From Advising to Mentoring: Toward Proactive Mentoring in Health Service Psychology Doctoral Training Programs

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Mentoring during graduate training confers a multitude of benefits. However, despite these benefits, health service psychology programs (e.g., counseling/clinical psychology) could benefit from additional attention to mentoring and associated outcomes. Although the field of health service psychology has examined advising during graduate training, we argue that mentoring is often distinct from advising and encourage a deliberate switch from the traditional role of faculty advisor to a more proactive role of faculty mentor. We highlight the limited prevalence of mentoring in health service psychology doctoral programs and provide a discussion of conceptual differences in the roles and functions of an advisor and a mentor. We also note the plethora of benefits associated with mentoring relationships and discuss how these relationships are formed. Finally, we offer several recommendations to assist health service subfields of psychology in being more proactive.

Keywords: mentoring, health service psychology, advising, clinical, counseling

I am convinced that the success of graduate education depends on a student–faculty relationship based on integrity, trust, and support. I believe that quality graduate programs have some sort of faculty mentor system in which students can obtain advice, counseling, and helpful direction in their training.

—Ellis (1992, p. 575)

Mentoring during graduate training can play a critical role in both the personal and professional development of students (Clark, Harden, & Johnson, 2000; Hollingsworth & Fassinger, 2002). Indeed, doctoral-level faculty occupy a unique position in psychology training programs that provides them with the opportunity to build meaningful relationships that can be critical to their students’ future success. Nevertheless, 30 years of research has consistently shown that health service (clinical and counseling) psychologists are significantly less likely than non-health-service (e.g., social and experimental) psychologists to be mentored by graduate faculty (Clark et al., 2000; Cronan-Hillix, Gensheimer, Cronan-Hillix, & Davidson, 1986; Johnson, Koch, Fallow, & Huwe, 2000). Moreover, although health service psychology subfields have paid increasing attention to advising during graduate training, mentoring and advising are not the same and the two have often been conflated in the literature (Johnson, 2014; Schlosser & Gelso, 2001). We define mentoring as proactively seeking to advance the development and education of students, whereas traditional advising “only promotes the development and education of a supervisee to the extent demanded by their position” (Atkinson, Casas, & Neville, 1994, p. 39).

The purpose of the present article is twofold: (a) to discuss the conceptual differences in the roles and functions of an advisor and a mentor, and (b) to encourage the field of health service psychology to move beyond traditional faculty advising roles to also assume a more proactive mentoring role. First, we provide some definitional clarity between traditional advising and mentoring roles that have been conflated in the literature. Second, we extend the literature by noting the prevalence of mentoring in health service psychology and highlight the current state of mentoring in the field’s training programs. Third, we provide a discussion of the numerous benefits that mentoring can confer at the individual and departmental/institutional levels. Fourth, we discuss differences between formal and informal mentoring relationships. Finally, drawing from the mentoring literature in various disciplines (e.g., higher education, management, psychology), we further extend the existing liter-
Advising and Mentoring: Some Conceptual Clarity

A persistent issue that arises in the mentoring literature is the inclination of researchers to conceptualize any developmentally oriented or supportive relationship as mentoring (Lunsford, 2012). Conceptualizing mentoring is made even more difficult by the multiple roles often assigned to mentors such as teacher, clinical supervisor, counselor, role model, and/or advisor (Levinson, Darrow, Klein, Levinson, & McKee, 1978). These terms are often used interchangeably with little to no attention paid to delineating distinctions among them (Mertz, 2004). Within training environments, advising and mentoring are generally the two most often conflated terms and difficult to conceptually discern, and scholars have called for academic disciplines to distinguish between the two (Johnson, Rose, & Schlosser, 2007). Thus, we focus on these two terms here within the context of health service psychology doctoral training programs. Moreover, if the field is to expand from advising toward mentoring, it is important to understand the conceptual differences between the two.

