside of the U.S. and few opportunities to conduct international projects. In fact, international counseling graduates reported having few opportunities to learn and conduct advanced research in their home contexts throughout their training (Lau & Ng, 2011). There is also a lack of attention to training students in best practices for using, translating, and adapting scales for cross-national studies. Most often, when these opportunities arise, trainees are engaged in translation and adaptation of scales from the U.S. to countries outside of the U.S. and not in the other direction. Actually, few psychologists are trained in cross-cultural research methods during graduate school (Byrne et al., 2009). Graduate education that does not attend to the applicability of content and methods across cultures is problematic; without intentional training, students may not learn how to deliver interventions appropriately outside of the U.S. Furthermore, ethnocentrism is evident across several other areas of the curriculum including individual and cultural diversity, ethics, and monolingualism.

First, individual and cultural diversity is a core component of health service psychology training and seeks to increase students' knowledge, awareness, and skills for working with marginalized populations. Yet, this training often concentrates on U.S. cultural groups. Courses tend to present material on various cultural groups that are siloed (e.g., focus on one group per week of the course). For example, facilitating a learning section on Latinx populations in the U.S. without attention to the various Latinx populations outside of the U.S. and the complexity among Latinx populations is ethnocentric. Faculty cannot assume students can apply this knowledge to cultural groups with varying sociopolitical, demographic, and religious identities. Increased attention to diversity outside of the U.S. is needed in this curriculum.

Similarly, students' learning of ethical principles is often limited to U.S. ethical codes and does not include learning about ethics in other countries (Leach & Gauthier, 2011). U.S. ethical standards and practices reflect U.S. sociopolitical contexts and center around avoiding malpractice and litigation (Mok, 2003). For example, in North America and Europe, multiple relationships are one of the most encountered dilemmas of psychologists, which is directly related to the court systems and prosecutory processes (Mok, 2003). Yet, in other countries and legal systems, multiple relationships are not problematic; in fact, they can facilitate holistic treatment and be a part of a community-based approach. Therefore, solely teaching ethics from a Western lens limits students' awareness of and development of competencies applying ethics internationally.

Finally, training students solely in English significantly limits the provision and access to psychological services and research for non-English speakers. Multilingualism is critical to international engagement and providing psychological services both inside and outside of the U.S. Health disparities are prominent amongst non-English speakers and language remains a

barrier to accessing mental health and community medical services (Sentell et al., 2007). Emphasizing multilingualism in training will help to reduce these health disparities by preparing more psychologists to provide services in other languages, which is especially needed for psychological assessments (Biever et al., 2002). Currently, bilingual graduates often must provide services without proper training or supervision (Castaño et al., 2007). Clients who do not speak English may not otherwise have access to mental health services, yet ethical dilemmas can emerge if practitioners are not competent in providing such services. Intervention is needed at the graduate training level to address these disparities in access to service.

Six Recommendations for Training Programs

In the following sections, I provide practical recommendations for the training community to increase the preparedness of students to work outside of the U.S. I encourage trainers to broaden their conceptualization of and assessment of trainees' competencies by increasing attention to factors that are essential to international engagement. Deconstructing the U.S.-centric curriculum of health service psychology graduate programs needs to be the current objective of the training community. Clinical supervisors, faculty members, and graduate students each have roles to play in providing education that challenges systems of oppression and the perpetuation of colonialism of psychology. Therefore, I make the following recommendations to the training community.

Recommendation 1. Conduct a programmatic evaluation that focuses on international education and training.

Increasing the international focus of training should begin with a systematic evaluation of program requirements, policies, and student outcomes. Completing this form of review will

allow trainers to identify areas of strengths and gaps to address on a programmatic level as well as components to add or remove from the curriculum. First, graduate trainers should review course syllabi. Syllabi signify *who* and *what* is valued. When solely U.S.-based authors and journals are represented, training programs inadvertently ignore the value of scholarship from outside of the U.S. Therefore, to critically review syllabi, tally how many readings represent authors, participants, and journals based outside of the U.S.

Next, in clinical training, trainers should evaluate students' service provision in languages other than English and with non-U.S.-born populations. Consider how many students receive training providing services in a language other than English, or working with a translator, and receiving supervision for these experiences. Subsequently, evaluate students' clinical opportunities with populations outside of the U.S. or non-U.S. born individuals living in the U.S. For graduate programs that operate a training clinic, review how many U.S.-born versus non-U.S.-born populations receive services at the site, and consider ways of intentionally recruiting other groups. For external practicum training, review how many sites offer experiences working with international populations. Providing clinical training with non-U.S.-born individuals will prepare trainees to work with these groups upon graduation. This recommendation is also relevant to psychology training outside of the U.S. For example, most Icelandic psychologists report working with individuals of international origin, yet they had little to no training in this area (Hermannsdóttir et al., 2012).

Simultaneously, trainers should review faculty and students' engagement in international research. Specifically, identify the type of methods, populations, and locations of such research and consider gaps in these. It will also be important to review research methodology courses to assess students' training in cross-cultural research procedures. Calculating the number of

students who gain experience conducting international research during training will help determine the level of programmatic engagement.

Recommendation 2. Incorporate internationally-based content in all aspects of the curriculum.

Based on the gaps identified in the programmatic review, graduate trainers should increase internationally-based content throughout the curriculum. In every course, incorporate at least one article or textbook written by authors outside of the U.S., as well as at least one reading focused on communities in other countries. Educators should also integrate ethical practices and principles from multiple countries, deepen understandings of ethical constructs as culturally informed, and discuss how sociopolitical and cultural factors impact ethical decision-making processes. For instance, students should learn that some ethical codes are aspirational, others denote enforceable behaviors, and several include steps for ethical decision-making (Leach & Gauthier, 2011).

Similarly, trainers should expand multicultural course content to reflect cultural diversity outside of the U.S. Instead of concentrating on U.S. cultural groups independently, utilize an integrated and critical approach that centers understanding, identifying, and addressing systems of power, privilege, and marginalization. Course readings and discussions that focus on intersecting sociocultural identities and include communities based outside of the U.S. will improve instruction. Instructors should also integrate concepts of global advocacy to increase students' awareness of how choices made in the U.S. affect others around the world and vice versa (Lorelle et al., 2012). Culture-specific training approaches are necessary to consider in multicultural training. For example, in South Africa, the use of genograms and family sculpting are effective training methods in multicultural courses for psychologists-in-training (Marchetti-

Mercer & Cleaver, 2000). Assessment of multicultural counseling training is also critical. For example, the *Korean Multicultural Counseling Competence Indicator (KMCCI)* assesses counselors' self-perceived multicultural competence to work with immigrant populations in South Korea. Those who completed multicultural counseling courses demonstrated higher competence on this measure (Choi & La, 2019).

Furthermore, training programs should emphasize students' multilingualism. While most school psychologists in Albania, Greece, Cyprus, Estonia are fluent in two or more languages, school psychologists in England are primarily monolingual (Jimerson et al., 2004). Clearly more attention to languages other than English is needed in doctoral programs in Western Europe and the U.S. In fact, proficiency in reading two languages used to be a requirement for receiving a doctorate in psychology (Fish, 2000). To increase the number of multilingual psychologists and expand access to psychological services for more communities, graduate programs should increase support of bilingual or multilingual psychologists. Recruitment of students with language proficiencies other than English is vital, and graduate programs should support students' development of competencies to provide psychological services in other languages. For instance, the development of language tracks within programs would offer options other than English-only programs. Students could complete coursework and clinical training in other languages under supervision. Immersion programs in other countries could also provide much needed training in non-English languages. Several scholars have also advocated for more language training (Leong & Ponterotto, 2003; Marsella & Pederson, 2004), yet it has not been integrated into doctoral training programs (Hurley et al., 2013; Turner-Essel & Waehler, 2009). It is critical that trainers increase attention to linguistic training.

Recommendation 3. Develop and assess competencies for internationally engaged trainees.

In conjunction with these curricular changes, it is important for trainers to view international engagement as a necessary competency for students to develop. Competency-based training is fundamental to the preparation of health service psychologists and involves developing students' abilities to provide services that are evidence-based, culturally competent, and client-centered (Health Service Psychology Education Collaborative, 2013). Increasing attention to international engagement in graduate training will strengthen students' abilities to competently provide services to international communities. Therefore, building and assessing students' competence in international engagement should be a goal of training.

To develop this competency, students should learn how the meaning of concepts such as therapy, mental illness, and the role of the therapist/healer can vary cross-culturally. Training should also instill knowledge about mental health systems, as well as psychologists' education and training, around the world. Furthermore, skill development is critical; students should learn how to work in languages other than English, conduct cross-cultural research, and provide psychological interventions to populations born outside of the U.S. In addition to knowledge and skill acquisition, trainees need to build awareness of their U.S. frameworks and biases. Course discussions, for example, can foster students' reflections about how their work and identities as psychologists are informed by Western values and systems.

Following the model of competency-based training, methods to assess students' international engagement are also necessary. In annual reviews of students' development of competency areas, faculty should provide feedback on trainees' internationalization skills, knowledge, and awareness. In addition, preliminary exam questions can assess students' abilities to identify the applicability and relevance of research, clinical, and teaching procedures in

settings outside of the U.S. These feedback mechanisms will help students increase their self-awareness and further guide their development of these competencies.

Recommendation 4. Increase international engagement via intervention.

Increasing students' competency in international engagement will require further attention to the cross-cultural validity and generalizability of psychological theories and interventions in graduate training. In clinical courses, experiences, and supervision, trainers should facilitate dialogue about the use of certain theories and techniques with non-U.S. populations to foster students' abilities to critically reflect on the use of such models. Trainers need to integrate other methods of assessing, diagnosing, and treating psychological disorders into learning, such as through incorporating readings and videos of psychotherapy practices from other countries. Alongside these efforts, instructors should teach students about the cultural specificity of mental health disorders and how diagnoses differ globally.

In addition, graduate training should increase opportunities to provide interventions to communities, families, groups, systems, and organizations to facilitate psychologists' preparedness and engagement. Community-based work and interventions that promote systems-level changes are necessary for expanding service access, and increasing trust in therapy and mental health providers (Pillay & Kriel, 2006; Vera & Speight, 2003). There are several examples of practicum training opportunities where students learn systems-level interventions. In the "First Year Experience" in the counseling psychology program at Boston College, trainees work in community-based sites such as courts, community-organizing agencies, and public health departments in roles emphasizing prevention, multidisciplinary collaboration, and advocacy, rather than traditional services (Goodman et al., 2004). Similarly, first-year students in Seton Hall University's counseling psychology program complete a practicum experience with

an infant mental health program, an office for students with disabilities, and an assisted-living program to increase students' awareness of oppressive sociopolitical factors impacting communities (Palmer, 2004). Graduate trainers should build on these approaches by developing practicum opportunities for health service psychology students to engage with international populations or agencies early in their training. Programs can initiate rotations at university offices for international student services, refugee resettlement agencies, community clinics, or other settings. Establishing accredited pre-doctoral internship programs outside of the U.S. would also increase opportunities for international engagement. Palmer (2004) suggested developing pre-doctoral internships with organizations such as the Peace Corps, Doctors Without Borders, and the Red Cross; however, the literature does not reflect any available programs. Increasing clinical, as well as research, training experiences is essential.

