



Episode 5: Cultural Humility in Supervision and Mentorship

Transcript

Harley Layman 0:08

Hello and welcome back to another episode of Practicing Anti-Racism Clinically. For today we are your hosts, Harley Layman

Déjà Clement 0:18

and Déjà Clement. Today we are joined by Dr. Riana Elyse Anderson. Dr. Anderson is an Assistant Professor in the Department of Health Behavior and Health Education at the University of Michigan School of Public Health. She earned her PhD in Clinical and Community Psychology at the University of Virginia, and completed a Clinical and Community Psychology residency at Yale University School of Medicine and a fellowship in Applied Psychology at the University of Pennsylvania. On the whole, Dr. Anderson aims to facilitate healing in Black families with practical applications of her research and clinical services, as well as through public engagement, teaching, mentorship and policy recommendations. Dr. Anderson uses mixed methods to study discrimination and racial socialization in Black families, and apply her findings to help families reduce racial stress and heal from racial trauma. She is particularly interested in how family-based interventions help to improve Black youth's psychosocial wellbeing and health-related behaviors.

Harley Layman 1:17

Dr. Anderson is the developer and director of the EMBRace (Engaging, Managing, and Bonding through Race) intervention, and loves to translate her work for a variety of audiences, particularly those who she serves in the community via blogs, video, and literary articles. Dr. Anderson's work has garnered hundreds of thousands of dollars in grants, and has been supported by the Ford Foundation, Robert Wood Johnson Foundation, the National Institute of Health, Society for Research and Child Development, and the Michigan Health Endowment Foundation. She has published over 30 peer-reviewed articles and contributed to a range of blogs, articles and media, including features with CNN, The New York Times, The Times, London, Huffington Post, Psychology Today, Women's Health, WebMD and NBC's Newsroom. Dr. Anderson is involved nationally and is an appointed member of several work groups, including the American Psychological Association's Children, Youth and Families Committee, and the Society for Research on Adolescence Anti-Racism Task Force. Additionally, Dr. Anderson consults with national companies and organizations including Google, YouTube and Nickelodeon. Dr. Anderson also serves as the co-host of Our Mental Health Minute, a multimedia organization geared toward reducing stigma in Black communities. Finally, Dr. Anderson was born, raised for, and returned to Detroit. You can find her on Twitter @rianaelyse or visit her website www.rianaelyse.com. And links for these can be found in the bio for this episode. Wow, that was a lot. So much accomp-

Dr. Anderson 2:59

I am impressed. Well, first of all, I was like, no one's asleep yet. That was amazing. I also-- You all were like trying to get air in your lungs. I was like, "Why did you read the full bio? We could have just-- You could have said 'She enjoys cakepops, like let's get into it so--'"

Déjà Clement 3:14

Thank you Dr. Anderson.

Harley Layman 3:18

We want to highlight your success, for sure. Share it with the world. Um, and I loved that 'born, raised, and returned to Detroit.' I'm from Lansing so--

Dr. Anderson 3:25

Hey, yes. But not a Michigan State fan? Correct? Just making sure-- Hey.

Harley Layman 3:33

We're having a problem tomorrow. [laughs]

Dr. Anderson 3:35

Okay, well, all right. Well, we'll spare the listeners all of this goodies. But we have a problem indeed. Go ahead, Harley, what's up? What's up?

Déjà Clement 3:44

I'm actually going to get us started. So previously, we have discussed cultural competency and how to use cultural humility, particularly as different level clinicians in the therapy room. Today's episode will target supervisors and mentors and, as such, be geared towards anti-racist supervision and mentorship. So, Dr. Anderson, to get us started. Why do you think it's important to provide culturally humble supervision and mentorship and how do we do it?

Dr. Anderson 4:11

Okay, so I guess the first thing that we have to do is talk about what is this idea of cultural humility. So let's get, you know, definitions going. And what I imagine when I reflect on my clinical training, is how people were saying that culture did *not* impact the room. Right? So that was a *major* takeaway for me in my training. And, I will say, at the outset that I saw growth, so I don't want to throw my program completely under the bus. But it definitely took my entire five years *plus* to see some shifts in our clinical department because the idea is that individual should be focused on individual concerns should be focused on, and this is typically client based, right? But if you're thinking about, if that is the field's belief about the people whom we're serving, then it's going to be this-- thr-- through line of what's happening in all aspects (in our readings and our relationships with others, etc.) that culture does not matter in that way.