Within graduate training programs, an advisor is defined as “the faculty member who has the greatest responsibility for helping guide the advisee through the graduate program” (Schlosser, Knox, Moskovitz, & Hill, 2003, p. 179). Thus, advising can be characterized as a formally assigned responsibility that occurs in nearly every doctoral program and centers on the oversight of specific tasks most relevant to the student’s specific training program, such as ensuring degree requirements are met, monitoring dissertation progress, and serving as a resource for information. Within health service psychology programs, students may be under the oversight of one or multiple types of advisors that differ in function, including academic advisors, clinical supervisors, and dissertation advisors (see Table 1).

A distinct component of advising is that the faculty’s level of involvement with the student need not extend beyond the assigned roles designated by the department’s training program (Schlosser & Gelso, 2001). As such, depending on a number of factors (e.g., advisor accessibility, personality, and helpfulness), students’ perceptions of advising can be positive, negative, or nonsignificant (Schlosser et al., 2003). Whether or not advising evolves into mentoring will depend on a number of factors, such as (a) the advisor’s level of commitment and involvement with the student, (b) personal attribute and characteristic fit between the student and the advisor, and (c) whether the student is motivated to be mentored. For example, students who are more proactive, self-sufficient, responsible, dependable, and responsive to feedback are more likely to be mentored (Kaslow & Mascaro, 2007; Pinho, Coetzee, & Schreuder, 2005). Moreover, it is possible that although a faculty member may aspire to mentor a particular student, if the student does not share this desire, then mentoring is unlikely to occur. Thus, the degree of contact and quality of advising may vary greatly both across and within institutions as a function of these factors.

In contrast to advising, which can range from negative to positive in quality, the definition of mentoring refers to a positive relationship in which the student learns both personal and professional skills from a more veteran individual (Mertz, 2004). As noted by Schlosser, Lyons, Talleyrand, Kim, and Johnson (2011), an important conceptual distinction between advising and mentoring is that mentoring is positive, mutually beneficial, and more emotionally connected. Although some scholars have investigated the concept of dysfunctional mentoring (e.g., Eby & McManus, 2004), these studies are generally focused on unpleasant experiences (e.g., disagreements or constructive feedback that is painful) of mentoring as opposed to overall negative or harmful mentoring relationships.

Although a faculty member can serve the role/function of mentor and advisor, mentoring can be distinct from advising with respect to setting and proximity (Schlosser et al., 2011). Whereas advising is generally more formal in nature and tends to occur within the student’s immediate training department, mentoring can occur informally and/or away from the academic setting. In this sense, mentoring tends to be more flexible in nature than advising and can occur in less formal settings. Additionally, mentoring differs from advising in its degree of proactivity. Indeed, mentoring in psychology training programs moves beyond the traditional role of advising or supervising and proactively encourages student learning and development (Atkinson et al., 1994; Clark et al., 2000). Similarly, Johnson and Ridley (2008) noted that mentoring is intentional in its role to the extent that it involves (a) exercising caution in selecting protégés, (b) investing significant resources in getting to know students, and (c) purposefully providing career and support functions most beneficial to student development. In this way, mentoring entails more than advising because it goes the “extra mile” to ensure that mentees are developing positively in both their personal and professional identities.

Kram (1988), through in-depth interviews with managers (mentees) and senior managers (mentors), characterized mentoring along two dimensions—career functions and psychosocial functions—that occur within a relational context. Career functions occur at the organizational level and include components such as networking, visibility, coaching, and professional sponsorship. Psychosocial functions occur at the interpersonal level and include components such as counseling, validation, and role modeling. In a review of the literature, Jacobi (1991) examined mentoring definitions across the disciplines of management, education, and psychology. Despite identifying nearly 15 definitions, five common themes were identified across these mentoring conceptualizations: (a) mentoring intentionally assists the protégé in achieving long-term goals; (b) the mentor possesses the greater degree of professional influence, experience, and achievement; (c) mentoring is mutually beneficial; (d) mentoring is personal in nature; and (e) mentoring provides a range of both career and psychosocial support.

