



## **Episode 1: Introduction to the Cultural Competency Journey**

### **Transcription**

Jennie Min 0:10

Hello! Welcome to an episode of Practicing Anti-Racism Clinically. Practice ARC podcast is focused on combating systemic racism and elevating justice and inclusion in psychology through practical application of cultural humility and anti-racist practice in clinical settings. So, the podcast series will have episodes that are relevant for clinicians of varying training levels -- from new graduate students, clinicians, to mid-training graduate students, clinicians, and supervisors or faculty, and racial identities. For today we are your host, Jennie Min

Harley Layman 0:44  
and Harley Layman.

Jennie Min 0:46

And We are Clinical Psychology PhD students at Oklahoma State University.

Harley Layman 0:53

Yeah, welcome, everyone to our first episode today. We are so excited and fortunate to be joined by Dr. Arredondo. If I pronounced that correctly. Alright, thank you. So, Dr. Arredondo, has dedicated her career to advancing social justice, cultural competency development, immigrant and Latinx mental health, education, women's leadership, and organizational diversity strategy. Her professional leadership roles include being the president of the American Counseling Association, Association of Multicultural Counseling and Development, Society for the Psychological Study of Culture, Ethnicity and Race, and the founding President of the National Latinx Psychological Association. She's a co-author of the foundational multicultural counseling competencies for ACA, and the APA multicultural guidelines. Dr. Arredondo served as the president of the Chicago School of Professional Psychology in the Chicago campus. She is also an author of more than 100 publications. She has a co-authored book being released soon called Women and the Challenge of STEM Professions -- Thriving in the Chilly Climate. So be on the lookout for that coming soon. Other best-selling texts are Successful Diversity Management Initiatives, Culturally Responsive Counseling with Latinos or Latinos and Latinx Immigrants: Transcending Acculturation and Xenophobia, which was published in 2018. So, Dr. Arredondo, is also the president of the Arredondo Advisory Group, consulting and executive coaching organization addressing DEI strategy consultation in different workplace settings. She resides in Phoenix and Mexico City. And on a personal note, she comments that she learned how to walk the Borderlands and to appreciate her bicultural and bilingual upbringing from her family. So, this one has so many accomplishments, and we would just love to welcome Dr. Arredondo for our first episode.

Dr. Arredondo 2:57

Many thanks, Harley and Jennie, it's a real pleasure to be with you. And, I congratulate you on your initiative to orient to prepare to really produce this whole series, I think it's a great way that you as doctoral students are demonstrating your leadership. So, thank you, because you are the leaders, the future leaders of the profession, and you're already showing that at your doctoral program, so many thanks.

Jennie Min 3:29

Thank you so much for that. Yeah, we are really excited as a team to produce this podcast to hear what all of our guests have to say and to really learn more about cultural competency. In

this episode, we will begin working towards defining cultural competence and humility as well as how we may begin to engage in these processes when working with clients. So, starting with the basics as an introduction to the series. So, Dr. Arredondo, maybe we should start by defining what cultural competency is. So what is cultural competence?

Dr. Arredondo 4:07

Thank you. I think it's a great introductory question. Because the term is widely used, not only in psychology, but in other sectors – Healthcare, it's used in the private sector. People want to be more culturally competent. I use it more in the term as cultural competency development, to signal that it is a human development process that engages our mind, our heart, and then obviously, our behavior, but in many contexts, many, many places also our spiritual being. So, you'll hear people talk about cultural competency development as a very holistic process that we as individuals, I would say, move into. It's a learning process. It's clearly a learning process. You don't -- you're not born culturally competent, okay? It is a learning process that also very much involves the context in which one is applying their cultural competency.

Okay, so the context matters. You know, we learn from different sources, not just textbooks, not just classrooms. We learn in the areas in which we reside, where we grow up, where we go to school, where we then go out and work, or so all of those contexts, inform or challenge our cultural competency development. So again, our basic definition of the cultural competency, I guess, model is, you know, awareness -- self-awareness of our own values, our biases, our belief systems, our traditions, looking also at ourselves, awareness of our own emotions.

Emotional intelligence is something that I've incorporated into the cultural competence, the presentations, because emotional intelligence also reminds us that as people, you know, we do have reactions, emotional reactions, and that, again, if we start to think about it clinically, we're going to have emotional reactions to issues that clients may bring in to a client himself or herself to a family. So, we have to be aware of those emotions, so awareness of our emotions, and then part of emotional intelligence is self-management of those emotions. So that we can, as much as possible, suspend judgment and be effective in our work with individuals and their cases that they bring to us.