Recommendation 5. Increase international engagement via research.

Many students lack opportunities to engage in research outside of the U.S., or in languages other than English during their training. Yet, graduate education is an opportune time for students to learn methods of conducting international research from scholars. Research methodology and statistical courses should incorporate instruction about research designs and data collection outside of the U.S., as well as procedures for using, translating, and adapting scales. Faculty members can also develop collaborations in other countries to offer opportunities for students to learn to conduct research outside of the U.S. To demonstrate the value of this work, training programs should encourage and reward faculty and graduate students' international research projects and publications in international journals and in languages other than English. Training programs, as well as professional organizations, could offer grant funding or awards to facilitate and recognize this international research engagement.

In addition, journals need to publish more articles written in languages other than English, by authors outside of the West, and in contexts that are historically underrepresented. U.S.-based flagship journals could publish special issues or abstracts written in languages other than English. Journal editors should review publications over the past decade for the prevalence of international authors and populations, and calculate the percentage of U.S. versus non-U.S. articles. Publishing annual reports on the number of authors, publications, and editorial board members from around the world would highlight trends and ideally lead to increased representation from underrepresented groups.

Some discipline-specific journals designate an "international" section (i.e., *Journal of Counseling and Development; The Counseling Psychologist*), which publishes scholarship broadly based outside of the U.S. While this structure is beneficial in increasing the rates of these publications, this structure is insufficient for integrating non-U.S. research into these journals. Positioning this work in an identified section communicates that U.S.-based research is the norm, and internationally based research does not fit into the journal's scope. Instead, research written by authors outside of the U.S. and those with samples in other countries should be integrated, rather than siloed into "international" sections. Shifting away from the focus on U.S. research will increase access to psychological literature focused on communities around the world that are absent from current research.

Recommendation 6. Prioritize international mentorship through top-down and peer-to-peer networks.

Mentorship can increase students' international engagement through peer-to-peer and top-down networks. Graduate trainers should initiate collaborations with programs in other countries to develop mentoring programs. Through video software, students can converse with

peers from other universities to guide intercultural growth. Students can also engage in mentoring relationships with psychologists based outside of the U.S. to increase their knowledge, awareness, and skills necessary for working in another country. These scholars can speak to research methods, clinical interventions, and systems of mental healthcare in other countries. Furthermore, psychologists can discuss processes and barriers to working outside of the U.S., such as structures of licensure, training, and service provision. Additionally, training programs should invite alumni, guest speakers, and scholars to speak about their international experiences with students and faculty members in person or via video conference software. This engagement will further expose students to the roles that psychologists have in various settings and may foster collaborations.

In addition to external mentors, faculty members within graduate programs also serve in mentorship roles. From a systemic perspective, it is very difficult for graduate students to initiate international projects without the support and guidance of faculty. However, when faculty do not have these experiences or skills, it significantly limits their abilities to teach them to students. Graduates who did not have opportunities for international engagement in their training programs will be unprepared to train their future students in this work, continuing the effects of the pipeline. Therefore, it is essential for trainers to mentor students in developing international partnerships and projects and for training programs to actively recruit and hire faculty members who are experienced in conducting cross-national work. In faculty searches, interview questions on applicants' international engagement are needed. Once faculty are hired, it is essential they receive ongoing support through their educational environments and colleagues.

Conclusion

Health service psychologists provide mental health services, advance psychological knowledge through research, and train graduate students. However, ethnocentrism embedded in the professional field and training community limits the advancement of health service psychology. Shifting away from this ethnocentric focus will improve the field of U.S. psychology. The quality and accessibility of psychological services will increase for many communities, and graduates will be more equipped to work with non-U.S.-born populations. For this growth, more attention to international engagement is needed in psychological interventions, research, and graduate training. This review and recommendations seek to identify and address ethnocentrism embedded in graduate education. Increasing the emphasis on international engagement in training will better prepare future generations of psychologists.

CHAPTER 2
PERSPECTIVES AND REFLECTIONS ON GRADUATE TRAINING FROM HEALTH SERVICE PSYCHOLOGISTS BASED OUTSIDE OF THE UNITED STATES

While some graduates of health service psychology doctoral programs remain in the U.S. following training, others attain professional positions internationally. These psychologists often work in roles that involve teaching, practice, research, consultation and policy, or psychological infrastructure, such as in sociopolitical and psychological systems (Morgan-Consoli et al., 2018). Many graduates also go on to serve in leadership positions in the mental health field in other countries (Lau & Ng, 2011). However, these psychologists' training and vocational experiences, specifically how they apply their doctoral training in their positions across the world, are noticeably absent from the literature. Current publications do not document the number of graduates of health service psychology programs who work as psychologists internationally, or how their graduate training informs their vocational experiences.

Although research on psychologists' experiences is lacking, literature on other mental health providers demonstrates how ethnocentric emphases in graduate training impacts their preparation for international work. International counseling graduates who returned to their home countries described their training as very focused on U.S. issues and questioned why they did not learn about counseling theories or practices in other countries (Lau & Ng, 2011). As these graduates encountered challenges applying Western counseling theories to their contexts, they needed to conduct independent learning to adapt their training to different cultures (Lau & Ng, 2011). When students study solely U.S. methodologies and psychological approaches, they miss opportunities to learn psychological approaches and standards that vary based on cultural and contextual factors. To date, no prior research has examined the impacts of health service

psychologists' graduate training on their experiences working outside of the U.S. The current study seeks to increase the field's knowledge of their perspectives to identify positive factors as well as barriers in training that impact graduates' roles in international contexts.

International Competencies

Like other disciplines in higher education and health professions, education and training in professional psychology focuses on students' development and mastery of a set of competencies (Roberts et al., 2005). This training aims to prepare psychologists that are fit to practice, involves mechanisms to ensure trainees' competence, and holds the profession accountable for protecting the public (Fouad & Grus, 2014). Competency areas in graduate education and training in psychology are professionalism, science, relationships, ethics, interdisciplinary systems, reflective practice, and individual and cultural diversity (Kaslow et al., 2009).

The latter area, individual and cultural diversity, derived from the cultural competency movement. In 1982, Sue and colleagues identified the critical need for preparing culturally competent psychologists. These scholars advocated for psychologists to become more knowledgeable, aware of, and skillful in working with clients of different identities including age, sexual orientation, nationality, gender, socioeconomic status, disability status and race and ethnicity (Sue et al., 1982). They developed eleven cross-cultural competencies focused on three domains: practitioners' beliefs and attitudes, knowledge, and skills. Sue and colleagues significantly influenced the field of health service psychology's regard of individual and cultural diversity as a core value. As such, doctoral training in psychology now emphasizes developing culturally competent professionals to improve the quality and access of mental health care for marginalized populations. However, the cultural competence movement was framed around

diversity and underrepresented groups in the U.S., with much less attention to the development of cross-cultural practices and scholarship around the world (Forrest, 2010; Leung, 2003). To increase attention to psychologists' abilities to effectively work in other countries, several models of international competencies have been developed based on Sue and colleagues' original framework. For instance, Heppner and colleagues' (2008) cross-cultural competencies model details characteristics of the internationally competent counselor and encourages conceptualizing clients' systems through Bronfenbrenner's ecological model. Alternatively, Ægisdóttir and Gerstein's (2010) international counseling competencies model addresses counselors' awareness, knowledge, skills, and motivations for international work. Building on the two previously described models, the dynamic-systemic-process model of international competencies states that international competencies are affected by person variables, person-process variables, environmental variables, and environmental process variables (Gerstein et al., 2015).

As these three models of international competencies are aspirational, Morgan-Consoli and colleagues (2018) developed the first framework of competencies for U.S. psychologists engaging internationally, which focuses on the knowledge, skills, and attitudes needed to be competent. The authors detail specific practices for psychologists' involvement in teaching, clinical practice, research, consultation and policy, and psychological infrastructure internationally. Some recommendations pertaining to these roles include learning culture-specific grading systems and pedagogical styles, psychological interventions, practices for research participant recruitment and compensation, current and historical policies, and structures relevant to psychology including healthcare and educational systems. Their framework also discusses how ethics, communication and language, interdisciplinary collaboration, and others' perceptions of U.S. psychologists can vary around the world and impact psychologists' work. Embedded in

these recommendations, the authors encourage detailed attention to local needs, customs, and resources, reflection on one's lack of cultural awareness, and an attitude of flexibility.

Purpose of the Current Study

Based on the framework for competencies for U.S. psychologists engaging internationally (Morgan-Consoli et al., 2018), the current study examined psychologists' approaches to their professional work in other countries following their graduate education in the U.S. Specifically, I explored graduates' reflections on how their training experiences in the U.S. prepared them for international positions in teaching, practice, research, consultation and policy, and psychological infrastructure. My main research questions for this study are: what are the training experiences of graduates who earned doctoral health service psychology degrees in APA-accredited programs in the U.S. and work internationally, and how did their training experiences prepare them for their current roles?

Overview of the Design

Given the limited literature on health service psychologists' experiences of working internationally following U.S. training, an exploratory lens is necessary. Qualitative methodology allows for studying topics and variables that have not been addressed adequately or fully in the literature (Morrow, 2007). As such, the current study is grounded in qualitative descriptive methodology, which seeks to describe a certain phenomenon or experience from the viewpoint of the individual experiencing it. Qualitative description is derived from naturalistic inquiry principles and contrasts with other qualitative descriptions like phenomenological, theoretical, ethnographic, and narrative, which involve more interpretation of the data and characterize findings in other terms (Sandelowski, 2000). Qualitative description entails studying

a phenomenon without affecting the natural occurrence of events (Colorafi & Evans, 2016). This design utilizes purposive sampling to identify participants that have personal experiences with the phenomenon of study and are willing to share their experiences with the researcher (Magilvy & Thomas, 2009). Structured open-ended interviews and focus group interviews are typically used for data collection. The goal of data collection is to discover the "who, what and where of events or experiences" (Sandelowski, 2000, p. 339).

Consensual Qualitative Research Methodology

This study utilized consensual qualitative research methodology (CQR), which was developed by counseling psychologists studying counseling processes (Hill et al., 2005). CQR is a good fit for the current study as it can lead to a comprehensive understanding and detail of a phenomenon (Hays & Wood, 2011). This method is rooted in postpositivism and constructivism, with components of grounded theory and phenomenology as well (Hays & Wood, 2011). CQR's constructivist lens is reflected in the position that researchers' biases impact how data is understood and interpreted. Therefore, a standard protocol is used in CQR to reduce the impact of the interviewers' biases through consistency and to describe participants' experiences, rather than the researcher's viewpoint. Data is reported from a postpositivist lens, as it is in the third person, summarizes the participants' quotes, and details themes (Hill et al., 2005). Interpretive consensus is a key component of this method, in which a research team arrives at consensus throughout data analysis steps in a collaborative process (Hays & Wood, 2011). Other core features of CQR include semi-structured interviews with open-ended questions, data analysis involving domains, core ideas, and cross-analyses, and review by an auditor (Hill et al., 2005).