However, whether or not mentoring takes place also depends on the mentee’s perception. Faculty may believe they are occupying the role of a mentor, but if the student does not share this belief, then mentoring is unlikely to occur. For example, mentoring occurs when students (a) share the interests and goals of the faculty member, (b) desire to be mentored, (c) perceive the faculty member as kind and caring, and (d) perceive the...
faculty as truly interested in their personal and professional development (e.g., Cronan-Hillix et al., 1986; Kaslow & Mascaro, 2007). If the student perceives the relationship as becoming more emotionally connected and reciprocally beneficial, and moving toward providing a wider range of career and psychosocial functions, then mentoring is more likely to occur (Clark et al., 2000).

Given these important conceptual distinctions, we contend that health service psychology training programs should begin to distinguish more explicitly between advising and mentoring, and to move toward a more proactive mentoring initiative that will benefit not only those involved in the mentoring relationship but also the broader profession as a whole.

### Prevalence of Mentoring in Health Service Psychology Training Programs

Research on the prevalence of mentoring in psychology training programs has noted that, compared with more research-focused fields (e.g., social and experimental psychology), students in health service fields (e.g., counseling and clinical psychology) may be less likely to receive faculty mentorship during graduate training. For example, Cronan-Hillix et al. (1986) surveyed 90 graduate students and found a stark difference in mentoring prevalence based on subspecialty, with 100% of social and experimental psychology students, 75% of industrial/organizational psychology students, and only 43% of clinical psychology students reporting being mentored. Similarly, Johnson and colleagues (2000) sampled 292 psychology doctoral students and found that doctoral students in health service psychology programs (e.g., clinical/counseling psychology) were significantly less likely than doctoral students in non-health-service (experimental) psychology programs to be mentored. In the largest mentoring prevalence study to date, among a sample of 787 clinical psychology students, Clark et al. (2000) found that only 66% of students reporting being mentored. Research also identified discrepancies between mentoring prevalence rates reported by students and those reported by clinical training directors. Although graduate students reported mentoring prevalence rates between 50% and 65% (e.g., Clark et al., 2000), directors of clinical training programs accredited by the American

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Table 1

<table>
<thead>
<tr>
<th>Position</th>
<th>Description</th>
<th>Primary functions</th>
<th>Nature/quality</th>
<th>Typical setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentor</td>
<td>Specific term for more experienced faculty or clinical supervisors in mutually beneficial, emotionally connected, and reciprocal relationships, serving as guides, teachers, role models, and sponsors of less experienced mentees</td>
<td>• Proactive • Intentional • Provides career support • Provides psychosocial support • Performs advising functions</td>
<td>• Informal • Aspirational • Positive</td>
<td>• Any setting • Clinical • University</td>
</tr>
<tr>
<td>Advisor</td>
<td>General term for faculty with the greatest responsibility of guiding students through an educational program and can take on multiple advising roles</td>
<td>• Monitors degree requirements • Selects coursework • Monitors dissertation progress • Resource for information</td>
<td>• Formal • Mandatory • Negative to positive</td>
<td>• Business • School</td>
</tr>
<tr>
<td>Academic advisor</td>
<td>Specific type of advisor with the responsibility of ensuring core degree requirements and academic competencies are met</td>
<td>• Oversees academic progress • Resource for information • Provides formal evaluations</td>
<td>• Formal • Mandatory • Negative to positive</td>
<td>• University • College</td>
</tr>
<tr>
<td>Clinical supervisor</td>
<td>Specific type of clinical advisor with the responsibility of ensuring core clinical requirements and competencies are met</td>
<td>• Provides performance feedback • Oversees therapy competencies • Supervises interventions • Monitors ethical dilemmas • Provides clinical evaluations</td>
<td>• Formal • Mandatory • Negative to positive</td>
<td>• Clinical • University</td>
</tr>
<tr>
<td>Dissertation advisor</td>
<td>Specific type of advisor with the responsibility of ensuring that dissertation progress and research requirements are met</td>
<td>• Oversees dissertation progress • Provides research support • Monitors research ethics • Performs formal evaluations</td>
<td>• Formal • Mandatory • Negative to positive</td>
<td>• University</td>
</tr>
</tbody>
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FROM ADVISING TO MENTORING