And even if it's from a place of wanting to respect each person's individual-level concerns or challenges, if we're missing the greater context, we're missing the sociological influence of these things that are happening, both proximally and distally from that person, we're going to miss these larger level systemic problems, these structural issues, these things that will pop up time and time again, that will then attribute to the individual. Right? So especially when we're thinking about this humility, with respect to folks who are coming into your program, it might behoove us to think about: To what degree are public school students receiving the resources that private school students are, when they come into our program? Right? Were they trained in schools the same way? Do they have the same types of text, opportunities, etc.? And rather than thinking "this individual's just not competent," when they're coming into the space with me, thinking about "Huh, their education may have been this way. The place in which they grew up may have looked like this--the neighborhood, the environment." Really thinking about "How do those

outside cultures, which is again, just our way of being, our way of living, our way of knowing, how that can influence that person.” So that would be my first thing, is just understanding that humility, in that way, is understanding and expanding our belief that culture or outside contextual influences can, in fact, impact the person.

So Déjà I'm going to ask you--Now that I just spoke my whole life away--refresh me. What is it that we're-- Why is that important to the mentor-mentee or supervisory relationship?

Déjà Clement 7:06

Why is it important to provide culturally humble supervision? And I think you kind of touched on some of it there. It sounds like you're addressing, like, not just addressing the individual's culture, but also like, meeting them where they're at and providing some of that hidden curriculum information if they have not yet had it.

Dr. Anderson 7:21

Absolutely. So yeah, the supervision, because we're thinking about what someone who's been in the profession can offer to people who are newer, who are in training, it's absolutely a way of saying, “Here's a pattern that I have seen before. Here's something that I believe to be true based on XYZ.” I remember being shocked when I ran to my supervisor for the first time and I said, “This person has this concern.” And they told me, “I bet you it's this. I bet you it's related to this.” And I was looking at them, like “how did you know? I gave you one nugget. And you went all the way to the end of the road and *knew*, right, that this was the thing that was happening.” So I think, you know, in the same way that supervisors can do that in myriad problems that are presented from clients, having that ability to say, “I wonder if their culture,” about the client, or “I wonder” even for you as as my supervisee, if this is something that *you* may not even know. So bringing in that culture, the way that we live, is a relevant factor is important across psychology, but certainly in our training as well.

Déjà Clement 8:34

And it kind of sounds like, and I think hopefully, Harley's next question will kind of get some of this, so I might be jumping ahead. But like, it might be difficult for a supervisor or a supervisor to disclose their culture, if we haven't created that environment to do so. So like, is it a safe environment? Do you even know how to have this conversation? Those types of things.

Dr. Anderson 8:55

Absolutely. So that's where my work really jumps in here. Because we have been disincentivized as Americans to talk about race or culture, right? You're playing the card, right? Or you're you're being this angry da da da, like these types of things that we attribute to our culture means that we hush up around issues of race or culture in spaces, which means that we don't bring it up. And for a lot of people, that means that we close our mouth, clench our jaws, feel it in our stomach and still experience how culture impacts us. But we're just not saying anything about it. And again, I find that really odd that in a profession that is about talking, we don't talk about race, nearly enough. We don't talk about racism, nearly enough. Culture nearly enough. So you know, I think it's important as you're talking about space, being mindful that space is a part of our profession. And that is kind of like a-- Oh, what's that movie? Inception, right? It's kind of an Inception moment where you're, you're looking and you're like, “Hey, I can see that we need to create space for our client. But we're not doing that in our training, we're not doing that in our supervision, we're not doing that in our textbooks, etc. We're not saying this is

where this element is really important.” So I would again, just underscore that we're not-- to your point, we must create that space, because it really is a trickle down effect of it won't happen for our clients, if we can't do it in our class, if we can't do it in our meetings, etc.

Déjà Clement
Absolutely.

Harley Layman 10:33

Yeah. I think even earlier when you were talking about, like, your program and coming in, and they were saying, you know, how maybe culture shouldn't influence that supervisee-supervisor relationship, or the therapist and client relationship. In my mind, I was thinking, “Do they really think that? Or do they just not want to talk about it?” And that's kind of what you just highlighted there, so I think that that, you know, segues perfectly. So in addition to not having the space, what other obstacles do you think would come up when providing culturally humble supervision or mentorship?