So again, the Part One is the awareness of our thoughts, our cognition and our emotions. And of course, its knowledge. The second domain of cultural competency development is knowledge of others. And I remember when I first started doing this work, people said to me, "Well, how can I learn about all the different cultural groups that are out there?" I said, "That's not what we're saying." I said, you have to understand you have to develop knowledge, particularly to where you are in Stillwater, Oklahoma. Okay. What is the cultural context and history of Stillwater, Oklahoma? That's going to probably be the most helpful? If there are what is the, you know, how did how did people get there? You know, what is the settlement process they went through, you can read that in history book, but you can probably get more specific knowledge now, up through Wikipedia, or through any website about you know, how Oklahoma was settled them (and) who settled it. So that gives you some cultural knowledge there. So, the knowledge comes from not only the environment, but also then the people you're working with. So, in Oklahoma, just to go on when knowledge piece, there were many indigenous peoples, historically in Oklahoma, and so that's, you know, not only a part of the history, but maybe those are clients that are you're seeing, you know, who have that indigenous heritage. Knowledge. Tulsa, Oklahoma, okay? If you're in Oklahoma you need to know about Tulsa and the Tulsa Massacre. And, you know, so these are knowledge pieces,

You know, for thinking about groups, let's talk about the indigenous peoples in Oklahoma. I mean, there are many, many groups and, therefore, assumptions about, you know, a group who is, you know, Apache versus someone who is Shawnee, you know, that you can make those assumptions. There may be some shared, you know, cultural worldviews, across the indigenous groups, but you again, you can't make those assumptions that they're all the same. So that knowledge. And I don't know what other new groups have arrived in Oklahoma, I know that Latinx populations have settled across the United States. And so, depending on the industry in Oklahoma, you know, whether it's agricultural or other types of industry, you may have Latinx folks who were immigrants historically, but maybe, you know, at the University, you have second or third generation Latinx students. So that's the knowledge piece. Okay, so who are they before you start to think about the cookbook approach? You know, do they speak English? What are their traditions? I mean, some of them, that's important, clearly, but, you know, you need to know, the, the area.

And then, of course, is the behavior. The third part is skills, and how you apply skills clinically, whether it's, you know, family intervention, group, individual, and so forth. And, you know, there's all of these can be unfolded very deliberately. But the context matters is, as I said, so it's really cultural competency developing in different contexts.

So just give you one more example. And then we can go on because, like, you know, obviously, I could talk about this all day. You know, I've traveled to a number of countries, to give presentations and to talk about multicultural competency development, because it's become very, I don't want to say popularized, but it's known in other countries as well, whether it's China or our, you know, Spain. But I was invited to do a presentation in Qatar about three years ago, at a behavioral health conference, and they wanted me to talk about cross cultural competencies. And the reason was that at this particular behavioral health clinic, which is in Qatar, the majority of the providers were not Qatari. They were people from Australia, England, United States, other countries, because behavioral health was not an area of study in an extensive way in Qatar. So, they really wanted to have me talk about how these cultural differences coming together could be a benefit, or what were some of the potential barriers to having people from different cultural backgrounds working together but also working in Qatar. So, the relevance had to be to Qatar. What, what are understanding the religious practices or the religious worldview, predominant religious worldview, the economic situation and so forth, and the government. I mean, the government is a big part of the lives of the Qatari people. Many of them don't have to work because they get a stipend from the government every year. It's not just like a social security check. It's more than that. So, you know, so that's why I say, you know, the, when it comes to cultural competency development, it really is being adaptive, having an adaptive mindset to two different perspectives that you're going to draw upon as you engage with clients in clinical work.

Harley Layman 13:27

Yeah, that's really awesome. And I think also ties really well into our next question we had for you. I think you answered it well, as far as there being a term to use instead of cultural competence, right? So cultural competency development, and I really like adding a piece to it, because it implies that it is an ongoing process. When they tell you to be culturally competent in therapy, that implies some sort of end goal. But as you're saying, there are different parts of the puzzle. So there's the behavior, there's the knowledge, there's the emotional intelligence, and culture is constantly changing. And those things are constantly changing. So, there isn't any sort of end goal. It's an ongoing adaptive process. I really like cultural competency development. So maybe we should use that term for the rest of the episode.

Dr. Arredondo 14:17

Okay, that's fine with me. Because that's part of everything I'm writing about is. I mean, I've been using development for a long time, only because I think it's what you just said. Cultural competency is a static term. And it doesn't have the depth and the richness that we're talking about here.

Jennie Min 14:37

Yeah, that's exactly what I was thinking. That's like, really perfect term. Because when we talk about cultural competency, a lot of people are like, 'Oh, well, I can't know about everything about all the culture. Well, I can't.' Yeah but it's not yes or no. Are you or not? It's an ongoing process.

Dr. Arredondo 14:56

Yeah. Yeah. It's not a yes or no, I like that.

Jennie Min 15:00

Yeah. I like how you said it's kind of you look within yourself for the context and that what you're bringing in, like your beliefs, your upbringing that led you to how you are and how you're perceived. And then also looking at the client's context. And even then, and then learning more about the context of your environment, the place you're in Oklahoma, what kind of cultures are there? What is the historical context of those cultures? But then again, you kind of touched upon this when you mentioned, but there's also second generations and third generations, it's different even among one group. Yeah, there's generational differences are such differences. So, it kind of that intersectionality plays into that. And it's just always an ongoing process. You get a client, you have to take all of these contexts. And if you're not familiar, it seems like you got to do a little bit more research and got to do a little bit more work.