This document is copyrighted by the American Psychological Association or one of its allied publishers. This article is intended solely for the personal use of the individual user and is not to be disseminated broadly.
Psychological Association (APA) reported a mentoring prevalence estimate of 82% (Dickinson & Johnson, 2000). This discrepancy between student and program director perceptions could reflect a difference between being assigned an advisor and having a mentor. That is, faculty may believe that they are serving as mentors, whereas students perceive them more as advisors. Moreover, it is important to note the dearth of current studies on mentoring prevalence in health service psychology, and that more research is greatly needed in this area. The most recent published studies on mentoring prevalence were conducted in the late 1990s and early 2000s.

There are a number of other reasons why students may not receive the mentoring they need during graduate school. For example, some faculty rarely initiate mentoring because they are hard-pressed with balancing the multiple demands of research, teaching, departmental service, and committee work (Johnson, 2014). Other reasons for the absence of mentoring may include current changes in academia, such as decreases in tenure-track positions, a rise in part-time adjunct faculty, and a strong emphasis on grant submissions and awards; disinterest among faculty in engaging in mentoring (Clark et al., 2000); faculty assumptions that mentoring is taking place (despite student perceptions to the contrary); and varying faculty views of what mentoring actually entails (Mertz, 2004).

Graduate students also experience a number of constraints that could prevent them from engaging in mentoring, including (a) hesitancy to take on extra work associated with mentoring due to overloaded schedules (clinical work, coursework, departmental service, and dissertation); (b) reluctance to initiate mentor relationships; (c) limited interpersonal skills; (d) personality differences; (e) failure to recognize benefits of mentoring; and (f) student–faculty mismatches regarding interests, goals, and expectations (e.g., Kaslow & Mascaro, 2007; Pinho et al., 2005). If a student and that student’s assigned advisor do not “click,” the student may have difficulty receiving mentorship (Clutterbuck, 2002).

Benefits of Mentoring

Research across disciplines has highlighted the importance of mentoring during graduate training and the plethora of benefits it confers. Russell and Adams (1997) determined that “the benefits to the protégé can be so valuable that identification with a mentor should be considered a major developmental task of the early career” (p. 3). In fact, some educators have argued that faculty mentoring and the benefits it confers are so important that graduate departments possess a moral obligation and responsibility to ensure that its students are properly mentored (Weil, 2001). For health service psychology to begin moving toward proactive mentoring, it is critical that faculty recognize the benefits of mentoring at all levels of the profession. We argue that mentoring confers a number of benefits that extend to both the individual and departmental/institutional level.

**Individual Benefits**

Given that mentoring is largely characterized by reciprocity and a set of shared goals, both the mentor and mentee likely benefit from quality mentoring (Campbell & Anderson, 2010). Although there is much less research on the benefits of mentoring in health service psychology disciplines, there is some empirical support from other disciplines (e.g., business, management, higher education) as well as from the broader field of psychology. We discuss some of these findings in the context of both mentor and mentee benefits.

**Benefits to the mentee.** Research has consistently documented the important effects that quality mentoring can afford graduate students both during and after training (Hollingsworth & Fassinger, 2002). For example, research indicates that mentoring during graduate school may foster increased academic productivity and greater likelihood for degree completion (Tenenbaum, Crosby, & Gliner, 2001); development of research-based competencies such as increased publications and conference presentations (R. T. Brown, Daly, & Leong, 2009; Lunsford, 2012); networking and securing initial employment (Atkinson et al., 2001; Johnson, 2007); personal and professional competence (Schlosser et al., 2003); emotional support, positive encouragement, and actualization of one’s self (Levinson et al., 1978); and greater satisfaction with one’s overall training program (Clark et al., 2000). Scholars have also suggested that students may better endure disappointments with their training program when they feel personally engaged with their faculty mentor(s) (Johnson, 2007). Moreover, graduate mentoring has been associated with numerous postdoctoral benefits, such as higher income, career eminence, scholarly achievement, and faster promotions (e.g., Russell & Adams, 1997). It should be noted that research found no gender differences with respect to the benefits that mentoring confers, and that women report equal satisfaction in their mentoring experiences as their male counterparts (e.g., Clark et al., 2000).