Dr. Anderson 11:11

Yeah, so with what you just said, Harley, like, if folks don't know how to talk about it, they're going to shield themselves from getting into it, because that will expose their vulnerability there. It's going to show I'm not as competent in this thing. And we see that often where people want to highlight and showcase the things that they're really good at, and will protect themselves from other spaces. And I'm saying that, because I've watched professors, I've watched supervisors, I've watched people who were training me skirt away from these things in--, like in front of folks. But then behind closed doors, when I'm talking about it, they're a little bit more vulnerable. They're saying the truth is, “I really don't know what to say, I don't know what books to get, I've never had a client that da da da.” So it really is the same as any other challenge that we face, the only way to improve is to practice. And so I just want to encourage us to not make racial or cultural concerns a molehill. It is the same type of issue as anything else, but that we don't talk about it as frequently, makes it more challenging. So in addition to space, you've already-- you both already mentioned this idea of climate and safe space within your program. So not just literally we have an hour carved out or like this is the classroom in which we do it. We're thinking about what is the climate by which these conversations are having. Is it a forced part of your grade? Is it like a small component of your class relative to this other thing that takes multiple weeks or multiple whatever-- Is the assignment qualitatively different? Do we treat this thing so uniquely, “Oh, just write like a think piece for a page, and then we won't talk about it, but like, you'll get it checked off.” Are we doing that to it? And the last thing, I'll say, because this is definitely a hill, I will die on. But when I was in grad school, I took a look at the multicultural ethics guide. So if you've ever looked at APA ethics, and you see the 10 ethical clauses that are there, there's very strong verbiage. It's a “psychologists must,” “psychologists are required to,” “psychologists da da da.” And then when you go to the multicultural guidelines, “psychologists are encouraged to,” “psychologists should.” The language changes. So essentially, we're giving assignments that map on to, or we're giving supervision that maps on to this airy, fluffy language, rather than really assessing or ensuring that people are meeting these needs. So in your generation, what I'm challenging you all to do, is to ensure that we're getting language that is more targeted to how supervisors *should* or *must* write, how professors *must*. How these things have to look, for us to have an environment that is culturally responsive.

Harley Layman 14:07

I was gonna say about the language piece like, with that softer language, right? It makes sense, almost like you were saying that, it's like, "You should be culturally competent. But we're not going to tell you how to do that, because we don't know how to do that." Right. And I think that is what that softer language gets at because it allows them to not dig into their own cultural competency to help teach their students. And so by changing that language, I think it would definitely have an influence on supervisors and mentors into kind of diving deeper into their own cultural humility journey.

Déjà Clement 14:42

Yeah, and kind of going back to the point that you said earlier, it's like very interesting that in a field where we are trained to *do* these things, and we, we tell our clients like you know, "Don't avoid your emotions, because the more that you avoid them, the worse that they're gonna get." We're doing the same exact thing with topics that are maybe a little bit uncomfortable, but that's okay. And also, you know, it's important to ask ourselves like uncomfortable to *who*? Is it uncomfortable to you, and you're now not fostering this environment of safety *because* it's uncomfortable? Or are you just kind of like in this stuck place, essentially, and that's important. I was also going to just ask, like, you know, we've talked about the supervisee to supervisor relationship, but would you say that that's the same for students that you're mentoring, like, who are graduate students in your lab.

Dr. Anderson 15:28

Absolutely, it's really, I think, we can just talk about the field, generally, wherever there's an opportunity to teach to train, we've got to be able to do this thing that we're trained in, which is to talk about things in a competent and professional way. And it just does not surprise me that-- it did surprise me at one point, it does not surprise me now that we struggle the way that we do. And the way that the past two years, in particular, has been a mirror for some of these things. I'll take a quick soapbox moment here. But this past summer, after George Floyd was murdered, a lot of people were asking me in different variations, "how do we talk to our kids about race?" And that's my work. And so I was giving these examples, but what I was hearing people say is, "what's the one thing that I can do for about 30 minutes that will address this 400-year problem in our society *and* fix it? *And* I'll never have to touch it again." That's what these conversations ended up being. It wasn't "How can I consistently work on this problem that *will* be a problem for me and my family, for the rest of our lives?" But like, "How do I fix this thing very quickly?" Which is why people avoid it, because they can't do that. And they can't do it well, so they avoid it. And I think that is a mirror again, of what our field is looking like, that because we can't figure out how to talk about race, as humans, generally, it shows up in all these different spaces, including our profession, which is all about talking. And we put it to the backburner, we put it to the side. *Or* we try to find the one book, we have our students read it and we never talk about it. We never touch it. They do these discussion boards, they do these one-off papers, and we never bring it into a classroom setting where we're doing *that* for various identities, but not culture, not race.

Déjà Clement 17:32

Absolutely. And kind of-- you kind of addressed this a little bit, but I just want to see if there are additional things. But if I was a supervisor or a professor, how can I support my students when they experience racism in clinical work, or academia broadly? And how *must* I or how *should* I respond?

Dr. Anderson 17:55

Whoo, okay. Y'all really want me to fix the whole world? I'm trying. Um, Yeah. So the first thing is acknowledging. And I'll actually take what is recently happening, and I hope I'm not talking out of turn here, but I'm a member, one of the gajillion things that you said at the beginning about what I do, I'm a member of the American Psych Association's Task Force on the elimination of racism, which was an honor to be a part of, and I'm watching some of our big wigs in our field. And we're compiling these resolutions, the first of which is to acknowledge the role of APA, in the racism experienced by these communities. So step one, we've got to say that we have experienced it and that we perpetuated it. So that was number one. The second, is now to take that apology, and to figure out how we resolve that, how do we eliminate how do we tackle-- do the work that we need to do to actually improve upon where our current standing is? So I would say in the same way that we develop those resolutions, and again, I might be speaking out of turn, but they passed today at the Council-- it already had?