Dr. Arredondo 15:59

Totally, yes, yes.

Jennie Min 16:01

I love that. So how does cultural competency apply to clinical and counseling psychology?

Dr. Arredondo 16:12

If I take a step back a minute and think about whether it's clinical, counseling, or school. Those are the three areas in psychology, in which you can become licensed. So, these are the ones that we look at is the more helping areas or help helping specialties, within psychology. They're very people-centered. And as a result, then the cultural competency development is essential. Because you're working with people who present with different backgrounds, different contexts, but, you know, issues. And the other part of it, I just want to pick up on what you said, Jennie, is that, we're working with people who have intersecting identities. And so, part of cultural competency development, is to appreciate the intersecting identities of individuals and families. For example, if you're working within a school. Let's put in a school psychology. And, a student is going to receive an evaluation of a battery of tests. How we know about the family background, in terms of their educational experience, and their understanding of what these assessments imply, for their child. You know, you're not going to simply ask them to sign on the bottom line without telling them. This is why we're trying. We're asking your permission to apply these tests to the to the child because they may not have ever gone to a school where these assess types of assessments were used, number one. I think, number two, I remember back when I was working early in my career, I'm using some assessments with children. And these assessments were not what we would say culturally relevant, culturally fair, because they use

terminology that someone from the Dominican Republic, who had never seen snow would recognize on this now. Does that mean they're not smart? Well, no. It's not a culturally relevant term in the Dominican Republic. So, I think the whole idea of, of informed consent, of course. But the thing is that understanding the relevance of testing in different in cultural contexts, and where the parents came from, and even if they're from the US, they may have never gone through a battery of tests. So now you're asking permission for their child to have these. And, and so what does that mean? I mean, how they understand it, even if they're English-fluent, you know, it's still perhaps out of their realm of experience.

So, for cultural competency, working with using the test is you want to know that the tests are relevant. You want to know how the parents are informed about the implications of this test. You also want to make sure the child or the adolescent knows what they're going to experience. And then I think about the context of the school itself, and how well-prepared the school is n using these types of assessments. And, you know, the mindset of the clinician. Is the clinician really prepared to work with students that are not white middle class in this process, because there are a lot of white children and white families who've never had experiences either in with being tested this way, where their knowledge of it is, is a very negative knowledge. So anyway, it's like, what are the perspectives that come into play when you are a school psychologist.

I'm a counseling psychologist by training, and we, when I was back in school, we didn't really think a lot about this. For me, clinical psychology and counseling psychology were very similar. And I think still are I think the curriculum is very similar.

The work of, let's say, vocational psychology is a big deal in counseling psych. And what I say, just thinking about the book, I work that's coming out on women in STEM. You know, vocationally, most of our career development theories were not developed with women in mind. Right? They were developed by men, for men. So, you can still look at some of the language in these career development inventories, that really skew to male traits. And so, if a woman kind of comes out high on what are considered male traits, you know, that would be questionable. I think it's less so today. But I would say we, we look at vocational psychology. And again, careers are not linear. Okay. It's just like identity development is not linear. You know, when Erickson said that, our identity is formed when we're 16 to 18. Well, we know better, right? I mean, it was, again, it's a theory. I believe in identity development. I mean, that is key to all my work. However, what we have to know in terms of careers, careers aren't static. So, from a cultural competency standpoint, we have to appreciate that women's careers evolve differently than men's. Okay. Women of colors, careers, are going to be different. Men of color, how once LGBTQ identity comes into career development, is also an essential part of understanding cultural differences. You know, in my work, I draw a lot on feminist theory for cultural competency as well, because it focuses more on the equity piece. We have to look at cultural competency is - it's really all about trying to, I guess, advance equity and inclusion. So, equity and inclusion in psychology training and psychology practice. It's not, am I treating all clients the same, but am I treating clients equitably? And given their particular presenting situation? So, the mindset has to be very present in clinical work. It's not just the client, as we talked about, it's also us.

Jennie Min 24:05

Yeah, and I think you touched upon. Actually, the two questions that we were going to ask where we separated them out clinical, counseling versus education, and school psych. And you kind of combine them already answer those two. And I think that was really cool how you kind of talked about like that assessment piece as well. And not just the assessment instrument like development. When we're making the instrument, we have to make sure that there is no cultural

bias. Like we're not including snow when people have never experienced now and that it doesn't mean they're dumb or that they don't know it, it's normal. But also, that kind of informed consent of how you talk to your client, given their cultural context, how to describe these things, and how to inform them might be a bit different. I actually never thought about that piece. And that just keeps my gears turning. That's really cool.