Contexts and Participants

The current study involved health service psychologists around the world. Each participant existed in unique cultural, vocational, and national settings, representing five continents. Participants were all members of the health service psychology community due to their graduate training and professional identity. The current study set two criteria for participation: participants must have graduated from APA-accredited health service psychology doctoral programs in the U.S. and currently work outside of the U.S. in a psychology-related position. Table 1 provides an overview of participants' demographic information. The nine participants were diverse in country of work, race/ethnicity, gender, country of origin, job role, graduation year, and discipline and degree title.

Table 1

Basic Participant Demographic Information with Pseudonym

Participant Pseudonym	Current Country	Country of Origin	Race/ Ethnicity	Gender	Discipline (Degree)	Primary Job Role (Setting)	Graduation Year
Layla	Kenya	Kenya	Black	Woman	Clinical (Ph.D.)	Clinical practice (Private Practice)	2018
Sarah	U.S./ Ukraine	U.S.	White	Woman	Counseling (Ph.D.)	Research (University/ Community)	2018
Lina	Egypt	Egypt	Middle Eastern	Woman	Clinical (Ph.D.)	University faculty	2005
Maria	Peru	Peru	Asian	Woman	Clinical (Ph.D.)	University faculty	2017
Dmitry	Japan	U.S.	White	Man	Counseling (Ph.D.)	Research (University/ Community)	2019
Theo	China	U.S.	Asian American	Man	Clinical (Psy.D.)	Clinical practice (Hospital)	2011
Allice	Qatar	U.S.	White	Woman	Clinical (Psy.D.)	Clinical practice (Hospital)	2010
Simon	Israel	U.S.	Jewish	Man	School (Psy.D.)	Clinical practice (School system)	2003
Nia	New Zealand	U.S.	Latina/ White	Woman	School (Ph.D.)	University faculty	2016

Note: All identity terms use participants' own words.

Researcher-as-instrument

As the researcher, it is crucial to identify how my biases, assumptions, and worldview impact the data collection and analysis, particularly as an outsider representing this community. I am a sixth-year student in an APA-accredited counseling psychology program in the Midwest. As a U.S.-born, white student, I hold many privileged identities which impact my doctoral training experiences. I do not have personal experiences working outside of the U.S. as a graduate of a health service psychology program. For this project, I drew on my experience working outside of the U.S. in a non-psychology role. Prior to entering my graduate program, I worked in Italy at Expo Milano 2015, a world's fair showcasing pavilions from 145 countries. This experience increased my curiosity about international engagement as a psychologist. As a graduate trainee, I observe how training curriculum is often focused on the U.S. context. For instance, I completed most of my clinical training through the Department of Veterans Affairs, which is very U.S. specific as it is a U.S. governmental agency. Overall, I would like to see more international perspectives infused throughout graduate training.

Research team

Consensus is a fundamental component of CQR. A research team of a graduate student and faculty member in an APA-accredited counseling psychology doctoral program served as judges to categorize and analyze the data through weekly meetings. Team members read fundamental articles about CQR and studies which use this approach. Members represented different interpersonal power and social identities (Hill et al., 2005), and were born outside of and in the U.S. Our differing life experiences and perspectives helped to facilitate understanding the data and its intricacies and uncertainties. In CQR, it is critical for the team to deliberate about reactions and divergences throughout the consensus process (Hill et at., 2005).

Procedure

Participant Recruitment

I began the recruitment process upon receiving approval from the Purdue University Institutional Review Board (IRB). Using purposive sampling, participants were recruited through multiple methods, particularly snowballing. I requested for APA divisions and relevant organizations to forward the research invitations to members of their list-servs, including the Society of Counseling Psychology (Division 17), Society of Clinical Psychology (Division 12), School Psychology (Division 16), International Psychology (Division 52), and the International School Psychology Association. See Appendix C for the research invitation. I also contacted directors of health service psychology training councils, including the Council of Counseling Psychology Training Programs, *Council of Directors of School Psychology Programs, Council of University Directors of Clinical Psychology*, and National Council of Schools and Programs of Professional Psychology, to forward the research invitation to training directors. Research invitations detailed the study topic, inclusion criteria for participation, and incentive for participation. The research invitation invited interested individuals to complete a Qualtrics survey with the informed consent letter (see Appendix D) and demographic questionnaire.

Data Sources

Demographic Questionnaire

Participants completed a demographic questionnaire requesting their age, gender, sexual orientation, race/ethnicity, country of origin, and current country of residence. Regarding their educational experiences, participants were asked the discipline and type of doctoral degree they earned, the general geographic location of their doctoral program, their prior bachelor's or

master's degree attainment in U.S., and the year they earned their degree. Participants were also asked to briefly describe their current professional position, the amount of time spent working outside of the U.S., the language they primarily used at work, and whether their current position involved research, clinical practice, teaching, and/or consultation and policy responsibilities. Appendix A contains the full list of demographic questions.

Semi-Structured Interview

Structured open-ended interviews are often used to collect data in qualitative descriptive work (Colorafi & Evans, 2016). Prior to the interview, participants provided informed consent and completed the demographic questionnaire. Twenty-one eligible participants completed the pre-survey. As I identified eligible participants to interview, I used purposeful selection to balance representation of participants' sociocultural identities, country of residence, and professional discipline and roles. Three participants did not respond to attempts to schedule interviews.

Each participant completed one semi-structured interview in English using a telecommunication video program (Zoom). Interviews occurred between April and November of 2020. As the COVID-19 pandemic was ongoing during this period, challenges arose in recruitment for this study. In total, I interviewed nine participants based on Hill and colleagues' (1997) sample size recommendation. I transcribed each interview after it was complete, allowing me to identify salient themes emerging from the data. Data saturation was discussed amongst the research team based on the interview transcripts and determined to be sufficient following nine interviews.

The interview focused on participants' current career role, graduate training experiences, and input into international competencies for the field. As demonstrated in Appendix B, the

semi-structured protocol involved open-ended scripted questions. The questions were rooted in the study's theoretical framework. Given Hill and colleagues' (2005) recommendations, the protocol contained between eight and ten questions which allowed for consistent responses and probing. Each interview spanned approximately one hour. Participants were compensated with a $20 Amazon or Visa gift card for their completion of the interview.

I obtained participants' consent for audio-recording prior to conducting the interviews. At the end, I debriefed participants and invited them to share any reflections (Ali et al., 2008). After each interview, I wrote field notes to record my observations, assumptions, and reflections, which is an important part of understanding the contexts and influences on the study (Morrow, 2005). I also transcribed the interviews and assigned each participant a pseudonym. I removed identifiable information such as the names of individuals, universities, and graduate programs, and replaced them with general terms. Then, I checked the transcription for accuracy. The data was stored in a password-protected file, and only key research personnel had access to it.

Data Analysis

In consensual qualitative methodology, the data analysis is comprised of three steps: domains, core ideas, and cross-analysis. First, research team members grouped data into domains, or topic areas, by reviewing the transcripts and identifying domains (Hill et al., 2005). Then, we reached consensus on the domains for multiple cases. Following this, we divided the data into concise core ideas that reflected the essence of what participants said. Core ideas sought to describe participants' perspectives and meanings, without redundancy or researchers' assumptions. Finally, we used cross-analysis to develop categories which represent core ideas within domains across cases (Hill et al., 1997). Cross-analysis is the most abstract level of data analysis (Hill et al., 2005). Team members must unanimously agree on the wording of the

categories and assignment of core ideas into the categories. Then, the team used frequency labels (general, typical, variant) to identify how often each category occurred. *General* applied to all or all but one case, which reflects results that hold true for about all participants. *Typical* referred to more than half of the cases, up to the cutoff for the general category, and *variant* included at least two cases up to the cutoff for typical (Hill et al., 2005). Upon completion of the cross-analysis, the research team frequently reviewed the raw data to confirm that the core ideas had been accurately placed into categories and identified whether categories could be revised, through merging categories or domains or developing new ones.

When findings surfaced from single cases, they were categorized in a miscellaneous category and not reported in the analysis. Before finalizing the results, the team continued to revise and review the data thoroughly. Also, an external auditor, who had experience with and knowledge of CQR as well as extensive international education experiences and expertise, reviewed the results (Hill et al., 2005). The auditor provided both editorial and conceptual feedback through an in-depth review of domains, core ideas, and cross-analysis. Compared to other methods, Hill and colleagues (2005) do not recommend using a stability check but encourage researchers to have an appropriate sample and demonstrate their use of appropriate methods and trustworthiness throughout the analysis.

Trustworthiness

The trustworthiness of the data requires purposeful reflection. To better manage subjectivity, I recorded field notes to document my thoughts, reflections, and biases throughout the interview and analysis processes. In addition, the research team searched for examples of negative or disconfirming evidence that contradicted the findings to limit confirmatory bias and

oversimplifying the data (Morrow, 2005). Lastly, an external auditor provided feedback on the findings.

Results

The following section details the findings from the nine interviews, which yielded six domains, with categories and subcategories. Categories discussed by all or all but one participants are labeled "general," by five to seven participants are "typical," and by two to four are "variant." Table 2 outlines these groupings.

Table 2

Categories and Subcategories Organized by Domain

Domain	Category/Subcategory	Frequency Label (n)	International Student as a Trainee
1. Becoming a psychologist in the country of work	Professional roles	General (9)	*n* = 3
	Educational requirements/terminology	Typical (7)	*n* = 3
	Licensure processes	Typical (7)	*n* = 3
	Ethical practices	General (8)	*n* = 3
2. Transition and adjustment processes to working outside U.S.	Psycho-socio-cultural adjustment	General (8)	*n* = 3
	Personal factors	Typical (6)	*n* = 1
	Financial factors	Variant (4)	*n* = 1
3. Country-specific mental health attitudes, values, and practices	Culture-specific mental health concerns	General (8)	*n* = 2
	Application of theory/intervention	Typical (7)	*n* = 2
	Impact of language on mental health constructs	Typical (5)	*n* = 2
	Attitudes about psychologists	Typical (6)	*n* = 2
	Attitudes about mental health	Variant (3)	*n* = 2
	Role of assessment	Variant (3)	*n* = 0
4. Impact of U.S. centric psychology in the country of location	English as predominant language	Typical (7)	*n* = 3
	Privilege of U.S.-based education	Typical (6)	*n* = 2
	U.S.-based curriculum	Typical (5)	*n* = 2
	Influence of U.S. research	Typical (5)	*n* = 2

Table 2 continued

5. Preparation for International Work from Graduate Training	Positive factors that prepared psychologists for work outside of U.S.	General (9)	*n* = 3
	Role of clinical training experiences	Typical (7)	*n* = 3
	Role of research experiences	Typical (5)	*n* = 3
	Mentorship	Typical (5)	*n* = 3
	Barriers in the graduate training programs	General (8)	*n* = 3
	Limited perspectives in curriculum	General (8)	*n* = 3
	Need to pursue independent learning opportunities	Variant (3)	*n* = 1
	Competency of faculty/supervisors	Variant (2)	*n* = 2
6. Recommendations for international work	International Engagement	General (9)	*n* = 3
	Applications for graduate training	General (9)	*n* = 3
	Research best practices	Variant (4)	*n* = 2
	Need for critical self-reflection	Typical (6)	*n* = 2

Domain 1: Becoming a Psychologist in the Country of Work

Psychologists' vocational roles, as well as the processes of becoming a psychologist in their contexts, were discussed in this domain. More specifically, this domain captured psychologists' roles in their country of work, as well as their employment settings, educational requirements, licensure procedures, and ethical practices. Participants' experiences in this

domain were grouped into four categories: 1) professional roles, 2) educational requirements/terminology, 3) licensure processes, and 4) ethical practices.