Déjà Clement

Yeah, I saw that.

Dr. Anderson

So I'm not speaking out of turn. So like *unanimous* passing of these resolutions by 165 people. Like I was in tears earlier today, truly, what a monumental moment to hear APA talking about its role, and then to say this is what we're going to do about it. So in that same way, in understanding *any* skill development. The first thing that we do is have a knowledge. What is it? What does it look like? What does it feel like? What does it do when we experience that? And there are so many researchers that have told us what the impact of racism or cultural challenge is to folk. How are we aware of what it does in our space? So if it's happening in our school, now that I know what it is, do I see it when it happens? And do I do something about it as a mentor as someone who is now knowledgeable about my students experiencing it, my supervisees experiencing it? And then what is the skill that I have to actually resolve it and do something about it is *last*. People want to jump to that first. They don't have a sense of what it even looks like in their department. They don't have a sense of how it's impacting their students, because they haven't done any of the processing work, which, again, we are trained to do. This is our profession. We're supposed to know how to do all that stuff. But we're jumping to what can we do? What? No, no. You have to really have a good sense of what's going on and how it looks, how it manifests how it impacts. So that's what I would say, if you're working with folks who are saying that something happened in the department, outside of the department, etc. really getting a sense of what does that impact? What does it look like? Are there things that I can do? Again, talking that out with your trainee or student what, you know, what would advocacy look like in this case? How can I be of assistance to you in this way, but also not relying on them to be the only source of that they are in training, After all, they are a student, after all, and you should have the experience to know, here's some other strategies, but certainly going back and forth with them can be impactful. And then doing that, actually being an advocate, actually being an ally, at the end of the day to make those changes would be really important.

Déjà Clement 21:36

Absolutely. And just for our listeners, we'll try to include some links about what Dr. Anderson was referencing, in terms of the Council passing this resolution, which was apology to people of color for the role of APA in promoting, perpetuating, and failing to challenge racism, racial discrimination and human hierarchy in the United States. But I think, Dr. Anderson, what you

also really highlight is like, sometimes, I think, well-intentioned mentors and supervisors don't want to put the burden on their students of color to have to explain all of these things. And that kind of also slows up the process a little bit of like, "I'm uncomfortable to ask you about what I should be doing, or you know, how this impacted our system" and things like that. And *also*, like, not addressing the reality that students of color are having a very different experience from white students in this field. And more so I think it's been a lot of, you know, we're sorry that this is happening. And you know, we want to validate you and support you, but just really, again, not knowing what that looks like for sure.

Dr. Anderson 22:50

Yes, and I think there's a difference too, you know, even when I was hearing you say it, there's a difference in solely or firstly going to them and saying, you know, "what can I do?" And that's putting the onus and burden. What I'm saying is a co-creation, and again, maps onto what my work is about, which is, you and your child, for example, are watching a racially violent event on TV, you're seeing another person get knelt on whatever, and you turn to your child. And you're asking "how did that make you feel? What are the things that we can do together?" And that's a co-creation that's going back and forth, trying to investigate and understand the impact and then saying, "I have a few ideas. I want to hear your thoughts" Versus, "Wow, that happened to you. What can I do?" You know that's different now I'm like, "Dang, I got to do all the things as the person being impacted. That sucks." Yeah, so I just, you know, I'm hopeful that the style by which we are getting those same questions met, can, again, pick up on what we've been trained to do in our field to elicit things and in a way that doesn't make the target feel as if they are doing the double lift there.

Déjà Clement 24:06

Kind of a tangential question. But do you feel like there's differences as-- for you, as a Black woman addressing these things with your students compared to a white faculty member addressing these things with their students?

Dr. Anderson 24:21

So one of the-- and this is-- there is empirical data out the wazoo supporting this, but it's that I now have 38 million students. So like, it's not just my students, it's every student of color who has experienced something, we'll set up some time in my appointment book. And so I'm just like-- I know there are a few colleagues of mine who have let themselves come into that space and are complete advocates and allies and, you know, they certainly get those students as well. But by and large-- again, the biggest difference for me is that I do believe that my own students feel that it's a safe space, and we can process that stuff. *And* I get every other student on the planet, *and* students not even at my university. Like, it is really a thing. I have students that are reaching out all the time, and it's my pleasure and privilege to be able to talk to them. And I'm trying to be tenured, and I'm trying to change the entire world. And I'm trying to, like, you know, bring healing to Black families. Like it's a lot. That emotional tax, and physical and emotional, you know, all the taxes that are happening with Black faculty and Black faculty who identify as women as well. It is certainly a lot.