Dr. Arredondo 25:03

Good. I just want to add here, since we have a pause. The APA multicultural guidelines. I don't think you can see the book that I'm holding up. This is called *Becoming Culturally Oriented*. This is based on the APA Multicultural Guidelines from 2002. And what I still like about this book is because it's almost like a primer. Dr. Nadya flew out, and I wrote the book, and we were co-chairs of the writing Committee for the original APA multicultural guidelines. But the chapters in the book are laid out. The first part of it is the awareness and knowledge. And then we get into the application of becoming culturally oriented in education, and training, research. And then in practice, we look not only at clinical, broadly speaking, but also the piece on assessments. And then the sixth guideline is on organizations and structures. And maybe we could make sure to talk about that - how cultural competency development fits into addressing organizational structures and systems.

Jennie Min 26:25

Yeah, perfect. So, it seems like the perfect reading or resource for us to visit and we will definitely include that information in our podcast and for episode information so that our listeners can go find this book, purchase it or borrow it, and they can learn a little bit more.

Harley Layman 26:51

Yeah.

Dr. Arredondo 26:48

Thank you.

Jennie Min 26:52

And I'm also really excited that about your upcoming book as well, *Women and the Challenges of STEM Professions*. I'm really excited personally, to read that. It sounds like very relevant as well. Yeah. All right.

So, I think we already kind of talked about this, but maybe if you can kind of succinctly bring it back, it'd be good. So how does cultural competence look different for different populations? Such as different age groups, different racial ethnic groups?

Dr. Arredondo 27:26

Yeah. Embedded in the whole cultural competency model or developmental process, they're different. I guess, you could say there are different topics that fall into it. So, if we come to the identities, because if we are looking at our own self-awareness. You know, the whole idea of unconscious bias, or implicit bias is very prevalent currently, and/or has been in the last few years. Before, we used to talk about uncovering our stereotypes, uncovering our biases. But now we talk a lot about unconscious bias. And we can use the Harvard implicit assessment test to examine our unconscious biases with different populations.

So, for me, that's a starting point for thinking about different identity groups we are part of, and we also work with. And also, when you think about identity groups, no identity group is monolithic. And so we can look at Latinx. Latinx is a big cultural group. I'm Mexican American. I

am a senior Mexican American woman. And if we were to look at my identity model, which is called the dimensions of personal identity, what I have in that model as it applies to my identities. And other people have these. They have a certain age, they have a gender or sexual orientation, a cultural background, linguistic background, health dimension. And then we have the B dimension of my model, which talks about our identities that are maybe we've come into more by choice or opportunity or development that we weren't born into. And there we have education, work experience, military experience, health, orientation, and so forth. So, we have all of those identities. So when I said we can't look at any group in a monolithic way. You know, that's exactly what I mean. You can say, "she's Latinx" and I would say, "No, I'm Mexican American". And I'm Mexican American from northern Ohio. I'm not from Arizona. I'm not from Texas or California, which is normally what people would make an assumption, when you say Latinx. So, we have to unpack the whatever identity group it is, we really have to unpack it. And, and look at the end and try to understand the individual's intersecting identities, as you started saying. In terms of age, where were they born? Where did they grow up? When I work with or meet people who are part of military families, they've lived all over the country, or maybe all over the world. So their cultural worldviews are informed by those experiences. So what may, what you see in front of you may not be. There's just more. I mean, we're all more, we're complex, people are complex.

So, to come back to the questions Is that how we understand age groups is very much a part of so understanding their gender, and also understanding their ethnicity and their educational experiences. So, you know, when we kind of do this blanket, "oh, they're millennials". What does that mean? Because there's stereotypes about millennials, just like their stereotypes about baby boomers, like me, so it doesn't help. I think we have to be careful. We always have to be careful with labeling. Because the labeling doesn't create more knowledge. What it does is put people in a box.

Harley Layman 32:07

Yeah. And I love what you said about how people are complex. So they could have all of these different identities. And in that same sense, they might identify more strongly with one identity than another. And so, it's also trying to figure out that balance, and it's really just by case by case like individual level. Like you said, you can't label a whole group and assume that it's all the same.

Dr. Arredondo 32:36

No, but I think your you know, your point about. Let's stick with the Latinx person. A woman who is a lesbian, and what are her primary. When we do an exercise, sometimes in the a dimension, we have the dimensions that are more ones that are I guess you don't easily change. So I tell people, what are your three priority identities? And if someone who is a lesbian would say, sexual orientation, gender, and then something else. So, you're correct. We have to not, we have to inquire. So somebody comes to you, clinically, in a clinical setting, and it's a lesbian woman and she's there because she has career issues. Okay. What do you focus on? You know, are you going to go after her lesbian identity? Are you going to help her with her career issues? And these are things that can be tripping points, if we are not paying attention, or we go after the identity piece and say, 'Oh, you know, her problems are her issues are because of her sexual orientation'. That may be. That may unfold. But she's there for a career issue.

Harley Layman 34:08

Yeah, so not judging, based off of that identity, but more of, Okay, this is the client identity, but this is what we want to work on. And so we don't need to focus on those identities unless they come up, unless they are somehow related. It shouldn't affect it.