**Benefits to the mentor.** Although mentees are likely to receive the most benefits from mentoring, mentors are also likely to benefit. As noted by Johnson (2014), when mentees perform well, faculty mentors reported receiving a number of extrinsic benefits from mentoring, including greater scholarly activity, broader networking, and increased professional recognition. Furthermore, there are a number of intrinsic benefits that mentors might receive such as increased career satisfaction, energetic rejuvenation created by productive mentees, and greater feelings of generativity (Johnson, 2002; Levinson et al., 1978). As graduate faculty experience these benefits, they may become motivated to engage in mentoring to a greater degree, which, in turn, further produces increased rewards to both individuals in the mentorship.

**Departmental/Institutional Benefits**

Quality mentoring is also likely to benefit the departments in which such mentoring takes place. As graduate students and faculty grow more productive in their collaborative scholarly work, the department (and university) is likely to receive increased local, national, and potentially international recognition. Indeed, greater academic productivity, more publications, and more frequent conference presentations are likely to confer a certain degree of eminence and reputation on the departments/institutions to which both members of the mentor relationship belong (Lunsford, 2012; Tenenbaum et al., 2001). Moreover, students who move on to eminent academic positions and grow in recognition throughout the academic community (Russell & Adams, 1997) are likely to reflect positively on the institutions and departments from which they come. Given that mentoring is related to increased satisfaction with one’s training program among mentees (Clark et al., 2000) and career satisfaction among mentors (Lunsford, 2012), success-
ful mentoring may also reduce program dropout among graduate students and career burnout among faculty. Finally, effective mentoring can be critical to developing important competencies across clinical, counseling, and school-based settings. These findings suggest that the individual benefits afforded to both mentor and mentee will likely have broader implications at the departmental/institutional level and for the profession as a whole.

Formation of Mentoring Relationships: Formal or Informal?

Given the importance of mentoring during graduate training, it is important to address how mentorships begin, whether formally or informally. Informal mentoring develops through a mutual agreement between mentor and mentee to enter a mentorship, whereas formal mentoring develops through external intervention or departmental demands (Johnson, 2014). Research on organizational contexts has consistently found that informal mentoring is associated with stronger and more positive outcomes than formal mentoring because it tends to be built on common interests, mutual initiation, stronger emotional bonds, greater relationship commitment, shared goals, and increased access to one another’s skills and resources (Chao, 2009). In psychology training contexts, mentors and mentees both seek out relationships that are based on perceived similarities, common interests, and positive interactions (Kram, 1988; Tenenbaum et al., 2001). This is important because relationships that are built on choice, perceived similarities, and mutual interaction are more likely to facilitate the development of critical relational processes such as disclosure, trust, and commitment (Clutterbuck, 2002).

In contrast, formal mentorships are those that are initiated by organizational oversight and generally involve some sort of assigning or matching process that is overseen by certain individuals in an academic department. As noted by Chao (2009), formal mentorships tend to have organizational control over who is mentored, when individuals are mentored, and the specific ways individuals are mentored. Furthermore, research suggested that formal mentoring differs from informal mentoring on four primary dimensions: (a) intensity—formal mentoring is less emotionally intense because it is not necessarily characterized by a mutual commitment; (b) focus—formal mentoring tends to have a more prescribed focus on protégés’ development that centers on departmentally specified goals, whereas informal mentoring is focused on more general development; (c) visibility—formal mentoring tends to be more visible because it operates based on formal endorsement and recognition by the organization; and (d) duration—formal mentoring is more constrained in an array of areas such as frequency of meetings, length of the overall relationship, and expectations regarding termination of the relationship. Although these four dimensions help differentiate formal and informal mentoring from one another, we have yet to understand how formal and informal mentoring pathways might enhance or hinder graduate students’ positive training experiences. Thus, research designed to better understand these mechanisms is needed.