Category 1. Professional Roles

Participants' professional roles varied greatly. Amongst the nine participants, their titles included clinician, educator/professor, researcher, supervisor, administrator, director, or a combination of several roles. Three participants held multiple positions, such as working as a university professor and in a private practice. Participants' work settings spanned schools, hospitals, universities, and others. Their scopes of practice also varied; in some countries, such as Japan, psychologists were not able to diagnose independently. Participants' professional languages, linguistic proficiency, and collaboration with interpreters differed as well. Participants worked in languages including Chinese, Hebrew, Spanish, and English.

Category 2. Educational Requirements/Terminology

Participants (n = 7) described the educational qualifications for psychologists in their countries of work in a wide range. In some countries, a bachelor's degree was required to become a psychologist, while in others, a master's or a doctoral degree was needed. Many participants noted the emphasis on general, rather than specialized, training in their setting. Additionally, how the term, *psychologist*, varied around the world emerged as a salient theme. For example, Lina stated,

> In the U.S. you really can't call yourself a psychologist unless you have a doctorate and you're licensed, etc. In most parts of the world internationally, it's really the word psychotherapy that is restricted. But psychology you know, if you have a bachelor's, you can call yourself a psychologist.

These differences in terminology impacted participants in several ways. For example, although Allice's degree is a PsyD, her title is written as PhD because the nuances in training are not present in the system in which she works.

Category 3. Licensure Processes

Connected to educational requirements, licensure processes were also diverse amongst participants (n = 7). Four participants noted several challenges to licensure such as needing a physician to sign licensure paperwork, lacking certain documents, language fluency requirements, or difficulties transferring one's U.S. license. On the other hand, a few participants were able to easily transfer their U.S. license to their current country. Two participants explained it as a simple process or not required to practice in their country. Layla stated,

> People don't like have to be licensed or have to be, you know, I know people who are still like finishing their doctorate and they have their own private practice, or have you know, so the, in terms of the professional qualifications here, it's very different.

As indicated by Layla, the differences in professional qualifications and licensure procedures were evident across interviews. In some participants' settings, the license applied to the individual psychologist, while in others, the practice or center required one.

Category 4. Ethical Practices

Local policies and cultural nuances impacted ethical decision-making as well. Participants (n = 8) detailed experiences navigating ethical dilemmas such as multiple relationships, confidentiality, boundaries of competence, and oversight of psychological research processes. Many discussed how confidentiality has a culture-specific meaning, such as Lina,

> In American culture, the value of confidentiality is really based on ownership. It's based on the concept that you own your story. Confidentiality in this part of the world is not based on that, it's based on the idea of shame and honor.

This notion that cultural values inform the conceptualization of confidentiality was also noted by Theo. He reported how in his work setting a release of information is required to disclose information to patients' family members. However, this policy is considered offensive as it violates the cultural norm that family units are viewed as integrated.

Related to confidentiality, two participants reported difficulty making decisions on whether to report certain mental health diagnoses to government entities, which is required in their settings. Furthermore, a few participants depicted complex instances navigating clients' expectations of therapeutic relationships. For example, one clinician's clients perceived her as standoffish when she would not join them for social gatherings.

Domain 2: Transition and Adjustment Processes to Working Outside U.S.

In addition to their current professional roles, participants also detailed their experiences transitioning from U.S. training to professional identities and careers in other countries. This domain captured participants' transition processes including both professional and personal factors. The factors which affected participants' journeys were discussed in this domain in three categories: 1) psycho-socio-cultural adjustment, 2) personal factors, and 3) financial factors.

Category 1. Psycho-socio-cultural Adjustment

Almost all participants (n = 8) expressed how psychological, social, and cultural factors impacted their transition processes. They reported emotional reactions during their adjustment, such as frustration, surprise, worry, superiority, and a sense of loss. For instance, Maria shared noticing herself comparing psychological institutions and procedures between the U.S. and Peru. She expressed how these comparisons "can also make me very judgey and feel superior sometimes. And it's mostly defensiveness right. It's, it's a struggle, being back and trying to

understand and learn a new culture, professionally." Here, Maria highlighted her difficulties in adjustment, which was a common sentiment within the other interviews. More specifically, participants who were international students during training described challenges adjusting to the professional culture in their countries of origin. For U.S.-born participants, they expressed difficulties adjusting to new cultural contexts and felt surprised by the length of time it took for them to become acquainted. They described needing to learn about relevant historical and social trends in their locations.

Category 2. Personal Factors

Participants' personal backgrounds and life experiences impacted their transition processes as well as their reasons for pursuing work abroad. Several (n = 6) shared how their interests in other countries, prior time spent outside of U.S., familiarity with their current setting, and other factors influenced their desires to work in another country. Three participants discussed planning to work internationally before or during graduate training. Simon shared,

> It's something that I knew all along. I knew that I wanted to end up here. As my kids were getting into the school, school age, we made a decision to come because I didn't want to, you know, make the move when they're when they were older.

Like Simon, other participants expressed having a longstanding interest in the location, personal or family-related reasons for pursuing work there, or were returning to their country of origin.

Category 3. Financial Factors

Intertwined with their personal factors, some participants (n = 4) also indicated how financial aspects impacted their vocational experiences. For example, Layla, discussed how

financial debt from training can influence psychologists' decisions to work outside of the U.S. As an international student, she did not have access to educational loans.

> When I was in the school like I really struggled and financially I really had a hard time. Once I'm done with school, like I don't have any debts to think about. But then those who are like my colleagues…you're not just thinking about like, I want to get a job like you're think[ing] about these are the loans you need to repay. So I feel like that is a big impediment for people not to just like, cause coming into international contexts where psychology doesn't pay as well or psychology is still kind of getting off the ground... I would probably think twice if I had a whole number of amount of loans to repay.

Here, Layla highlighted how financial factors regarding tuition costs, loans, and other considerations can impact international and U.S.-born students differently. She also reflected what was shared by three other participants, that psychologists' salaries and access to funding resources can be limited in some countries.

Domain 3: Country-Specific Mental Health Attitudes, Values, and Practices

In this domain, participants discussed how cultural factors informed mental health attitudes, values, and practices in their country of work. They identified country-specific mental health conditions, attitudes about psychological practices and providers, language of mental health terms, and applicability of interventions and assessments. Participants' experiences were grouped into six categories in this domain: 1) culture-specific mental health concerns, 2) application of theory/intervention, 3) impact of language on mental health constructs, 4) attitudes about psychologists, 5) attitudes about mental health, and 6) role of assessment.

Category 1. Culture-Specific Mental Health Concerns

Almost all participants (n = 8) detailed mental health conditions and significant needs in their country of work. Of note, three participants from different continents indicated suicide as a significant issue. Needing to provide psychoeducation about mental health constructs, such as

anxiety and depression, was echoed by participants. Culture-specific diagnoses also emerged as a theme in this category. For instance, Dmitry described hikikomori as follows.

> Hikikomori, which is a Japanese specific, it's kind of like, I would say, panic... It's close, it's similar to agoraphobia, um and social anxiety. People don't, they don't leave their home ever. It's called but it's, it's culturally has different. There's differences than there is. It's not really a panic disorder. It's more of a motivational issue.

Regarding interventions, a few participants expressed how health care systems, bureaucratic procedures, and limited mental health providers impacted meeting mental health needs. Nia described how the low number of psychologists in New Zealand leads to long waitlists for assessments as well as few preventative interventions for the high suicide rate of adolescents. Additionally, two participants reported that certain mental health concerns are punishable legal offenses, such as suicide, which affect treatment-seeking. Overall, the intersection of cultural norms and psychological concerns emerged as an important theme.

Category 2. Application of Theory/Intervention

Like mental health concerns, treatment methods also differed across countries. Participants (n = 7) reflected on the applicability of theoretical orientations and interventions for local needs. For example, two participants from different countries in Africa and the Middle East illustrated how CBT fits well in their current context. Layla explained CBT allows her to have a shared language with clients to discuss their thoughts, feelings, and behaviors. However, two participants from other countries in the Middle East and Asia expressed how CBT is inconsistent with cultural beliefs. Theo indicated CBT's separation of emotions, thoughts, and behaviors, contrasts with how society views the self as integrated,

> "CBT tends to be quite like boundaried, if I could say it that way, right? It's like, 'hey, you know what we're gonna focus on thoughts, we're gonna focus on behaviors. We're gonna focus on, you know, on the emotions, we're gonna focus on the interplay between

> the three of these things.'... And, like holistically Chinese society is just not as like well-defined in those boundaries."

In addition, Lina described how CBT's assertion that seeking perfection is irrational contradicts cultural values,

> This culture really promotes that concept that you need to be perfect because you're trying to fill in the model of Jesus for the Christians or the model of Muhammad you know, for the Muslims, or there's a lot of emphasis of like being the perfect mother or being the perfect, you know, whatever, it's just part of the culture…you have to be aware of these things so that you don't just, you know, try to, yeah, try to challenge a belief that's very deeply rooted in society.

Similarly, Simon indicated how psychodynamic theory is esteemed in Israel because its constructs of personality fit the culture well. In contrast, Lina stated this theory is considered very offensive and sacrilegious in Egypt, due to its assertions about sexuality and family relationships.

Category 3. Impact of Language on Mental Health Constructs

In this category, participants (n = 6) illustrated how language impacted understandings of mental health constructs. Participants, such as Allice, expressed how nuances in language, as well as translations, can affect interpretations,

> [In Arabic] there's not a ton of words to talk about, like being frustrated, upset, agitated. There's one word and the word is nervous. It always translates to nervous. And when I first came here, you know, people would come in with their child who was tantruming and have behavior problems and tell me he's nervous. And I was like, well, he's not nervous, you know. But they only have that one word.

