



Episode 6: Bringing it Home - Panel Question & Answer

Transcript of Conversation with Dr. Brodt

Kristin Fields 0:12

Welcome to another episode of Practicing Antiracism Clinically. For our last segment of the podcast, we have created mini-episodes, talking to working psychologists in different areas of the field about how they are implementing diversity, equity, and inclusion work, and how they can better improve these practices within their given role. We've invited guests spanning several positions in several states, from clinic directors, to faculty members to practicing clinicians and more. We are excited to hear their perspectives and how cultural humility and anti racist practices can be implemented in their respective settings. Here's who will be talking with for this mini episode.

Harley Layman 0:56

Dr. Madeline Brodt is an Assistant Professor in the Counseling and Counseling Psychology Department at Oklahoma State University. She received her Master's and PhD from the University of Massachusetts Boston. As a clinician she uses Rogerian and feminist approaches and incorporates CBT techniques as needed. She has developed clinical expertise in trauma, diverse populations and group therapy. Her research interests include social justice, and has particular passion for disability, gender, LGBTQIA+ and racial justice issues. She also has a passion for sexual and interpersonal violence, particularly the intersections of culture and trauma. She created the concept of gendered violence, stress, and is continuing work in this area. She is currently working on three projects, understanding the negative experience of racial and ethnic minority graduate students in psychology doctoral programs, interviews with disabled people about how they judge themselves by non-disabled standards, and a study to identify how psychologists conceptualize disability in their work with clients. Her teaching and pedagogy interests include laboratory education, ethics, and multicultural counseling.

I'm here with Dr. Brodt from OSU Counseling faculty, after listening or reviewing the previous episodes, what stood out the most to you? And how does that apply to cultural humility, or multiculturalism in your program or field?

Dr. Brodt 2:30

I think what stood out to me the most in the prior episodes was the really intentional focus on intersectionality. And understanding our own "stuff" as psychologists, which I think are two issues that are relatively under-attended to within the psychology literature, and are two of the things that are most challenging to try and train people on. Right, because we can't talk about every single possible permutation of intersectionality. With our ability to understand what our own contributions and reactions and biases are. It's really, it's challenging to sit in a dialectical space, about having students focus on personal issues without going into an area that's too personal. If that makes sense. It's a really fine line. And for me, it's kind of related to the discourses in our discipline about trainees engaging in psychotherapy themselves when their clients, like I think that's a great idea. And what comes up when you try to actually roll out an expectation like that it gets really tricky and sticky. So I really appreciated how all the prior podcast guests talked about how to handle that, how to engage in some of that self reflection, and how to use folks in your community to help you do that.

Harley Layman 3:57

So in what ways could the counseling program or department implement some of the techniques and training discussed by our podcast guests?

Dr. Brodt 4:07

I think there are numerous. I think, looking through the materials for me really was inspiring a lot of like, possible ideas. Yes. One thing that I think was mentioned in the podcast is affinity groups and creating racial affinity groups, not just affinity groups, and creating safe spaces for talking about this rather than doing so in a multiracial space context. I think it's really important because it, in some ways, depending on how you do this, it buffers folks of color from experiencing more harm, because I think white folks processing their privilege in particular means that they have to recognize all the harmful things that they have been told to internalize. So sharing those is incredibly traumatic for folks of color, like I was talking with a colleague of mine about her experience of grading a personal reflection paper. And she is a Black woman. And one of her students shared in their reflection paper that their church said that Black people were colored black because they were burning in hell.

Harley Layman 05:17

Wow.

Dr. Brodt 05:19

Yeah, "wow" is a really appropriate reaction. And I think about, like, how much harm is already being perpetuated within a psychotherapy or within a training context. And we don't really need to add more to that. And, and having some of these like racial processing spaces in a mixed race space, I feel like, unless you're a very skilled facilitator, and the group is very cohesive, you are inviting possible harm in and that doesn't feel in line with my role. As a psychologist, I want to try and minimize harm rather than create or replicate it. And then I'm totally blanking on the guests that you had on who focused on disability, their name just escaped my mind. Dr. Water Meyer? Yes. So I do work in disability. And so that particular podcast was like, extra exciting for me. So I'm really curious to dive in to see, like, how Dr. Watermeyer has been thinking about this and integrating disability and, like, race and anti racism work, because in general, disability has a really long history of being really white, and only focusing on a particular type of disability. So in particular, thinking about, like, the history of the disability rights movement that created the ADEA, almost all of the folks who engaged in the advocacy were white folks who have physical mobility impairments. And were, I believe multiple of the leaders of that movement had cerebral palsy. And obviously, that's not expansive enough to represent the whole disability community. So in particular, I'm thinking about folks who I know who are both Black and autistic, and what it's like to be at the intersection of those identities and how at risk, they can sometimes feel like existing much less trying to do things like go to therapy, because they know that they're at incredibly high risk of being pathologized. So I really, really appreciated and want to further incorporate some of what she shared with our program,

Harley Layman 7:23

What things previously discussed in the episodes are you already doing in the counseling program here?