Recommendations for Proactive Mentoring

Given the importance of mentoring in graduate training, what are some strategies for advancing proactive mentoring practices in health service psychology training programs? To become proactive mentors, it is important that faculty be mindful of critical mentoring tasks and that they provide their mentees with both career and psychosocial support (Campbell & Anderson, 2010; Kram, 1988). Moreover, mentors should be mindful of specific ways in which their role differs from other professional helping relationships such as advising. Graduate programs would benefit from actively encouraging mentoring as a core part of training. In this section, we provide a number of recommendations that will help faculty and training programs place more emphasis on, and increase awareness of, the roles and functions of a traditional advisor as well as an aspirational mentor. Moreover, we extend the current literature by providing recommendations for graduate students who seek to be mentored.

Recommendations for Individual Faculty Members

Distinguish between advising and mentoring. Although advising and mentoring are different, many faculty continue to use these terms interchangeably. Due to the many different views as to what mentoring actually entails, faculty may assume that because they are performing the functions of an advisor, mentoring is also taking place (Mertz, 2004). If the field is to aspire for the higher goal of mentor, it is important to recognize the difference between the functions performed in traditional advising roles and those performed in mentoring. Only by distinguishing between the two roles can the field move toward a proactive mentoring initiative.

Frequently assess one’s role as faculty. Given the distinction between advising and mentoring, it is critical that faculty regularly assess which functions they are performing with their students during graduate training. Indeed, because many faculty are often overwhelmed with the multiple demands of their positions (e.g., research, teaching, departmental service, and committee work), it is easy to “lose sight” of students’ developmental progress during training. Thus, it is important for faculty to be aware of whether they are proactively promoting their students’ development through mentoring.

Choose mentees carefully. Mentoring requires an investment of considerable time and resources (Johnson, 2014). Not all faculty–student dyads are equally compatible for forming a mentor relationship (Pinho et al., 2005). Mentoring relationships that are deemed incompatible will be less likely to confer the many benefits indicative of successful mentoring. Because mentoring is based on emotional connection and trust, it is important to pay close attention to characteristics that will provide the best possible mentorship match, including student potential and/or achievement, personality similarity, mutual goals, and shared interests.

Actively seek the developmental progress of mentees. Each doctoral student possesses unique individual strengths and weaknesses and requires more personalized attention in some domains than others. For example, some students may need more assistance in psychosocial domains, whereas other students may need assistance in career domains (Kram, 1988). It is important that faculty members identify the specific needs of the mentee and provide appropriate support. Students struggling in psychosocial domains

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1 The term informal here does not mean informality or lack of familiarity, but rather refers to the manner in which the mentoring relationship is initiated.
may require additional personal development through validation, companionship, and role modeling. Students struggling with career domains may require more professional development in “learning the ropes,” which may entail strategies for professional networking, visibility, coaching, and role modeling. Proactive mentoring provides opportunities that encourage mentees’ academic, personal, and professional development.

Provide emotional support. Graduate training is a stressful time during which students often feel anxious, insecure, and dependent upon faculty during training. Graduate students may experience the need to be “perfect,” take life too seriously, feel the need to outperform others, and catastrophize during certain events. Because mentoring entails an emotional connection with the mentee, it is critical that faculty affirm this bond by validating the student’s experiences. The mentoring relationship will be strengthened as faculty regularly communicate their support for, and validation of, the stressful experiences of being a graduate student. It is also important to highlight that proactive mentoring will not entail merely waiting for the student to express distress or dissatisfaction, but instead will involve regularly checking on the well-being of the mentee.