Sarah also provided an example in which language impacted assessment of substance use trends,

> We, several, like 10 years ago, had published a study about substance use in West Africa and like the rates came back really low. And it didn't really correspond to like what, what our partners on the ground were noticing. So then subsequently, like 10 years later, they, our group went back and did, conducted focus groups

> first to really try to get the language right about what are people, substances in particular, how are people talking about the substances that they're using, things like that. Redid the study with that, with that instrument that was using the language of people on the ground and got very different numbers.

These examples reflect how language translations and nuances impact the meaning of constructs. Participants emphasized how using the language of the people affects outcomes in research and treatment.

Category 4. Attitudes About Psychologists

In this category, participants (n = 6) identified how psychologists were perceived by the public in their settings, which varied by country. Simon, for example, discussed how school psychologists are viewed in Israel,

> That's kind of like a sore subject actually. We are very, very uh, we're not really thought of very highly. It's one of the sad, sad parts of the experience…There's a huge lack of psychologists in Israel.

In addition, Lina and Theo also detailed how the public's attitudes toward psychologists are informed by country-specific historical attitudes toward mental health. For instance, Theo explained psychologists in China are viewed as part of the heavily stigmatized mental health establishment. Societal attitudes about psychologists impacted their perceived roles in society, including their compensation, as well as how trusted they were by recipients of services.

Category 5. Attitudes About Mental Health

In conjunction with attitudes about psychologists, some participants (n = 3) observed societal attitudes about mental health. Beliefs about psychological concerns, help-seeking, and stigma were discussed. Lina, for instance, detailed how mental illness had familial impacts in Egypt,

> Mental illness is seen as a shame on the family, is seen as taboo, it's very stigmatized. People don't, you know, they don't want to admit that they have a problem and if they do, it may affect I mean, it may affect everything from like getting married, nobody's gonna want to marry somebody who has a mental health, you know, who has depression or bipolar disorder. It affects the family reputation, which you know, in this culture, the reputation is an honor.

Similarly, Allice expressed how her patients were very attuned to psychological constructs, but stigma affected their willingness to discuss them publicly. Systemic efforts to address stigma in these societies were also discussed. For example, Lina described how media portrayals of mental health treatments and celebrities' disclosures of their own mental health concerns have increased the public's awareness and led to more positive attitudes.

Category 6. Role of Assessment

In this category, participants' (n = 3) experiences administering assessments were captured. Participants described how outdated testing instruments were utilized to make high stakes decisions, and how there is often a lack of norms for the populations they work with. Nia discussed norms for assessments such as the WISC,

> Because Australia is much bigger than New Zealand, then tests will be adapted and normed on an Australian population, and then assumed to also work in New Zealand. You have to understand that their relationship with Australia and New Zealand is not much different than the relationship between the U.S. and Canada. So honestly, there's a lot of overlap, a lot of shared experiences...But they're a little bit different. Right? You know, you can't say that Canadians and Americans are, are the same, because they're not. Same for Australia, Australians and Kiwis. So any tests that are adapted, are not going to be specifically for New Zealand, are going to be for, probably normed in Australia.

In addition to improper norms, participants also noted the prevalence of culturally inappropriate test items. Allice reported using a cognitive assessment which contains a question on fishing and expressed how children in her setting do not go fishing. Items such as these reflect bias in testing and the exportation of U.S. psychology around the world.

Domain 4: Impact of U.S. Centric Psychology in the Country of Work

In addition to understanding mental health concerns, values, and practices, participants also identified how the status associated with U.S.-based psychology is reflected in their countries of work. They detailed this impact in four ways: 1) English as predominant language, 2) privilege of U.S.-based Education, 3) U.S.-based curriculum, and 4) influence of U.S. research.

Category 1. English as Predominant Language

The predominance of the English language affected participants' (n = 7) work as researchers, educators, and clinicians internationally. Several shared that it was not necessary for them to learn local languages because their English proficiency was highly valued. For instance, Dmitry reflected how he can perform his research position by solely speaking English, while Japanese students need to learn English to conduct research. Maria expressed a similar sentiment as she described how her instruction of students if influenced by the prioritization of the English language in psychological research.

> Students need to be ready to be able to work fluently with English based sources. Because um yeah, like I, my thesis students are in their fifth year and they all you know, their sources are in Spanish, French, German and Portuguese…your university career will be largely limited if you can't handle English sources because that'll be the primary.

As students are encouraged to prioritize English sources, their learning of psychology of other languages is therefore limited. Furthermore, one participant reported that she only publishes in U.S. or English journals due to not having linguistic abilities for academic writing in Arabic. The emphasis on English academic sources, and more broadly, the English language, demonstrates the esteem of this language around the world.

Category 2. Privilege of U.S.-Based Education

In addition to the privileges associated with their English proficiency, participants (n = 6) also noted how they were viewed as experts due to their U.S. training. Maria reported that colleagues requested her opinion because of her U.S. education,

> We were talking about the use of different measures and whether or not you can cut it up into the different subscales and just administer them…And so they turned to me and they're like, 'Well, you've been educated in the U.S. Tell us how is it that out there?'…I provided some sort of proof that that shouldn't be done.

Theo also expressed how others perceive his expertise,

> People think 'oh my god, you were trained in America. Please, like, tell us how it's done.'… Because, they're like being the students going, 'oh my god, you're American, right? So like, you must know this. And so like, let me memorize this. And let me pass that down now to everybody.

Furthermore, participants explained how their training impacted their own expectations of competence. They noted instances of believing processes "should" be done in the same ways as they are in the U.S. due to their training. Some also indicated comparing locally trained psychologists' competence with those trained in the U.S. The perceptions of participants' U.S. training led to both internal and external assumptions about competence.

Category 3. U.S.-Based Curriculum

Further evidence of the high regard of U.S. psychology is reflected in education and training in psychology in other countries. Participants (n = 5) detailed how U.S.-based curriculum infiltrated course content, such that instructors utilized readings and materials that were developed in the U.S. in their courses. Participants noticed the incongruence between local cultural practices and content in U.S.-based textbooks,

> With cognitive psych, we just did a chapter on attention, right, and the primary example was driving and students, my students here, maybe, maybe less than 10, less than 5% of them drive, you know, have a car or drive. (Maria)

This emphasis on U.S.-based course content was also reflected by Nia, who shared how students "feel like they know more about what it means to be a school psychologist in the U.S. than to be an educational psychologist in New Zealand." She explained that the lack of textbooks and empirical literature on educational psychology in New Zealand leads instructors to rely on U.S.-based content, which in turn limits students' training for their setting. Relying on external resources is the reality due to these limitations.

Category 4. Influence of U.S. Research

Like curriculum, participants (n = 5) also described how U.S. norms influenced research processes in their current countries. Three discussed how measures developed in the U.S. were often used in their countries of work. For example, Sarah expressed frequently reading studies using measures that were validated in the U.S. but implemented in other settings without proper norms. Furthermore, participants reported pressure to publish their research in Western journals, rather than local ones. At the same time, they noted Western psychological journals lacked interest in papers on global mental health. Alongside this, participants including Maria discussed a lack of context-specific literature.

> A lot of research hasn't been done. Research that has been done, I don't think is all that really sensitive to the context. We're just not there yet. It's just extensions of what I would say, is American psychology.

Maria described how the Western academic community has dictated research expectations, but this infrastructure is not available in Peruvian universities. As a result of the idealization of Western procedures in psychological literature and these associated structural limitations, there is limited knowledge about international communities, which restricts psychologists' access to literature on these groups.

Domain 5: Preparation for International Work from Graduate Training

In this domain, participants reflected on how their graduate training prepared them for their international work. They articulated both aspects that were beneficial, as well as those that were lacking, in their professional development. Two categories emerged: 1) positive factors that prepared psychologists for work outside of U.S., and 2) barriers in the graduate training program.

Category 1. Positive Factors that Prepared Psychologists for Work Outside of U.S.

All participants (n = 9) discussed factors which prepared them to work outside of the U.S. Many expressed feeling well-prepared as psychologists and were grateful for their training. Specifically, participants benefitted from clinical and research training experiences, as well as mentorship. This category consisted of three subcategories: "role of clinical training experiences," "role of research experiences," and "role of mentorship."

Subcategory 1. Role of Clinical Training Experiences. When asked to identify experiences which prepared them for work outside of the U.S., most (n = 7) discussed enriching clinical training. Allice, for example, recounted administering virtual assessments as a trainee, which is similar to her current work administering cognitive assessments in a hospital in Qatar.

> I worked at a hospital during my fellowship that had telepsych assessments in Saudi Arabia, so we were in Washington, DC, but we assessed children through, you know, video link, live video links who were in Saudi Arabia because they just didn't have enough expertise there. And it was a really great experience.

Three participants described how their internships facilitated opportunities for self-reflection and experiences working with clients who held different sociocultural identities. Others learned how to collaborate with multidisciplinary providers during training, which is part of their current roles as well.

Subcategory 2. Role of Research Experiences. In addition to clinical experiences, participants (n = 5) also benefitted from research training. Three participants spoke to their graduate research experiences studying U.S. minority populations' mental health needs and applicability of treatment as helpful in preparing to work with their current communities. In addition, learning about measurement considerations was also beneficial, as described by Sarah,

> I think it came across too in things like for example, even in terms of like measurement and like research methods. Really thinking about how, you know, different backgrounds, different groups are going to perform differently on measures and things like that. You know, there's a lot of emphasis on, on those kinds of things, even in my research classes, so I would say it wasn't just like something we talked about clinically but also came across in research, which is like super relevant for me now.

Those, like Sarah, whose current positions involve research especially highlighted the value of this training. They noted how opportunities during graduate training prepared them for addressing nuances in their research and effectively collaborating with community members.

Subcategory 3. Mentorship. Alongside curricular and experiential learning, participants (n = 5) benefitted from mentorship. Some participants described their academic advisor as critical mentors in their preparation for international work. Notably, they indicated their advisor still encouraged their pursuit of these interests even when their advisor's own interests were different.

> My advisor, who was the one who was in the culture lab, was such a resource for me, because when I came I wasn't even aware of like African psychology. But now he exposed me to specific authors, he would give me specific articles to read from specific African scholars…And so, I think my advisor was a strong resource for me to expose me to people who think the way that I could be thinking, so I really appreciated that. (Layla)

In addition to her academic advisor, Layla also indicated how building connections within professional communities impacted her training. A few other participants reflected this as well and discussed how involvement in APA divisions, including 52 (international psychology)

and 27 (community psychology), exposed them to fields of psychology and psychologists outside of the U.S. These connections helped some participants pursue work abroad.

Category 2. Barriers in the Graduate Training Programs

Additionally, participants (n = 8) reported barriers or aspects that were lacking in their training. Interpersonal and curricular barriers were discussed in this category across three subcategories: "limited perspectives in curriculum/focus on U.S. psychology," "need to pursue independent learning opportunities," and "competency of faculty/supervisors."