Dr. Brodt 7:30

So I think one of the things that is coming up for me with this question is the ways that clinical and counseling psychology have slightly different foci as sub-disciplines within psychology. I was recently writing a paper so I have these numbers off the top of my head. Generally speaking, 69% of counseling psychology faculty focus on some level of multicultural research. So in some ways, it's everywhere. And I think because it's so everywhere, sometimes it's hard for us counseling psychologists to articulate specific examples. But I want to talk about two that come to mind. One is that when I came on the faculty here, we had a conversation about removing the GRE as a requirement for application. A recent publication in the training and education and professional psychology, talked about how much that is a barrier for folks of color to actually enter into psychology programs, within psychology, students of color, really underrepresented. And that shapes part of their training experiences and whether or not they're able to persist long enough to actually graduate and go out and provide services. And we know from our multicultural research research, that folks who have lived experience of a particular issue, particularly race, racism, and the negative impacts of white supremacy for people of color can provide more competent and caring sensitive care. So essentially, like if we have more students who are folks of color in the program, then we are able to provide more competent care as a larger discipline for all of the people of color that we are hoping to serve. So that's one thing that we're doing. Another thing that in particular, a program here at OSU tries to do is several faculty have really rich and ongoing relationships with several of the local tribes. And we do have a, I would say higher than average number of Indigenous students who attend the program. One of our fabulous students is Amanda Young. She's a big activist and the missing and murdered indigenous women movement or dissertation focuses on that and I think one of the things that we really excel at and do well in this program is really working with students to create dissertations that are maybe slightly unconventional but in line with who they are and the way they like to practice Amanda's dissertation. I'm fortunate to be on Amanda's dissertation committee and her dissertation is really format differently and interrogates the issue of missing and murdered indigenous women in a different way than if a white person were doing this work because she brings all of her traditions and ways of knowing to the dissertation process instead of just replicating a white supremacist way of dissertation. Another is how much we focus on developing social justice competencies within our practicum and intern for master students internship supervision spaces. So I currently teach one of our masters internship practicum sections, which is when our master's students are first out in the field, their first version of their practicum. And one thing that we emphasize or have them talk about as part of every single clinical presentation is what multicultural factors are present, and how can you use those effectively in treatment. And I know other faculty really do the same. I also supervise several, like students in the program who are doing practicum at different places around Oklahoma. And that is also a really key part of our work. And I know that multicultural competency is a really strong value for all of our faculty. So I'm not alone in creating that work, although we obviously do it slightly differently, because we're different folks.

Harley Layman 11:17

So what steps have been made to promote humility, and a multicultural framework and therapy, or research thus far in the counseling program at OSU.

Dr. Brodt 11:29

I teach the multicultural counseling course here in the department. And I do use the newest multicultural orientation book that focuses on the three part model of multicultural orientation that includes cultural humility. So that's a fundamental part of, like, everyone's learning. They

read the whole book over the course of the semester, and my assignments are designed to help them really develop the ability to actually emotionally experience that versus just intellectually experience that and I think that's something that is really challenging to find a good balance of when you're talking about multicultural therapy within multicultural frameworks in therapy, our comps questions almost entirely focused on this. So every single common question involves multicultural frameworks. And that is because we know that our students get such a rich set of learning experiences about multicultural issues. Everyone in our department is doing multicultural research in some shape or fashion. So I think it is impossible to untangle multicultural frameworks from our department because I focus on a variety of social justice issues. Douglas Knutsen focuses on transgender non binary folks experiences, as does Dr. Julie Cook, Dr. Hammer focuses on the experiences of fat folks and other folks who have more unique bodies. Dr. Sharma focuses on trauma and the intersection of culture so I could list all of my fabulous colleagues accomplishments over and over again, but I think it's infused in every single thing that we do. And it's even a part of our decision making processes. When we have faculty meetings, we talk about, like, "how will this impact the most marginalized students? How can we ensure that we are consistently talking about these issues in all aspects of our program?" And I think that naturally flows from our values as counseling psychologists,

Harley Layman 13:32

And what areas do you believe that we, as practicing psychologist require the most growth?

Dr. Brodt 13:38

There are three things that come to mind. One is knowing our limitations. We get some pretty cool superpowers when we're trained in how to do therapy. We're not magic, though. And I think sometimes it's really easy to lose track of the limits of our impact. So a particular example for me is that really early on in my career, I had a client die. It was in the first six months of me practicing. And I think that that experience was so fundamental for me, because I learned, I don't have control. I can help somebody, I can guide them, but I can't make them do anything. And I think a lot of psychologists really can get stuck in only thinking about like... almost like a linear equation style of therapy. I did this, the client must do this. And so obviously that will lead to this. We're much messier than that as humans. And the process of change is not linear, so it is normal to have backslides, and it's not necessarily our fault as clinicians if that does occur.