Dr. Arredondo 34:26

Yeah, it shouldn't. I worked with a lot of women in psychotherapy, and a pool were professional women, and they came from different backgrounds, but I that was my specialty group were professional women. And I had women who were of European heritage, African American, black, LatinX, and so forth. And what I would have to understand was why they came to therapy, right? So, they came to therapy because they have relationship issues at work. Generally, these were professional women who work. I would say accomplished. But they were still in a male world. So, I had to focus on what it meant for them to be women in these male spaces and help them understand that their identity as women who were accomplished was part of the issue. For women of color, I always then brought up, after we got that first the women piece, that as a woman of color, how did that play out where she worked. And generally, she was one of two women of color. And I can remember this woman in the banking industry, and what that was like for her. Sure, I got some history about her upbringing, and so forth. But the real issue was the work setting and the relationships at work and how she, as a woman, and a woman of color, in this case, was an outlier there and how that affected her sense of confidence and her sense of efficacy. That's what I had to focus on, not her black identity. She knew who she was, you know.

Harley Layman 36:26

Yeah. Hey, therapeutic skills. Meeting the client where they're at and not letting that stuff get in the way.

Dr. Arredondo 36:33

Thank you. That's Well said. That's well said.

Harley Layman 36:37

Thank you. Kind of brings us into our next set of questions about looking at different relationships among different clients and therapists from different identities. And so first, we'll just start off with: what does a relationship that is culturally-competency-development-informed, right, or culturally-competent-development-informed look like among a white therapist and a diverse client?

Dr. Arredondo 37:04

This is one of those questions or the topic, which assumes that the white therapist is not diverse. Okay. So when we go back to the whole - so I'm going to go back to the whole identity piece - I think so much of the cultural competency literature and the multicultural competency literature and microaggressions literature positions the white therapists, the white psychologists as the oppressor. That's, I think, typically what happens, which I really do have a problem with. Because if I may, I'm in a program of study, like the two of you. Both of you are on a cultural competency journey. Okay. Now, we can all have missteps, regardless of our cultural identities or gender. We can all have missteps. Whether we're white, whether we're Asian, whether we're Mexican American, Latinx. So, I think it's the important part here is to understand what is it that's different about the white therapist. As I said, you know, we can't look at every groups in a monolithic lens. A white therapist, who grew up in the south, who grew up in a segregated area, even though segregation supposedly is a thing of the past, will have a different worldview than a white therapist who grew up in California or in Oklahoma. So, I think we have to be just a little bit more considerate and not position the white therapists as being automatically the oppressor. Because the white therapist is on a cultural competency journey. Just like the two of you are. So, what is it though, that we want to call out? Well, the white therapist, we could say, has white privilege. We are in those kinds of conversations, you know, have white privilege, particularly



men have white privilege because of the color of their skin and some other history in their lives. But again, until we know who the white therapist is, I think those are probably not fair assessments. In the broader society, certainly, white individuals hold most of the power whether their political power, economic power, industry, universities so that affords people, I think, some privilege. And it's important to talk about that. So if I'm a white clinician, and this is where cultural competency development comes in, I have to recognize that there are some privileges I have because I'm white. And people will attribute those privileges to you whether you believe you have them or not. I think that's the part of it that's problematic. But you know because we're learning about this, putting this in a learning paradigm. I think, what we know in counseling is that if you have your white therapist and you're working with a client of color. Okay, so what do we mean by diverse clients?

Harley Layman 41:01

Right, that's a great question. Like, what part of their identity is diverse or different from the norm? And why is white male the norm? Right? I think, yeah, it's a tricky question. As far as it just seems to me, like, for the relationship to be informed by cultural competency development, it's almost on both sides, right? So, the client can assume that these things are tied to this person because of their presenting identities. And the same for the therapist. It seems like a tricky field to kind of navigate, though.

Dr. Arredondo 41:38

Yeah, and it is tricky. But it goes back to your training. So cultural competency development, and your clinical site training, has to really address what we're talking about. That if you say that client is diverse, and then the question as you raise, Harley, is diverse in what way? And then the white therapist- in what ways is the white therapist diverse? Otherwise, you say white therapist, there's a lot that leaves room for my imagination other than the color of their skin. I mean, if that's what it is. And again, we've talked about a diverse client, or the intersecting identities, I mean, that's really what we want to make sure. Because I think, once again, to say someone is diverse, it is often a code word for person of color. And if that's what we mean, then we should say, a person of color instead of a diverse client.

Jennie Min 42:47

Right. Because they could be like, the diversity can be in terms of their gender identities, or they are physically or otherwise disabled in some way, etc, etc. And then even as a white therapist, like you said, it's almost like we're putting in a, that's the box that we put in, like you said. We shouldn't put people in a box. It's not just one identity. Even if a white therapist, that is from military background, family background and traveled around, then they're going to be a different presenting, than a white therapist, who is a male in predominantly white spaces like those are going to change. And I think we as we are writing about this podcast and coming up with questions, we are on that cultural competency journey, but I think we ourselves had some biases going in. And like you just pointed out these questions may not be, as we're learning, as appropriate, or the best, in terms of kind of thinking about the cultural competency development.