Déjà Clement 25:52

Yeah, yeah, I think that's a really, really important point to highlight is that a lot of this work does get placed on women, but especially women of color in academia. And, of course, we are so appreciative of you and all the things that you do, but also just wishing that that wasn't the case,

right? Like, can we make this work more equitable, so that everyone's kind of doing their fair share, and not just relying on the women of color?

Dr. Anderson 26:18

Sure, yeah. And it's, you know, I'll say, I have to laugh, because I channel a white man whose name is Bradford. I channel, in, like, blocking my calendar, I'm like, "You got to be Bradford today. And you have to only allow 30 minutes," which is why it took me so long to even come here, right, where it was just like, I can't, I'm doing one of these things all the time. I'm meeting with people all the time. So I'm blocking it out. And I used to have my calendar open for 10 hours a week, and it would be completely full every week. And so now I have to, you know, limit that to maybe two or three hours. But again, we're talking about students from different universities, different departments, folks who are not even in my classes. And so it sometimes takes months to talk to folks. Or, you know, I can encourage them to go to other colleagues. But it is funny because I do have to-- I brought that up, because even to feel like my time is protectable, I have to channel someone my identity to get that done. Like no, you deserve space and place to think, right.

Déjà Clement 27:22

Yeah, I love that though. I think everybody should channel their own version of Bradford.

Dr. Anderson 27:28

Thanks. There are lots of-- I talk about this with my students and so we have Chad, Bradford, there's a lot of names. So, you know, find your inner white man and let him be the one who is, you know, doing the things that, in theory, all of us need to be able to do to get our stuff out, you know.

Déjà Clement

For sure. Thank you.

Harley Layman 27:47

All right. Well, we can kind of segue then into our next discussion question. How do I express or address experiences of racism, sexism, or any type of discrimination effectively to an authority figure?

Dr. Anderson 28:03

Yeah. So primarily for folks who are in grad school or training? That's the thought? So I mean, the first thing that comes to mind for me, because you use the word effectively, is that right?

Harley Layman

Yes.

Dr. Anderson

Okay. That is a tough word *because* some people will not believe anything that you have to say. So effective. And, it's nothing on y'all for choosing this word, I'm just really sitting with it. And I'm thinking about the challenge of isms where, by virtue of there being power differences, how we talk about it, and how people take it in is always going to be this subjective process. So you can be as composed, and as knowledgeable and as thorough in your description of what happened to someone, and it may not, quote "be effective," because that person may be like, "Oh, well, we

all experienced this.” And I get that constantly, where I will say, I’m, you know, burdened by these things, “Oh, well, as women, we,” and I’m, like, “Eh, it’s a little different,” or “As academics, we” and I’m like, “Eh, it’s a little different.” Right? So I say that because, effective still relies on that other person doing some sort of reception of what it is that you’re saying. So I would say that the first thing I would encourage people to do is understand that getting things off of your chest is a part of the effectiveness of it, that the outcome is not dependent-- or effectiveness is not dependent on outcome, rather, that it’s about you getting it off your chest. So the data around what happens when we hold or internalize, it impacts our breathing, our systems, right, our regulatory systems are dysregulated, our cognitions are dysregulated, we ruminate more about this thing when we hold it within, that means our psychological disposition is decimated. So all these things about internalizing are happening when you don’t get it off your chest. So the first thing that I would do is encourage people to understand that effectiveness, and outcomes *are* separate, and you just getting it off your chest is effective, that’s an effective strategy that you’re engaging in. So that’s the first thing that I would say. You know, it’s hard to give a blanket statement about this, because, for some people, holding it, processing it, might be part of what they need to do before they get it off. And for others, it might be an *immediate* turnaround, an *immediate* call to someone about what just happened. So it is hard, again, to say, “I would encourage you to.” But I think, again, the data would support that if you hold on to it for a long time and don’t unpack it, it’s really only going to start to weather away at your ability to make it through the day, to think clearly about something, to sleep. And those are important processes that we want you to have. Right? So is there an accountability partner, someone that you can talk to? If not, can you just type it out, maybe? Can you do a voice note? So, again, the idea is to get it up and out of you so that you’re not harboring it, you’re not holding it within your body or within your mind. And those would be the things that I think are important. And so I might, again, even change the question to ‘What would be important in that process?’ And it’s really just getting it up and out of you so that you’re not the one harboring. And, again, that is the central role of racism, not only to distract you from the greater ism--and I’ll pull back and say isms at large--right? So not only to distract you from the body of isms that exist, but to make it so that *you* are ineffective in what it is that *you* would normally do throughout your day. That you are no longer able to function. Because you’re so much thinking about this thing that happened. So you have to give it back, not necessarily to the person that did it to you--because, again, we don’t know how that’s going to resolve--but you have to give it back to the space. Get it up and out of you, get it on your computer, get it on a voice note. For some people, they throw it away after that. That, in and of itself, is useful enough. But just to not harbor it is going to be part of the importance in making sure that the ism does not challenge your functioning for the day.