Subcategory 1. Limited Perspectives in Curriculum. Almost all participants (n = 8) described how their graduate training focused heavily on U.S. psychology. While multiculturalism was emphasized in their programs, many noted little attention to international diversity. Overall, participants emphasized that their training concentrated on preparing them to work in the U.S. Maria expressed, "my main gripe with my education was that it's just way too American," while Lina stated, "I can't say that like the core curriculum that I was trained in helped, would have prepared me to work internationally at all." Two additional participants shared similar sentiments regarding their curricular experiences. They reported a lack of coursework on international psychology or focus on mental health structures outside of the U.S., as well as limited opportunities to work in other languages or with translators.

Subcategory 2. Need to Pursue Independent Learning Opportunities. Given these limited perspectives, some participants (n = 3) discussed having to pursue independent learning through additional readings or clinical experiences in other countries. They described recognizing that they needed to increase their knowledge and skills for working as a psychologist internationally, given that their training primarily prepared them for work in the U.S. For

instance, Theo detailed his experience seeking out additional clinical training prior to pursuing his current position,

> I trained for a year here in mainland China. I took a leave from the VA during the middle of my training and I kind of like moved over here and did a year training and then moved back… And I moved over, and I like, spent the money and rented a place and like, my wife quit her job and like, you know, like we, we moved over. But that took a lot of like, that was a gargantuan effort.

As described by Theo, needing to acquire additional training due to gaps in the graduate curriculum created barriers in participants' degree timeline, and involved financial and personal costs.

Subcategory 3. Competency of Faculty/Supervisors. Faculty members and supervisors' international competence also impacted trainees' experiences. Two participants, who were international students as trainees, both discussed needing to encourage faculty members to broaden their perspectives outside of the U.S. Maria shared her experiences,

> I was always kind of trying to push for people to think outside of just the U.S. right. And challenging my professors to, to think about what if the culture's like this or what if people are like this, or have you thought of this and always kind of pushing back. And I think a lot of that for me was, I wasn't sure how much their limited perspectives would impact my training and preparing me to come back. And so I was pushing for something that might lend itself more to my preparation to work here in Peru.

Participants conveyed that faculty differed in their awareness of their biases, which not only impacted their classroom learning, but also their interpersonal interactions with them. Participants felt more trusting of and understood by faculty members who demonstrated international competence.

Domain 6: Recommendations for International Work

Overall, participants encouraged more international engagement and provided specific recommendations for international work. They described the practices they utilize to ensure

competent and inclusive services. In addition, racial dynamics impacted participants' work; some held majority identities in their country of origin but were minorities in the U.S. during training. Others were white, currently living in predominantly non-white societies. Acknowledging these identity changes from their U.S. experiences required awareness and self-reflection. Two categories emerged in this domain: 1) international engagement and 2) need for critical self-reflection.

Category 1. International Engagement

All participants (n = 9) discussed the need for more international engagement in U.S. psychology education and training. They detailed ways for psychologists to decrease ethnocentrism. This category contained two subcategories, "applications for graduate training," and "best practices for research."

Subcategory 1. Applications for Graduate Training. All participants (n = 9) advocated for increasing international engagement in graduate training through curriculum, experiential learning, readings, and more. Given the diversity of settings and roles of psychologists across the world, participants emphasized broadening training to include more focus on international preparedness, with the understanding that it would be difficult to prepare students for specific experiences. Many participants echoed the need for more international training experiences,

> I would like to see maybe some exchange opportunities, and it would be up to graduate trainers to help facilitate that- partnerships between universities to kind of trade students for a semester. I think that that would go a long way in *really*, really pushing students forward. (Nia)

Recognizing financial and curricular barriers to learning outside of the U.S., participants suggested training programs invite guest speakers who work in other countries or develop virtual partnerships between faculty and students in different countries. Encouraging students to attend

conference sessions focused on international topics, incorporating more readings based outside of the U.S., and conveying that these competencies are relevant to everyone, were additional themes discussed. In general, participants would like to see a shift away from the U.S. focus in training,

> I think the U.S. really suffers from that, from a sense of self-sufficiency. And that is absolutely seen at a graduate training level I think. And which is so sad because the U.S. is so diverse. There's so many ways to incorporate that structurally into graduate programs, and also curriculum wise, you know, into the courses, and yet it's not being done. I think that would really make a huge difference. And it would truly allow the U.S. to be a leading country in terms of psychology, but I think that might limit it. (Maria)

To address this, participants suggested coursework include more instruction on international psychology or global mental health, ethical systems and practices around the world, and mental disorders and interventions from different countries and how westernization has impacted them. Some participants also emphasized preparing students to work in other languages, as well as with interpreters.

Subcategory 2. Research Best Practices. Practical recommendations for conducting research were also proposed by some participants (n = 5). Regarding measurement, participants discussed hosting focus groups with community members to learn about specific constructs and related language. For qualitative work, one participant recommended involving community members in analyses and coding data before translating it to avoid losing nuances. In publications, participants would like to see clearer reports of how measures were administered (i.e., paper and pencil measure due to literacy challenges). Sarah specifically discussed language considerations in reporting findings,

> Maybe in a given country, there's 15 different languages and dialects being spoken. And it's [the measure] only offered in one language. So, I think a lot of times even how we report what we're doing is important, because then readers can hopefully then also make interpretations about, like, how thoughtfully was this done.

Furthermore, two participants recommended not only disseminating findings in journal articles, but also communicating them back to the community through a technical report, summary, or infographic.

Category 2. Need for Critical Self-Reflection

Effective international engagement requires critical self-reflection. Participants (n = 6) recognized they were outsiders in their contexts; even those who returned to their countries of origin described feeling aware of their "otherness" due to their U.S. experiences. This awareness allowed them to consider how their U.S. lenses impact their current work. Participants' engagement in self-reflection helped them to work competently in other countries. Overall, participants described how internal work is critical, such as Layla,

> We are the tool. And so, this tool has been shaped by so many different things. And so, if we don't take time to really work on this tool, no matter where I am, if I'm in the States, if I'm here, if I'm in, you know, with people look like me, who don't look like me, this tool is the constant. And so, the work needs to be within myself, you know, help me to kind of dig into those identities, so that then I can be a better tool to sit with people to expand my capacity to deal with, you know, whatever issues people bring up.

Prevalent themes regarding self-reflection included knowing one's limitations, being invited into communities rather than forcing one's way, valuing long-term partnerships, and learning about mental health topics through stakeholders. Participants encouraged working through Western biases by being aware of and acknowledging them and having flexibility to move beyond one's perspective. For example, considering whether concepts like anonymity are valued in the context is important, rather than assuming U.S. norms apply throughout the world. In addition, participants emphasized reflecting on how relevant social and historical factors have formed communities' attitudes toward and engagement with mental health systems.

Discussion

Intersecting cultural, educational, professional, and personal factors impact U.S.-trained psychologists' international employment experiences. The current study is the first to explore the graduate training and professional experiences of health service psychologists working in nine different countries following U.S. training. In general, psychologists in global mental health are understudied (Evans et al., 2013), leaving little understanding of how doctoral-level training prepares psychologists for work in other national settings. This study provides several implications for the field of health service psychology, and specifically for graduate education. The findings suggested six domains: becoming a psychologist in the country of work, transition and adjustment processes to working outside U.S., country-specific mental health attitudes, values, and practices, the impact of U.S.-centric psychology in the country of location, preparation for international work from graduate training, and recommendations for international work.

Becoming a Psychologist in the Country of Work

Participants in this study worked in a wide range of roles and settings, such as in hospitals, universities, school systems, private practice, and more. The present study demonstrated how psychologists' professional roles, employment settings, and experiences with legal and ethical procedures differ across countries. Educational requirements and titles for psychologists, licensure processes and regulations, and ethical practices were each affected by cultural nuances and historical and local policies.

Psychologists' roles, educational requirements, licensure, and terminology vary greatly around the world (Forrest, 2010). Tasks that psychologists perform in the U.S., such as diagnosing mental health disorders, can be outside of their scope in other settings (Evans et al.,

2013). Alongside psychologists' varying diagnostic roles, ethical standards and practices are also diverse. Confidentiality and informed consent, for example, are impacted by cultural values, norms, and laws (Inman et al., 2019). Psychologists working internationally need to critically consider how ethical constructs align with local beliefs. For instance, concepts that are discouraged in the U.S., such as multiple relationships, may be beneficial in other settings. Some countries' legal policies align with U.S. laws, such as requiring a release of information to disclose health information. However, as described in these findings, these procedures can violate social and familial values and harm therapeutic alliances. Further attention to these nuances is critical for psychologists and graduate training should deepen discussion of values embedded in ethical principles. Overall, the current study provides further support for Morgan-Consoli and colleagues' (2018) recommendation that U.S. psychologists transitioning to different countries need to be aware of psychology degree names and curricula, legal requirements, ethics codes, and areas of practice in psychology. In addition, increased attention to preparing psychologists for ethical decision-making internationally is warranted.

Transition and Adjustment Processes to Working Outside U.S.

Prior to this study, elements impacting psychologists' transitions to other countries were absent in the literature. Both personal and financial factors informed participants' decisions to work internationally and influenced their adjustments to their settings. Psycho-socio-cultural adjustment factors affected their transition processes as they experienced challenges navigating new professional cultures. In addition to adjusting to work cultures, those that were living in countries for the first time also needed to become accustomed to life in those settings. Interestingly, six participants in this study were U.S.-born, demonstrating that both international and U.S.-born trainees pursue work outside of the U.S. This finding, as well as the fact that

several participants knew during graduate training that they planned to work internationally, have important implications for the training community.

In U.S. training programs, international students are often regarded as those who will leave the U.S. after graduation. Assumptions about *who* seeks international positions need to be challenged in graduate education; trainers should ask *all* students about their international interests and prepare both U.S.-born and international students for international work. Graduate training is an opportune time to guide students' pursuit of these interests, discuss ways of identifying and securing funding to support their work, and normalize affective experiences to anticipate during the transition process. Educators should connect students with professional psychologists outside of the U.S., such as through organizations such as International School Psychology Association (ISPA), which provide opportunities for school psychologists around the world to connect (Nastasi et al., 2020). More support for psychologists' transition processes are also warranted. Future research should focus on factors which support or impede their integration into new professional cultures.

Country-specific Mental Health Attitudes, Values, and Practices

Mental health concerns, interventions, terms, attitudes, and assessments are country-specific. This study deepens knowledge about how psychologists trained in the U.S. understand these nuances and make decisions around diagnoses, assessments, and treatments. Participants considered how values embedded in theoretical orientations, attitudes about mental health concerns and treatments, and limited assessment norms, informed service delivery in their current countries. These findings call for more attention to culture-specific diagnoses, assessments, theories, and interventions.

Since mental health needs vary by context, psychologists must determine which diagnostic and treatment interventions are most appropriate. Yet, culture-specific resources are lacking in many parts of the world. For example, psychologists in the Eastern Mediterranean, Africa, and Latin America encounter difficulties using diagnostic systems like ICD-10 and DSM-IV due to their emphases on U.S. and European values and concepts (Evans et al., 2013). However, country-specific diagnostic systems do not exist in many settings. Similarly, as participants in the current study described, certain psychological theories and interventions emphasize U.S. values, ignore systemic and group influences on distress (Hurley & Gerstein, 2013), and clash with cultural beliefs (Lee, 2013).