Dr. Arredondo 44:07

And that's fine. You know, I think that the word diverse is used so often. I remember reading an article and it said, we're in a diverse neighborhood. So, I said, "So what is, what do you mean by diverse neighborhoods?" "It's African Americans." So, I said, "Well, then you call it an African American neighborhood. You don't call it a diverse neighborhood." So, this is where our language can be. The lack of accuracy can also, I think, create confusion, but also its unfairness. If we're looking at equity and inclusion, then let's say, "these are people of color we're talking about" and then we can unpack the identities of people of color. Visible People of

color. That's the other part of it. Alright, let's get real here, people of color. It connotes certain images. Again, if you do the Harvard Implicit Association tests, you can see how some of those images come up and you could say, Oh, she's African American, then you say, Oh, no, she's not. She's a Latina from Puerto Rico, who happens to have Afro Latino identity, I mean, Afro-history. And so, you know, these are the things that make me just, I mean, I enjoy the conversation because of that.

So, what is a relationship look like? Well, I think what you said earlier, Harley, is that it means a relationship that you have to create some understanding of who's in the room beyond the visible, what appears to be visible identities because there may be shared issues that the client and the therapist have that will emerge but would not automatically be assumed because of the difference.

Harley Layman 46:25

Yeah, yeah. I kind of want to take a little bit of a step back and just recognize that if we're thinking about, you know, the term diverse client, and just this topic in general, I think it's important to recognize that this has been such an uncomfortable topic for so long. So people are tiptoeing around with these blanket words, instead of just saying what they mean. And I really appreciate what you said about it's unfair to not say what you mean. And we should be comfortable talking about these things. And it will make that relationship better even if you're more comfortable talking about those things with your client or therapist so they can have a better understanding of you, but how your experiences kind of differ from one another.

Dr. Arredondo 47:12

And I think it brings up another point for me that we've talked about in in clinical training, which is when you do have a visibly white clinician with a person of color, then to not call that out in this session is also an error. And, you can certainly do it with age, you can do it with color. Okay, you can, so if you're the white therapist, you can say it or... Let's say you're a therapist of color, an African American woman. And you can say to the white client, how does it feel to you to work with me? You know, I'm African American. I think you just have to put it out there. Or if it's a white therapist saying how is it for you to work with me as a white female therapist, putting it that way? So I think those are, you're right, it's uncomfortable. But once you kind of, say those things, you get comfort over time, and you realize that it is important to do that.

There's been one other point I want to bring up here. And I think it comes into with the diverse therapists and a white client. There's been some research that, I think it was within the last 10 to 15 years, that Asian clients, particularly international students, at a college counseling center, were more comfortable working with white therapists than Asian therapists. And so, there's that credibility factor, who is more credible? And that comes into the thinking. So when you raise the question as a clinician of color with a white client, how does it feel to work with me? And you have your diplomas on the wall and all that, okay. You know, you just have to go there. And there may be a credibility gap that's in play, but maybe they won't tell you that. But I think it's something to consider that as therapists of color, they may not see us as prepared or as somehow credible as they see a white therapist.

Jennie Min 49:56

Yeah, that is really interesting, because in my previous practicum, I had a chance to. So I'm Korean Canadian so and visibly Asian. And in my previous practicum, I got assigned an adolescent, also an Asian, that had been involved with illegal activities. And that was pretty rare in like Oklahoma, like you don't usually see Asian, Asian American in those settings -Asian American child in those settings. And I was really excited. I got it, I went into the session, and it

didn't go as well as I'd expected. And that kind of reminds me that I thought, like, oh, like being in the same ethnicity. Also, I think that client was Korean as well from Korean culture. So I was like, Oh, we have a lot in common. You know, I was expecting a lot more input. But actually, that was less than other kids that I was seeing. And I was really surprised. And that kind of just reminds me that like, we can't just assume things, going into a session, and just by ethnicity and background of what they're going to feel because we actually don't know what their life history was. I had no idea what their life history was, obviously, because I hadn't talked to them. So it's, sometimes maybe they have more mistrust in certain groups, even if they're in the same group, because I had higher education, and I was an adult and things like that. Yeah. So it just reminds me of like, you know, we got to be a little bit more aware that that was my bias going in. So funny.

Dr. Arredondo 51:49

Well, it is, and you know, you touched on it. I think there's a transference issue. You're talking about working with an adolescent. So even though you're, you know. You may have just seemed more like an adult to him, and like his mother, or some parent figure, or some teacher. That kind of transference kicks in and but it is some things to not assume. I know, there's research on matching clients to the therapist based on ethnicity and cultural background. Sometimes it works. Sometimes it doesn't, really, so I don't think there's a strict for me, I don't think there should be a strict formula on that, unless we have enough data that says that's the way to go.

Jennie Min 52:40

Yeah, absolutely. And I'm just thinking about the cultural competency development of each therapist is different. Even if someone is person of color, or even if they're from different ethnic background, doesn't mean they're more culturally competent, necessarily, than a white therapist who's working on being culturally competent, understanding and being aware of their cultural background and their input and the clients' and things like that. I'm just learning so much as I'm talking in the podcast. I'm like, this is so cool. I'm so excited. I hope our listeners are feeling that as well.