Harley Layman 32:30

Yeah, I really like that. Especially just thinking of my own personal experiences or how I react to certain situations, right? Just knowing what is best for you in order to get it out in a way that you aren’t harboring it yourself, but isn’t, you know, counterproductive, essentially. So I’m a very short-tempered person so usually getting it out right away is not a good idea for me. Right? So yeah, looking inward, in that sense, in order to get it out. Love that.

Dr. Anderson 33:02

Yea and it’s so important. You have to know yourself, right? So that’s why I’m saying I don’t think that we can do a blanket statement here. But I think that the literature can be informative on this one, right? What we do with stress, what we do with the isms, in particular. The longer it’s harbored, the more impact we’ve seen. So just, you know, important to say, “If not right now,

how can I, at some point today--” And I think, again, the sleeping element, like we kind of missed that part, but sleep-- When people say I couldn't sleep last night, because I was thinking about XYZ or my stomach was so tight that I couldn't even eat that day like that. Again, it's impacting your ability to be great for the day, your normal functioning. So you just have to be mindful. How many days of sleep do you want to lose? How many meals do you not want to enjoy? How many movies do you want to watch and have this thing just rumbling in your mind? If you're finding yourself being distracted by that thought, then it is time to get it out.

Déjà Clement 34:00

My like go-to phrase is always like, “You need to be comfortable with being uncomfortable,” especially when I'm working with clients sometimes. But I've also sometimes heard people say like, “Choose your hard,” essentially. Do you want to be uncomfortable with your emotions or whatever you're feeling? Or do you want to drop the ball on this thing? Like, essentially. And it sounds like that's like, essentially, what you're describing. Choosing your hard.

Dr. Anderson 34:25

I think that's exactly right. And it's so funny. So the way that I visualize for clients often what anxiety *is*. If you've ever seen a child stiffen their legs or their arms and be resistant to something like “I don't want to eat the vegetables” or like “I don't want to get, you know, to the doctor,” you always just watch this like very resistant child. And that's how we are to doing the tough stuff when we're thinking about not wanting to do XY and Z. But the child is always going to have to eat the vegetables. The child is always going to have to end up going to the doctor. It's going to happen. So why are we being so resistant to it? Versus let me flex that muscle a bit? Let me-- and, again, that's about practicing, Right? How do I flex the muscle and do it again and again? So that the next time it happens, I'm a champ out here. I'm Hulk. I got it. It ain't nothing, right?

Déjà Clement 35:16

Right, exactly. We get better at it as we practice it. But sometimes we're not going to be good at that thing, the first time that--

Dr. Anderson 35:22

One thousand percent. Correct.

Déjà Clement 35:25

This is a very broad question for you, Dr. Anderson. But, in all of the topics that we've discussed today, are there any general mistakes that you've noticed or seen without the-- sorry, within the field?

Dr. Anderson 35:38

That *is* broad. How do we zoom in a bit? So can you-- I know you probably can't give an example. But tell me a bit more about that.

Déjà Clement 35:46

Yeah. So like, I think about, you know, some of the topics that we discussed earlier of, like, maybe a supervisor *is* super uncomfortable with addressing this topic, or addressing cultural humility or addressing a client's culture, and maybe they say something out-of-pocket, essentially. And we're trying to kind of fix those things. And so those types of mistakes, but also

more maybe more like, program-wise, department-wise, field-wise, of like, we're not addressing racism, or we're not addressing these conversations in the appropriate manner.

Dr. Anderson 36:19

Yea, I think both of what you just said are some really good examples. So,, on the other end of not addressing challenge comes too much talking. And that is sometimes when you-- Again, you are watching people who are uncomfortable, and what do people do? They rattle on when they're uncomfortable about something, you watch them fidget, you watch them do things that make it very clear that they're not comfortable with what they're talking about. So I would say too that there is this fine balance between putting the onus or the burden on any population that has experienced these challenges *and* ensuring that their voices are heard as a part of the learning, right? So it has to be this balance in the same way that you wouldn't have a first year student teach about psychopathology, right? But you *want* to make sure that you're getting their influence, their understanding, you want to make sure that they're speaking up in class. It's similar to that. And you're going to hear me-- That's the main thread that I'm going to say that we treat culture so differently, when it's really not. It's about having an expertise, a lived experience in much the same way that we would talk about any of the other content. It is a field of study. It has data. It is something that we can understand. And so it's not something that we have to treat so amorphously and flexibly and just like "Yeah, we don't know what to do." No, we know how to do it. I've written a number of papers I can suggest to you. I'm like, "This is exactly what we need to do about it," right? Anyway, when people get so flustered, they're going to be talking a lot. So it's about how do you structure your lecture, your conversation that you've set up for your department, your supervision in a way that both respects what the person is that you're talking to *about*. And the research, the knowledge, the practice that you've put into understanding that topic as well. What's the push-pull there, and hushing up when you *know* that you don't have the expertise and the experience. To *hear, absorb* and *integrate* what other people are saying. So that's an error I see often. You said something really good, Déjà. Let me see if I could pull it out of my tush.