Using U.S.-based practices internationally is a form of ethnocentrism (Inman et al., 2019). Instead, psychological interventions should be developed utilizing participatory approaches in collaboration with community stakeholders (Nastasi et al., 2020). Regarding approaches created outside of the local context, psychologists should carefully assess how values embedded in the treatment align with or violate deeply held cultural beliefs. Relatedly, psychologists should critically consider the appropriateness of assessments by reviewing relevant norms and identifying culturally irrelevant items (Byrne, 2016). In some settings, culture-specific assessments do not exist. In fact, there is a lack of validated instruments for evaluating intelligence and attention-deficit/hyperactivity disorder in several Asian, African, and Spanish-speaking countries (Bernardo et al., 2018). Increasing methods of appropriately assessing and treating mental health conditions in these settings is crucial.

The Impact of U.S.-centric Psychology Around the World

Across countries, participants noted the infiltration of U.S. psychology in their current settings. Content from the U.S. was embedded in curricular materials and empirical articles, and

the English language and U.S. practices dominated administrative, clinical, research, and academic procedures. Moreover, English language proficiency and U.S.-based education granted participants many privileges. Psychologists were often regarded as experts due to their U.S. training even if they had less knowledge about the cultural practices and traditions.

U.S. psychology is exported throughout the world as materials and methods are brought to global settings. As educators, psychologists need to refrain from using syllabi and course materials from the U.S. internationally. Instead, integrating literature (when feasible), with course activities and examples that are consistent with local culture is very necessary. Echoing Morgan-Consoli and colleagues' (2018) recommendations, psychologists from the U.S. need to gain awareness of local teaching styles, grading systems, syllabi, assignments, and readings within the educational setting, and reflecting on the cultural relevance of examples and constructs. Similar principles apply to empirical work; psychologists should prioritize more international research, while being critical about measurement and dissemination of findings. Currently, international research engagement is largely limited by ongoing publication trends prioritizing the English language and knowledge about Western groups.

Empirical journals' prioritization of U.S. and European literature prevents the advancement of psychological knowledge and practices for cultures outside of the West. Overall, international research is not prioritized in U.S. psychology; in fact, faculty members experience pressure to publish in English/Western, not in international or local journals (Kim et al., 2014). In counseling psychology journals, international collaboration research represents less than 15% of countries in the world, with very few studies in Central and South America and Africa (Pieterse et al., 2011). As a result, psychological practices, effective treatments, and continued mental health needs of various communities are ignored. This erasure impacts psychologists'

access to knowledge about these groups. Clearly, journals should publish more work from authors in these settings and when appropriate, new collaborations between U.S. researchers and these communities are needed (Kivlighan et al., 2018). Developing mutually beneficial partnerships and ensuring research findings are applicable to locals is very important (Nastasi et al., 2020; Wang & Çiftçi, 2019). However, a significant barrier to this work is the predominance of the English language. Continuing to prioritize English as the language of academia and science limits the depth of the field's knowledge of human beings. Nuances that are critical for understanding human experiences can be lost when translating from local languages to English (Bullock, 2015). Shifting away from the emphasis on U.S. and English work includes initiatives such as encouraging presentations and articles in other languages at U.S. conferences and journals (Wang & Çiftçi, 2019). Psychologists need to prioritize publications from underrepresented communities outside of the U.S., as well as those written in other languages.

Implications for Graduate Training

Furthermore, this study offers important insights into the impact of U.S. graduate training on psychologists' readiness for international careers. Participants benefitted from mentorship and clinical and research training experiences to prepare for their current roles. However, they noted that the strong focus on U.S. psychology with few opportunities for international work, and faculty's varying levels of self-awareness limited their preparedness for their current positions.

First, clinical experiences providing interventions to international communities, experiential exercises facilitating self-reflection, and working with multidisciplinary providers proved very beneficial to participants. In addition to clinical opportunities, learning about culture-specific research measurements, reading empirical work from scholars in other countries, and gaining experience in cross-cultural research methodologies had positive impacts.

Mentorship from academic advisors and members of professional organizations also guided participants' international pursuits.

On the other hand, participants learned limited perspectives and encountered barriers applying their training internationally because graduate curriculum emphasizes U.S. psychology and populations (Fatemi et al., 2018). While research on psychologists is limited, international counseling graduates questioned the relevance of their U.S. education due to the little attention to psychological practices in other countries and needed to conduct independent learning to competently work in different countries (Lau & Ng, 2011). Echoing this finding, participants in the current study also pursued independent learning to address gaps in training.

Clearly more attention outside of the U.S. is needed in training. In curriculum, increased focus on global mental health, ethical systems, and literature is imperative. Many scholars have proposed similar recommendations, including expanding training in disaster mental health services (Inman et al., 2019), integrating courses such as international politics (Wang & Çiftçi, 2019), educating students on the educational and psychological systems throughout the world (Gerstein & Ægisdóttir, 2007), and increasing literature on indigenous theories and counseling models (Wang & Çiftçi, 2019).

Regarding experiential opportunities, findings from this study provide further support for other recommendations that have been proposed to the training community (i.e., Gerstein & Ægisdóttir, 2007, Wang & Çiftçi, 2019). Students should study languages other than English, learn how to work with interpreters, and publish articles in other languages. In line with additional recommendations in the literature (i.e., Davies et al., 2015, Koch et al., 2014, Scheel et al., 2018), graduate trainers should also prioritize opportunities to prepare students to work with international communities. In school psychology, for instance, a practicum opportunity could

involve working with immigrant and refugee children in U.S. schools, with attention to individual and systemic factors (Nastasi et al., 2020). Additional experiences may include connecting with psychologists outside of the U.S. through telecommunication programs, reading articles written by international psychologists, hosting departmental discussions on international issues, and more (Hurley et al., 2013).

Furthermore, academic advisors can play an essential role in encouraging trainees' international interests. In addition to benefitting from their advisor's mentorship, participants also developed connections with psychologists in other countries in professional organizations. However, in their training programs, participants identified how faculty members' awareness of their U.S. biases ranged, which supports prior literature. Faculty members' attitudes about internationalization vary (Marsella & Pederson, 2004), and many have not integrated international perspectives, activities, or populations into their work (Fatemi et al., 2018). Yet, faculty members' engagement in international topics, collaborations, and curriculum facilitate trainees' involvement in these pursuits (Fatemi et al., 2018). Moreover, participants who were international students during training expressed feeling safer with faculty members who demonstrated more self-awareness of their U.S. lenses. Faculty can overlook challenges experienced by international students in training programs (Lee, 2013), and discussing concerns international students face can build positive supervisory relationships (Ng & Smith, 2012). Therefore, both trainers and trainees need to prioritize international competency development. Educators need to engage in ongoing reflection on their ethnocentric biases and how they impact instruction of students. Faculty members' self-awareness impacts their choices of course readings, facilitation of discussions around ethnocentrism, and mentorship of students.

Recommendations for International Work

Not only does the training community need to increase its international focus, the broader field of health service psychology must also engage more outside of the U.S. In this study, participants provided specific suggestions to increase this engagement and methods of ensuring competent services. They emphasized self-reflection regarding their status as outsiders in their contexts and how their U.S. lenses impact their work.

A goal of internationalization in psychology is to more deeply understand which human experiences and traits are universal and which are local (Bullock, 2015). For example, Sarah expressed how psychologists' work is virtually absent from global mental health research, yet, psychologists' perspectives are very needed. A more internationalized psychology will strengthen psychologists' engagement with global and local organizations focused on health and development, such as World Health Organization and United Nations (Bullock, 2015). On the other hand, continuing the insolation of U.S. psychology perpetuates harm to communities both inside of and outside of the U.S. To combat this, findings from this study pose recommendations for best research practices. Participants provided guidance regarding measurements, data analyses, and dissemination of findings. Specific attention to language of constructs and transparency about methods when reporting findings is needed. These practices build on those proposed by Morgan-Consoli et al., (2018).

Across roles and settings, psychologists should engage in ongoing reflection on how their U.S. framework impacts their international work. Morgan-Consoli et al. (2018) stated, "awareness of self in relation to culture refers to the ability to experience the self as embedded in a particular cultural framework and to understand that the characteristics of this personal lens can impact international work" (p. 177). To identify and challenge their ethnocentrism, psychologists

need to be aware of their cultural preferences and bias and seek to develop a deep understanding of other cultures (Nastasi et al., 2020). Knowing oneself and one's motivations for engaging in international work are also critical (Ægisdóttir & Gerstein, 2010). Self-reflection on how ethnocentrism impacts one's work is very important.

Additional Key Findings

Nuances emerged in how participants discussed their training experiences as connected to their status as international or U.S.-born students as trainees. Financial costs of training, adjustment experiences back to their country of origin, and power differentials in graduate training affected these psychologists differently than U.S.-born participants. In graduate training, those who were international students discussed being very aware of their status as one of the only non-U.S.-born members in academic spaces. They reported needing to encourage other students and faculty members to consider international perspectives in classroom discussions. Furthermore, they observed how course readings did not include work from authors or communities from their countries of origin. For these psychologists, they lacked power as international student trainees. When they returned to their countries, their sense of power increased as they were regarded as experts due to their U.S. training and as they rejoined a setting in which their racial/ethnic identities were in the majority, rather than the minority as in the U.S.

In contrast, these experiences were not echoed by U.S-born participants. A few U.S.-born and white participants expressed valuing the prestige of their graduate programs and felt highly valued in their current setting due to their training. Two of these participants also held the perspective that training all students for international work is not necessary as only some trainees pursue those positions. In comparison, participants who appeared to demonstrate more

introspection regarding their privileged identities, including both international and U.S.-born participants, believed international content was relevant for all. They specifically discussed ways they work to address their ethnocentrism and increase their competence providing services in their country of work. Differences amongst participants' international competence were notable.

Additionally, a further examination into categories with lower frequencies revealed interesting trends. First, some categories exhibited lower frequencies as only some participants taught courses, did research, or used assessments in their work. Second, some categories with lower frequencies emerged that were not part of the interview protocol. For instance, societal attitudes and stigma about mental health, as well as reasons participants sought to move outside of the U.S., were discussed in some interviews outside of the interview protocol. Further exploration into understanding the reasons for participants seeking to work internationally is critical, particularly for conceptualizing career development implications for U.S.-born trainees. Given that these topics were salient to participants' experiences, future research should explore these in more detail.

Limitations and Future Directions

There are several limitations in the scope of these methods and recommendations. The current study does not capture the experiences of graduates who work in non-psychology-related positions internationally or those who work in the U.S. with non-U.S. born populations. It also does not provide an opportunity for current students in training programs who plan to work in other countries to provide their perspectives. Furthermore, due to recruitment challenges related to the COVID-19 pandemic, no participants who were born in one country, trained in the U.S., and working in a third country, participated in this study. Future studies should continue to examine graduate trainings' preparation of internationally engaged professionals and to explore

psychologists' experiences working outside of the U.S. after training. Novel ways of engaging in international work in graduate training should continue to be explored.