Harley Layman 53:23

Yeah. And it's like interesting, because you're learning stuff, right? And you're a more advanced therapist than me. And I'm, like, mind blown over here. Because I have one year of clinical experience. I'm like, wow, all of the things that I have the time to develop, and I'm excited to. But I'm really glad that we have this tool and this resource, and Dr. Arredondo, who's amazing to teach us these things.

Dr. Arredondo 53:50

well, thanks for saying that. And I did want to bring up one more thing, I keep thinking of all the stuff. In counseling this past year, rather, when you're doing clinical work, whether it's virtual now. I mean, you've probably been doing it virtually. But we've gone through COVID, we are still going through COVID, Black Lives Matter. It's also a reasonable thing to introduce in psychotherapy. If you are working with an African American client, about, you know, the political context, and it's how you pose it, of course. "I'm wondering how all of how you are relating to Black Lives Matter" or something along those lines because they're receiving a lot of messages from outside on a daily basis. If you're working with a Korean client or a Chinese client in this anti-Asian hate space that we've been, you just can't talk about your academic issues or your issues with your parents. You've got to understand, ask how do they make sense of this anti Asian hate? Have they experienced it? I mean, that is something terribly important. You know, if you're working with Latinx college students who are a DACA students, how does, how does it

resonate for them when their status is uncertain or where their parents are undocumented? How does that affect their anxiety? And how is that a stressor for them, too. So those kinds of socio-political activities or climate for all of us does have an effect on mental well-being and those are stressors to a greater degree for certain individuals.

Jennie Min 55:55

Yeah, so it seems like the first step we need to take as therapist is being aware of these ongoing social and socio-political issues. Just because we're in an academic space, or we are, hey, we're busy working, and seeing clients, you don't have time to watch the news or whatever. This is like part of our responsibility as culturally competent, you know, developing your cultural competency every day to be aware of what's going on, so that you can be a better therapist for your client. And then, second, you would have to kind of open up that space for the client, even if it's, maybe it wasn't something you talked about before. In case it might be related to the issues that your client is having, you can open up that space and let the client decide whether or not they want to take that up. Or they say, yeah, but that's not really contributing to my problem here. And it's like, okay, we talked about it, it's not, and then we can move on, you know. Or we open up the space, and they want to talk about it, and it ends up being a contributing factor, do their anxiety or whatever they're presenting symptoms might be. Then, you are also opening up more and better therapeutic treatment.

Dr. Arredondo 57:18

I think that's right on. Yeah.

Jennie Min 57:21

Yeah.

Dr. Arredondo 57:22

You know, I read that, it's just what one related thing. I remember, in the 2016 election, I was guest lecturing at ASU. And, you know, the results came out during class. And so, students convened and there was a student in my class who's whose Muslim heritage. And she said, "I'm scared to wear my burqa, I'm scared. I don't think it's safe." And so, we had some discussions at the university in our program about how people felt. And you know, anyone. Most of the people from marginalized groups, of course, have fear. White students were generally not happy with the results. But I just point out that the student who was Muslim and who could on campus feel comfortable walking around with her burqa was now not so comfortable doing that. And then, of course, all of the anti-Muslim legislation or anti-Arab legislation kicked in. So I mean, she has some validity to that. That was valid. So, it's one of those you can. I think bringing it up. This is helpful, Jennie. Yeah.

Jennie Min 58:46

Yeah. Okay, so we've asked you a bunch of questions so far. And for a wrap up, we wanted to ask who is someone in the field of psychology from underrepresented community that you believe has excelled or done amazing work or deserves to be shared or recognized?

Dr. Arredondo 59:10

Mhmm. Yeah, I thought about that question. There are a couple people.

Dr. Helen Neville, who's at the University of Illinois, Urbana Champaign, has written quite a bit about colorblindness and sort of the fallacy of being colorblind. And that really is relevant to our cultural competency development. Because so often, people say I don't see color, I'm

colorblind, and so forth. So, I think she's one person whose work I really value and respect and think she's making a big contribution.

And then of course, I think about the work of someone like Dr. Melba Vasquez who's written a lot about ethics, and she's, for years, she and Ken Pope have written about ethics and in psychotherapy, of course. They have a recent book that came out on ethics but they bring in the cultural dimensions to consider when we're talking about ethics. Ethics are not neutral. Ethics are culturally informed. And so we have to recognize how we apply ethical judgments, given the client with whom we're working and the situations.

So, I mean, those are, you know, a couple of people who, I mean, there's a lot of other people clearly, who are, are making contributions, Kevin Nadal, who's in New York. And he's done a lot on microaggressions in the LGBT community. But he's Filipino and he's really brought that forth in the intersecting identities literature for people, specifically Filipino in his case, but you know, he can talk more broadly. So those are three people come to mind.

Jennie Min 1:01:05

Okay, perfect. Thank you. So, we will put information about the scholars into in our podcast information.