Purposefully model professional behavior. Behavioral modeling is one of the most powerful means of teaching students important professional behaviors. Effective modeling (a) directly communicates professional behaviors essential to the field, (b) often provides more rapid learning than direct experience does, (c) fosters feelings of inclusion and professionalism, and (d) facilitates learning more complex behaviors that can only be gained through social learning (e.g., publication/grant writing, therapeutic interactions, and professional etiquette; Johnson, 2002). Modeling may also foster certain character strengths, such as honesty, integrity, and ethics. Thus, proactive mentoring moves beyond modeling behaviors that are based on circumstance; instead, it overtly invites or creates opportunities that are directed toward the mentee’s development and interests.

Be aware of ethical issues. Given the personal nature of mentoring, it is critical to be aware of ethical dilemmas that might arise (Johnson, Jensen, Sera, & Cimbora, in press). For example, unlike the client–therapist relationship, mentoring may consist of multiple, overlapping relationships (e.g., advisor, instructor, and supervisor). Further, because mentors offer frequent support and validation for their mentees, boundaries regarding these roles may become blurred. Indeed, mentorships are characterized by interpersonal bonds, perceived similarities, informality, and mutual interests, which could result in personal attraction or intimacy. The proactive mentor thus is intentional in monitoring not only the professional nature of the relationship but also the personal nature of the relationship. To navigate these multiple roles and ensure the integrity of the mentoring relationship, it is critical that mentors regularly assess whether their professional role has been compromised and whether their behavior may be exploiting the mentee. This may entail preventing and avoiding any form of sexual intimacy, carefully attending to issues that may interrupt the professional relationship, and setting explicit personal boundaries that inform the student as to the nature of the mentorship. Moreover, as a guiding framework, mentors should follow APA’s ethical principles of conduct for psychologists when working within mentor relationships, particularly those of beneficence and nonmaleficence (APA, 2017). Regularly assessing whether they are seeking the “good” of the student and avoiding the potential for harm to be done will help mentors stay clear of ethical issues.

Be aware of cultural issues. With the increasing diversity in the United States and minority enrollment rates in psychology training programs, it is important to attend to cultural issues that might arise when engaging in cross-cultural mentoring. When mentoring minority students, we recommend incorporating Sue, Arredondo, and Mc- Davis’s (1992) classical model of multicultural competencies. This model provides a cultural framework for working with ethnic minorities that entails (a) awareness of one’s personal assumptions and biases, (b) knowledge of others’ worldviews without negative judgment, and (c) active efforts to develop essential skills that are critical for working with individuals from different cultural backgrounds. Moreover, recent ecological and relational models of multicultural mentoring have emerged that provide additional guidance when working with culturally diverse individuals (Chan, Yeh, & Krumbolz, 2015). Thus, proactive mentoring deliberately seeks to develop multicultural competency when working with mentees whose cultural background differs from that of the mentor. Finally, APA launched a task force called Centering on Mentoring in 2006 to connect graduate students and early career psychologists with veteran psychologists across a range of mentoring relationships, as well as to provide important resources for mentoring ethnic minorities. Information regarding the task force and corresponding resources are available on APA’s official website.

Recommendations for Individual Graduate Students

Be proactive. Many students fail to be mentored because they are reluctant to initiate mentoring relationships. Research indicates that faculty mentors often expect students to initiate and take charge of the relationship (Pinho et al., 2005). Thus, one of the most important strategies for graduate students is to become proactive in their search for a faculty mentor.

Recognize the benefits. Doctoral students are often overwhelmed with the demands of graduate school, which includes, but is not limited to, clinical work, assistantships, coursework, departmental service, and dissertation-related tasks. Consequently, students may be reluctant to engage in mentoring because it will require additional work. It is therefore important for students to recognize the potential benefits that mentoring confers both personally (psychosocial) and professionally (career and academics), and to also be thoughtful and strategic when identifying a prospective mentor.

Talk with student peers. It is often difficult to know which faculty member may be the best fit to serve as mentors, especially for beginning graduate students. Student peers who have been in the program awhile can be excellent sources of information regarding faculty interests, goals, personality characteristics, and desires to mentor. Therefore, it is wise for students to dialogue with their peers while seeking to find a faculty mentor.