Déjà Clement 38:39

I was saying, like, as a department or program or field, like, are we not addressing racism appropriately?

Dr. Anderson 38:47

Yeah, the answer is yes. And I'm really excited about the resolutions that just passed today. By the way, you're gonna have to let me know how you find that out, because that was fast. And go ahead, APA. First thing--

Déjà Clement 38:57

Twitter. I found out through Twitter.

Dr. Anderson

Oh!

Déjà Clement

I'm probably on Twitter way too much. But I found out--

Dr. Anderson 39:01

Oh, that's neither here nor there. We'll talk about that in a bit. I was on the Twitter trying to find out who's talking about it. So maybe I missed it. But anyhow, um, I think-- Again, the answer there is yes. There's no question, to me, about that. I think that with this resolution, the types of jobs that were being offered this year and again, you know, that it's only lip service and as much as you actually demonstrate that over time and put money resources etc., behind some of these positions or centers or whatever. But there *does* seem to be a pretty good shift. And I was just talking with a class yesterday. I was guest lecturing. When I started my program in '09, I remember trying to write papers or, you know, submitting to conferences, and people legitimately were like racial discrimination is not a problem. *Or* you have to write *multiple* paragraphs to demonstrate that it is a problem. And I'm like, "Other people *start* their sentences, 'depression da da da,'" And they're like, "Yeah, we know that." But you know, I'm writing about something with, again, an entire literature base, an entire research field, and people are saying this is *not* an issue. And that was a decade and change ago, right? It was not that long ago where people in this field were not contending with it. Even to the extent that when I first went on the market a few years ago, and my psych materials had to be written differently than social work or public health, where they're just like, "Yeah, racism and discrimination, these are problems and cycles," like, but they stopped me on slide one. "What do you mean 'racial discrimination is a problem'" like-- So you know, that was just a few years ago. So my hope is that, given these resolutions, given what that's going to mean, hopefully to training, to journals, to reviewers, etc., that that's going to bring with it a *requirement* of understanding and processing that is undeniably missing right now. That there is a *lack* of this in training programs, in our books, and our-- again, our guidelines, our assessments, it's missing, for sure.

Déjà Clement 41:24

What you just made me think of is that, for sure, in the past, like, year, two years, I've seen a lot of papers now start with, like, "Racism is a public health concern." But even as I'm, like, thinking about that sentence, and what you just said, of like, "Yeah, of course, it *is* a public health concern. But it's also a psychological concern." Like, let's stop positioning it in a different field, and also position it in our *own* field and say, like, "It's not *just* a public health concern. It's a psychology concern. And this is how we need to start addressing it as well." So yeah.

Dr. Anderson 41:53

Absolutely. And I, again, I think that's going to happen, because psychology in the past year has made that declaration and it's been defined, it's been problem-stated, it's, it has a resolution now. And so I think there's a language that people like me will, whenever I publish, or whenever I am reviewing, I'll say, "Going back to this definition, or cite this thing, like, I don't have to spend time on it, we're done. That's your labor as a reviewer, or whatever." But I don't have to do the work--

Déjà Clement
Right.

Dr. Anderson

--for you to understand this anymore. So I'm cautiously optimistic, as I always am, that we can do this.

Déjà Clement
For sure.

Harley Layman 42:31

Okay, yeah. Something I'm hearing as like a common theme, just with, honestly, all of these questions, right? Is just the first step to any of this, to make progress, to keep from making further mistakes is recognizing. That just seems like the most crucial thing rather than judging first.

Dr. Anderson 42:49

Yes. Acknowledgement. Absolutely.

Harley Layman 42:53

Well, you've given us a lot of recommendations and suggestions thus far. But are there any other recommendations that you have, generally, in terms of culturally competent supervision or mentorship or teaching?