Conclusion

The current study highlights the need for increased international engagement in graduate training, as well as across the field of health service psychology. To better prepare graduates to work outside of the U.S., training should integrate more international experiences and content throughout curriculum. Trainers should discuss psychologists' roles in other countries and transitions to this work. Deepening instruction on values embedded in ethical principles and psychological theories and interventions is also vital. Both faculty members and students must prioritize international engagement and engage in reflections on their U.S. biases.

Decreased emphases on U.S. psychology in training, research, and clinical services is needed in health service psychology. More attention to research, assessments, and diagnostic systems, particularly in Central and South America and Africa, is also necessary. As the findings from this study parallel past research, implementation of these recommendations is critical.

APPENDIX A. DEMOGRAPHIC QUESTIONNAIRE

Inclusion criteria:

1) Do you currently work in a Psychology-related position outside of the U.S.?
   ___Yes ___ No
2) Did you earn your graduate degree in the U.S.? ___Yes ___ No

Educational experiences:

1) Which discipline did you earn your degree in?
   a. Clinical Psychology
   b. Counseling Psychology
   c. School Psychology
2) Which type of degree did you earn?
   a. Ph.D.
   b. Psy.D.
   c. Other: ____
3) Which year did you earn your doctoral degree in psychology? ____
4) Please select the general region of your graduate program:
   a. ___ Midwest (IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI)
   b. ___ Northeast (CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT)
   c. ___ Southeast (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, VA, WV)
   d. ___ Southwest (AZ, NM, OK, TX)
   e. ___ West (AK, CA, CO, HI, ID, MT, NV, OR, UT, WA, WY)
5) Did you earn your bachelor's degree in the U.S.? ___Yes ___ No
6) Did you earn a master's degree in the U.S. prior to attending your doctoral program? ___Yes ___ No

Career Experiences:

1) Does your current position involve (select all that apply):
   a. Research
   b. Clinical practice

c. Teaching
d. Consultation and policy (i.e., program evaluation; policy advice)

2) Please briefly describe your current position: _____
3) How many years have you spent working outside of the U.S. as a psychologist? _____
4) Which language do you primarily use at work? _____

Demographic Items:

Please answer the following demographic questions:

1) Please specify your age: _____
2) Please specify your gender: _____
3) Please specify your sexual orientation: _____
4) Please specify your race/ethnicity: _____
5) What is your country of origin? _____
6) What is your current country of residence? _____

So that we may contact you to schedule an interview, please provide your contact information:

Name: _____

Email address: _____

APPENDIX B. INTERVIEW SCRIPT

Introduction

Interviewer script: Thank you for agreeing to be part of this interview. The goals for this interview are to gain insight into your professional role and training experiences with a focus on international competencies. I will be asking you questions about your current role, thoughts about international competencies, and graduate training experiences.

With your permission, I'd like to audio record the conversation. The recording will help me finalize our discussion after we're done here. Once the interview has been transcribed, I will delete the recording. Your identity will remain confidential if you choose and I will de-identify the interview transcriptions.

Do you have any questions before we begin?

PART 1:

To begin, I am hoping to learn about your background and current role:

1) Please describe your current role and the type of setting you work in.

PART 2:

A. Next, based on the participants' job, I will ask the following questions:

Clinical position:

1) Please describe your clinical position.
2) Please tell me about your use of counseling theories and techniques, assessment, and supervision for the cultural context you work in.
    a. *Prompts*: Which theoretical orientation do you primarily use? What is the role of therapists in the community in which you work?

Consultation and policy:

1) Please describe your consultation and policy work.
2) Please tell me about your use of consultation procedures and policy development for the cultural context you work in.

Research position:

1) Please describe your research position.

2) Please tell me about your use of research procedures, instruments, and construct validity for the cultural context you work in.
    a. *Prompts*: Do you translate or adapt instruments? Do you disseminate research findings in U.S.-based or local journals? Bias in methods?

Teaching position:

1) Please describe the course(s) that you teach.
2) Please tell me about your development of course readings, assignments, and grading procedures for the cultural context you work in.
    a. *Prompts*: Do you use course readings and textbooks from U.S. authors? Did you use your graduate syllabi to inform your course development?

Prompts: How are you viewed by those with whom you work (i.e., seen as expert)? How do you learn about relevant international, national, and local policy and the policy-making processes in-country?

Questions for all participants:

1) Please tell me an example of an *ethical dilemma* you have experienced in your current work.
2) Please tell me about the role of *language* in your current work. Given that your graduate training was in English, how did this impact your readiness for your current position and setting, if English is not the primary language?

PART 3:

Now, I'd like to ask about your graduate training experiences and your recommendations for the training community.

1) Please describe how your graduate training prepared you for your current position. Specifically, how did your training develop your competence for working outside of the U.S.?
    a. *Prompts*: What was helpful about your training experiences in developing your international competence? What was missing from your training experiences?

2) What do you think should be included or emphasized in the curriculum, clinical, and research training?

END: Suggestion Questions

1) I've finished asking the questions that I have, but I'm wondering if there is anything that I haven't asked that would seem important or would better help me understand your perspective?
2) Do you have any suggestions for future interviews?

APPENDIX C. REQUEST FOR RECRUITMENT ASSISTANCE E-MAIL

SUBJECT: Request for Research Participation

Hello,

You are invited to participate in a study about the career and graduate training experiences of health service psychologists who work outside of the United States. Your participation is much appreciated! This study has been reviewed and exempt by Purdue University Institutional Review Board (IRB Research Project Number: #2019-714; contact information: irb@purdue.edu).

In order to participate, **participants must work as a psychologist outside of the U.S. and must have graduated from a U.S.-based graduate program in Counseling, Clinical, or School Psychology.** Your participation in this study is voluntary. If you decide to participate, please click on the link below and you will be directed to the online survey to complete a short demographic form, which will take less than 10 minutes to complete. Your responses will be kept confidential and will only be viewed by the investigators. Based on your responses, you may be selected to participate in a semi-structured interview using a telecommunication video program such as Skype. The interview will focus on gathering information about your current career role, graduate training experiences, and input into training of future psychologists for positions outside of the U.S. The interview will last approximately one hour and you will receive a $20 gift card for your participation.

Thank you in advance for your time and participation! Please feel free to pass on this link to other people who might be eligible. If you have any questions about this study, feel free to contact me at wrigh339@purdue.edu or my advisor, Dr. Ayşe Çiftçi at ayse@purdue.edu.

If you agree to participate in the study, please click on this link:

https://purdue.ca1.qualtrics.com/jfe/form/SV_bHnfqa1EwaoYo8R

Sincerely,

Brittany Wright, M.S.Ed.
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Department of Educational Studies
Purdue University
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APPENDIX D. RESEARCH PARTICIPANT ONLINE CONSENT FORM

Perspectives and Reflections on Graduate Training from Health Service Psychologists Based Outside of the United States

Brittany Wright & Ayşe Çiftçi, Ph.D.

Purdue University

Key Information

Please take time to review this information carefully. This is a research study. Your participation in this study is voluntary which means that you may choose not to participate at any time without penalty or loss of benefits to which you are otherwise entitled. You may ask questions to the researchers about the study whenever you would like. If you decide to take part in the study, you will be asked to sign this form, be sure you understand what you will do and any possible risks or benefits. The purpose of this study is to examine how your graduate training experiences impacted your competence for working as a psychologist outside of the U.S. The project consists of one online survey and one semi-structured interview lasting approximately one hour.

What is the purpose of this study?

As psychologists continue to engage the growing diversity within the United States and around the world, there is an imperative need for U.S. training programs to prepare psychologists to conduct internationally-competent work. This is an empirical study using a qualitative descriptive methodology, to critically examine the applicability of U.S. training for preparing graduates to work outside of the U.S. Through semi-structured interviews, I will explore internationally-based graduates' reflections on their training experiences and preparation for their current roles in teaching, practice, research, consultation and policy, and psychological infrastructure outside of the U.S. Participants will complete a demographic questionnaire and semi-structured interviews to facilitate understanding of their perspectives on training experiences. Findings will provide recommendations to the training community to incorporate more of an international focus in curriculum and enhance preparation of students for employment outside of the U.S. As many psychologists work outside of the U.S. upon

graduation, this study seeks to offer methods for the training community to increase the applicability of training to these contexts.

What will I do if I choose to be in this study?

If you agree to be in the study, you will do the following:
You will complete a short demographic form requesting your age, gender, sexual orientation, race/ethnicity, multilingualism, country of origin, job position, and current country of residence.

You may or may not be selected for an interview. If you are selected for an interview, you will complete one semi-structured interview using a telecommunication video program such as Skype. The interview will focus on gathering information about your current career role, graduate training experiences, and input into training of future psychologists for positions outside of the U.S.

How long will I be in the study?

The demographics survey will take less than 10 minutes to complete. If selected for an interview, you will complete one semi-structured interview, lasting approximately one hour.

What are the possible risks or discomforts?

The risks of participating are minimal and no greater than those encountered in everyday activities. You may refuse to answer any questions and/or discontinue your participation in the study at any time.

Are there any potential benefits?

There are no direct benefits to you from participating in this study. However, findings from this study will shed light on the training of psychologists to competently work outside of the U.S.

Will I receive payment or other incentive?

Participation in this study is completely voluntary. You will not receive compensation for completing the demographics questionnaire. Participants that complete the interview will receive a $20 gift card.

Will information about me and my participation be kept confidential?

Data gathered online will be downloaded to restricted access directories. Only the research team will have access to these data. Names and email addresses will be collected in order to follow-up for interview scheduling. This identifying information will be associated with the data collected through the online survey.

The interview will be audio-taped and transcribed. Researchers will remove identifiable information, and assign each participant a pseudonym. Data will be de-identified during transcription including names of individuals, universities, and graduate programs, and replaced with general terms. The data will be stored in a password-protected electronic file in restricted access directories and only the key research personnel will have access to it.

What are my rights if I take part in this study?

Participation in this study is voluntary. You do not have to participate in this research project. If you agree to participate, you can withdraw your participation at any time without penalty.

This research project has been approved by Purdue University Institutional Review Board (#IRB-2019-714).

Who can I contact if I have questions about the study?

If you have questions, comments or concerns about this research project, you can talk to one of the researchers. Please contact members of the study team:

Ayşe Çiftçi, Associate Professor of Counseling Psychology and Educational Studies	ayse@purdue.edu
Brittany Wright, Doctoral Student, Educational Studies	wrigh339@purdue.edu

If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email (irb@purdue.edu) or write to:

Human Research Protection Program - Purdue University

Ernest C. Young Hall, Room 1032

155 S. Grant St.,
West Lafayette, IN 47907-2114

Documentation of Informed Consent

I have had the opportunity to read this consent form and understand who to contact should I have questions about the research study I am prepared to participate in the research study described above. By click next on the screen, I am consenting to participate in this study.

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