Communicate regularly. Mentoring is a reciprocal relationship that is characterized by mutual interests and shared goals, and one that must be maintained over time. Many attempts at mentoring fail due to student–faculty disagreement vis-à-vis interests, goals, and expectations (Clutterbuck, 2002). As such, it is critical to communicate regularly with the faculty mentor to ensure that the mentor–mentee relationship is “on the same page” and not assume that the faculty member will automatically initiate communication, given their heavy work demands.
Be committed. Faculty often expect mentees to be dedicated and driven, hardworking, highly receptive to feedback, positive, and self-sufficient, yet knowing when to seek assistance. Moreover, graduate students who demonstrate these attributes (or some combination of them) are more likely to be mentored. Thus, it is important for students to recognize their role in initiating and maintaining mentoring relationships, and to demonstrate a sense of commitment.

Recommendations for Departments/Institutions

Encourage mentoring as an important component of graduate training. Mentoring confers many benefits that extend beyond the individual to the broader training department. Furthermore, given that disinterest among faculty to mentor has been named as one of the primary reasons for students not receiving adequate mentoring (Clark et al., 2000), departments would benefit by proactively encouraging their faculty to engage in mentoring by highlighting the benefits it confers. It is important, however, that departments do not make faculty feel obligated to engage in mentoring and should highlight mentoring as an aspirational rather than mandatory goal.

Offer incentives for mentoring. To increase faculty mentoring, it is important to create a culture in which mentoring is valued and rewarded (Kaslowsky & Mascaro, 2007). Indeed, reinforcing mentoring behaviors in training departments may increase the frequency of their occurrence. For example, programs could offer a number of incentives that may include departmental mentoring awards, recognition through public announcements and acknowledgments, and other types of extrinsic reinforcers.

Prepare faculty and students for mentoring. Given the complexity and personal nature of mentoring, it is important to orient new faculty to effective mentoring practices. Newer faculty members cannot be expected to fully grasp the multiple functions and forms that mentoring entails. As such, training programs should consider various ways in which they can prepare new faculty and early career psychologists for the mentoring role (Green & Hawley, 2009). This may include emphasizing to new faculty, during the job interview process, that mentoring is an important emphasis within the department. Moreover, programs may offer workshops led by senior-level, more experienced faculty mentors, encourage attendance at mentoring-related conferences, and highlight training opportunities through continuing education credits (for more details on APA mentoring programs, see Burney et al., 2009). Similarly, it would be beneficial to prepare graduate students for the role of mentee by highlighting the many benefits mentoring confers, clarifying the role and functions of the mentee in mentoring relationships, ensuring that students understand how mentoring relationships are formed and maintained, and encouraging mentees to mentor undergraduate students themselves (C. E. Brown & Sheerin, in press).

Track student-mentee outcomes. A crucial element of implementing new practices into any training program involves tracking relevant outcomes. When incorporating mentoring into graduate training, it is important to assess which specific mentoring processes are used and how these processes directly relate to training outcomes of interest. Such outcomes should focus on how mentoring directly relates to both short-term and long-term goals such as scholarly productivity (e.g., number of publications, conference attendance), clinical competencies, dissertation-related tasks, psychological well-being, satisfaction with the training program, physical health, self-efficacy, internship placement, job placement, and early career income. Moreover, given the diverse nature of training within health service psychology programs, it is important to note that students may have multiple mentors and advisors (e.g., clinical work, supervision, and academic work), and it is important to understand how each of these uniquely contributes to student outcomes.

Conclusion

In this article, we sought to encourage the field of health service psychology to make more explicit the distinctions between the roles/functions of advising and mentoring, as well as to aspire to engage in proactive mentoring. Indeed, graduate students in health service psychology programs are significantly less likely to be mentored than in other research-focused disciplines in psychology and would thus benefit from successful mentorship. The benefits that mentoring confers are numerous and extend to all levels of the profession. To increase the quality of mentoring in health service psychology doctoral training, we offered a number of recommendations at both the individual and departmental/institutional levels. We hope that the field will recognize the value of mentoring during graduate training.

References


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