Harley Layman 1:01:15

Yeah, they sound they sound awesome. So we will obviously tie in with some links to their work as well as your own some of the books that are helpful for our listeners to read and us to read, that might help us on our cultural competency development journey. I just want to thank you so much for joining us. And for our listeners, if you do still have questions, that is okay. This is only the beginning of our podcast series. So please continue to tune in to our upcoming episodes, we can kind of dive a little bit deeper into this journey.

Jennie Min 1:01:48

Yeah, and Dr. Arredondo, some of our listeners may want to get in touch with you and your advisory group. So, if you could please tell us where people can reach you, and maybe a little blurb about your Arredondo Advisory Group, and what you do so they can know about it.

Dr. Arredondo 1:02:03

So, as you can see, my career has had two tracks. I've been a higher education professor and administrator, and I've been in the organizational consulting space in Boston, and out. Of course, I'm based in Arizona, but you know, I go everywhere. The organizational consulting work really focuses on issues of diversity, equity and inclusion in the workplace. And we take two approaches, focusing on individuals and what we've talked about here, their cultural competency journey. That's important for workplace relationships, for understanding who your colleagues are at a university, understanding who your students are and so forth. The second part of our consultation focuses on the systems and practices in place, and the extent to which they promote inclusion, to which they promote equity. And so, you can look at policies, and the policies may be written with very male language. Or when you look at promotion policies, they may be limited, and not be inclusive of women, let's say at a university, who are taking childcare leave, or even some men these days, but I think they've mostly been biased towards women. So, looking at those policies. Now, we know that universities don't all require the GRE. So, it you know, what does that mean in terms of fairness, and Equity and Inclusion? So, we work with organizations to help unpack if they say we want to be more inclusive, and we want to bring in more students and faculty and administrators from diverse backgrounds. Again, we have to ask them. What do you mean by that? And same thing in the workplace. What does that mean?

So, I won't let people get away with using the word diverse. So, you have to really say, we want more women, we want more people of color. So, we do that kind of consultation across the country. And I use it as a parallel to clinical work. We're doing interventions. These are really interventions, organizational interventions, for equity, and inclusion. And just like clinical work, you have to get background information. You have to understand what's motivating people to want to do this work. You, then, put together a plan. You have leadership development first and then you do assessments. We do a lot of assessments to find out where the gaps are in the sense of being included or being heard in the workplace. It's a lot of exciting work. It's discovery work that leads to, then, so really, we like to think helpful plans to create a community of inclusion at work, and then the policies and changes. And then the other thing I do is executive coaching. And the executive coaching is primarily with university administrators of color. Many administrators of color are the first ones in their department as a dean, a chair, Provost, President, and most the majority of the workforce has never worked or reported to a person of color. So that creates certain dynamics. And so, our work as executive coach is to, it's really to help the, let's say, the dean, read the climate of the College, where she's the dean. What's what does that climate like? And then how she experiences the behavior of people in the college because she's a woman or a woman of color. So, you know, we get into those. It's not therapy at all, but it's really understanding the organizational structure and behavior and how she can be successful there.

Jennie Min 1:06:25

Yeah, so you're providing a lot of different services at individual level, executives of color, and Corporation level to change your policies to be more inclusive?

Dr. Arredondo 1:06:38

Yep. Oh, yes.

Jennie Min 1:06:41

Perfect. That reminds me of The Chair from Netflix that just released? I don't know if you know about it. We won't go into depth. But it was about a woman of color being the first department chair of English in their college. So, it's like that. So, people like that you would provide.

Dr. Arredondo 1:06:57

Exactly. Is that that a Netflix movie?

Jennie Min 1:07:00

Yeah. It's a Netflix show with Sandra Oh, yeah.

Dr. Arredondo 1:07:04

Yeah. With Sandra. Oh, yeah. I just saw the little promo. And I said, Oh, I gotta watch that. I just saw it. And other people are talking about it. But the promo she falls out of her chair, which is kind of okay, typical. You know, and the whole concept of presumed and competence. You're familiar with that concept, too. And that is an attribution that's often made to women of color in the academy, presumed incompetent. And, the Academy is a very high achieving setting. And, and it's elite as well. I think that those are some of the tripping points, potentially tripping points. You start to look at yourself, and you say, well is it about me? Well, guess what, it's more about the culture of your unit. So yeah, I've got to watch that. Because it sounds perfect. Yeah.

Jennie Min 1:07:58

It sounds right up your alley. All right. So could you just tell us where people can reach you?

Dr. Arredondo 1:08:04

Sure. They can email me at the Arredondo. Of course, I've got I should put it in here. Right. Because it could be misspelled.

Jennie Min 1:08:15

Yeah, no worries. We will actually put your email address into our information for those of you want to reach out to Dr. Arredondo..

Dr. Arredondo 1:08:26

So, I'm happy. And if somebody wants to write to me, they should say Oklahoma State and then I know that that's where it's coming from. I mean that it's related to this.

Jennie Min 1:08:37

Yeah. All right. Perfect. That is everything. Thank you so much.

Harley Layman 1:08:45

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