Dr. Anderson 43:08

Yeah, I think the one thing that we haven't talked a lot about, but I do think that is coming up, even with the positions that are being offered, is the diagnostic piece. So assessment is really important. *And* getting a sense of what issues are being maintained in a certain university or a certain profession are going to then tell us what's missing, how to change, etc. So sometimes we do an assessment of the times, right? So George Floyd was murdered, "Oh, gosh, everybody in the world is having this uprising about race. Now we need to do something about it." That's an in-the-moment assessment. Rather than really getting a sense from students or the faculty who are currently there to say, as an example, "What is making this field or university hostile to *you* as a woman, person of color, etc.? And how can we improve upon that?" It's typically just "Oh, we have to now meet the moment with this thing." And then that person is going to get fired, that person is going to quit, that center is going to shut down, the money is going to be disbursed to other initiatives, because we're only meeting the moment and not getting a sense of what would *actually* allow someone to thrive in that space. What would make that person *actually want* to take this job? Right? And that's, that's something-- Déjàt, we talked about Twitter, but like, that's what we're seeing a lot on Twitter where people are pushing back quite a bit and I had to chuckle, myself, last year when I started seeing the positions pop up. I was like, "But do you know why people wouldn't take that job in the first place? Do you understand that for people of color-- and this is kind of shade to where y'all are located but not full shade, but like, you know, I'm not taking a job in Iowa. Period. I'm not taking a job in Idaho. Not only because there aren't folks who I work with in those spaces, but I can't meet myself a partner, I can't go out to the local whatever, that's not going to happen for me. So if you have a position like that, are you mindful that you're building in three trips to DC, or whatever, you know, every few months that they can work remotely for however they need to ensure that they're getting, you know, the populations with whom they want to work-- Are you being mindful of what it would take to actually keep that person and to make them happy? Do you *know* that your all-white, all-male, whatever, department is going to tell them that they're not qualified to get tenure that year, that they need to wait another year, that they should be able to pump out papers during COVID? Like, are you mindful that these things are going to be happening, and, again, that will be diagnostic before we start trying to fill the holes and plug these holes that are happening. So we need to engage in much more *diagnostic* assessment to figure out how to improve our supervision, our mentorship, our teaching, and the field that is currently hostile to those folk.

Déjà Clement 46:24

I think that's truly a gem. Because as you were talking, I was like, "I actually *do* wish that someone provided me with that mentorship when I was choosing what grad school that I went to." I was always given the advice of, like, "No, go where your research is. Go where your fit is." And, thankfully, I have a great fit with my mentor who's also a Black woman. So that's been great. But I also still wish that someone was like, "Well, this is the environment that you're gonna *be* in, being in maybe a more rural place than a more urban place, things like that. And you're *not* going to be surrounded by as many Black people as maybe you might have wished." I think the same thing is very applicable for people who are going on the job market of, like, go where-- *Don't* just go where the most money is or, whatever. Go where you feel like you're going to be supported. So for sure. I think our *last* question, which I'm actually very excited about, specifically, because our *last* podcast guest actually shouted-out you. It was Dr. Opara. Um, so our last question is: Who is someone in the field of psychology, from a diverse or underrepresented community, that you believe has excelled or done amazing work and deserves to be shared or recognized?

Dr. Anderson 47:34

And I can only do *one*?

Déjà Clement 47:35

Nope, Dr. Opara did *many*.

Dr. Anderson

Okay. Oh, well. Now, I don't feel as special but um-- [laughs]

Dr. Anderson 47:42

She may have also mentioned Isha Metzger who is one person that came up. Yeah so, Dr. Isha is one of my boos and is-- you know, we do so much similar work, and I think she does it to this level that's just-- the quality is just fantastic. I'm in awe. And I send her things all the time like, "Why isn't my life together like this?" And she'll compliment me on something, but I'm like "No, girl." It's just really done so well. So Dr. Isha Metzger is one of my loves. Dr. Shawn Jones, who I do Our Mental Health Minute with, is absolutely someone who is just-- You know, when we were talking about the tax on Black women, in particular, I thought of him because he is someone who I tax all the time. I'm like, "Do this." Somebody I don't have time for, like, I'll send them to Dr. Jones. I'm sure he's like, this, "What's going on?" But he's really, I think, such a strong example of what it means to-- I mean, clearly, he's still Black. And he, I think, understands that, as a Black man, he just has such an awesome opportunity to show, particularly for Black men in the field, what it can look like. I just, I love working with him and love him as my sibling. I *could* go on and on and on. But those are two people that immediately came to mind.

Déjà Clement 49:10

Thank you so so much. I know I have *greatly* benefited from the information that you've shared throughout this episode. And just so thankful for you and all of the work that you do. You are truly a field innovator is kind of what the word I want to go with. You've done so much amazing things and you're leading the way in a lot of amazing changes. So thank you.

Dr. Anderson

Thank you, Déjà.

Harley Layman 49:31

Thank you so much for being here. I, too, have learned a lot. And we really just appreciate you taking the time out of your really busy schedule to be here and teach us and so many others hopefully that will give us a listen. Include the social media handles for those people that you mentioned as well in the bio of the episode.

Dr. Anderson 49:54

Thank you both so much. I appreciate it.

Déjà Clement 49:57

And Dr. Anderson's Twitter, and any other pages you would like us to share will also be in the show notes.

Dr. Anderson 50:03

Thank you.

Déjà Clement

Thank you.

Harley Layman 50:11

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