Another thing is sitting with our own emotions. That's coming up for me, particularly given the focus of this podcast is ruptures are inevitable in therapy. I think most psychologists know that I think many psychologists really struggle to sit with ruptures that are related to multicultural issues, particularly for us white therapists. And what can happen is that our guilt and shame about how we've reenacted white supremacy in the therapy context, leads us to either not talk about it at all, in session with clients not closing that loop, or to overly focus on it to the detriment of the therapeutic relationship. So over-apologizing, spending a lot of time on it, overly checking in, not reading some of the nonverbal signals that your client might be saying of, like, "Okay, I'm done with this conversation, like, this is starting to become more about you than about me. And that's not what this treatment space is." And I think a lot of those types of reactions are based in white supremacy culture. So some of the characteristics of like urgency, or about, like, certain versions of niceness can pop up when we really, really struggle to sit with guilt and shame about harm that we've caused in the therapeutic context. And then the last thing is we are garbage at self care. And I think about self care almost being like your health in a video game. Like, if you don't have enough health in a video game, you can't do the tasks in the

video game. But we don't treat it like that. We think we're somehow, like, superhuman and not subject to the normal requirement for rest that other humans have. It is super hard to do any of any social justice work if you're not taking care of yourself, because what happens once you start to get really depleted is you start causing harm more, because you're not able to be as thoughtful, present and deliberate as you could be otherwise. So it's my personal feeling that, like, as psychologists, that's the thing that we really need to work most on because it empowers us to create more change in other spaces. And it's not something that we could get good practice with in graduate school. I think that's the last thing that we get practice with in graduate school, we often are told to just completely ignore that self care piece. And so really developing that skill if you weren't able to do that, and in your doctoral program, I think is a really, really huge growth area that might supercharge folks is ability to actually enact some of the recommendations that prior podcast guests have had,

Harley Layman 17:36

what our current goals you and your program or department are working towards to improve diversity, equity and inclusion in your program and in your services.

Dr. Brodt 17:47

So something that we are working on right now is working on possibly offering an online degree. So we have a committee that's working on this for us, this is about access and non-traditional students who are maybe like doing a second career or are working in have kids, because right now, conventional training programs are not designed to really meet the needs of folks who can't drop everything in their life and move across the country to become a healer, which is how I view psychologists. And that model is really based in an antiquated time where the demographics of psychology were really different. Like I know myself, like, if I were to try to get a degree in the 70s, in psychology, I would have never been able to do it because people like me, weren't accepted in those spaces. And so I think about what knowledge we might be missing from these folks who have more non-traditional, less privileged backgrounds that could revolutionize the way that we're able to care for people and the way that we're able to help people improve their lives. One thing that we are continuing to work on, inspired by, we've been having conversations about this since June 2020 is how can we continue to work on anti-Black racism, in all aspects of our program and in all aspects of our training. So several faculty engaged in the Academics for Black Lives Academy. And I know that I have been a part of developing some offerings for workshops and stuff like that, that focus on anti anti racist practice that's rooted in resolving anti-Blackness. For many of us, our research becomes a huge part of this. So right now, I'm working on a project that examines the experiences of racial and ethnic minority doctoral students inside of their program, and how they have used grievance processes to advocate for themselves related to racist experiences. And I think one of the things I've talked with several other faculty about is how we empower students to provide us with feedback across the power differential students, providing faculty with feedback is an incredibly dangerous activity to engage upon. Because we have so much power over students, right? We literally hold your degree in our hands until you actually have it. And how does that create a feedback vacuum, where we think we're doing awesome. But really, it's just that no one's telling us how, how terrible we're doing at something. So one of the things that we are asking folks about inside of the study is ways you feel like it would be useful to use processes that are based in restorative or transformative justice, which are frameworks that would allow us to change systems rather than view a grievance as a one off issue. And so I'm really passionate about figuring out ways to have students provide feedback and ensure that that feedback leads to

substantive change, rather than just kind of going into the feedback. trashcan of like, Yes, we did it. Good job. Pat, on the back for us, we have feedback. But if you don't do anything with it, there's no point. So those are just a couple of the things that we're working on. And I'm sure I've not captured many, but we are really constantly trying to iteratively work on this.

Harley Layman 21:26

Are there barriers that present prevent us from diving deeper as a program or field in terms of Dei? And how can these barriers be addressed?

Dr. Brodt 21:35

Yeah, I think professionalism is the biggest barrier I can think of, our conception of professionalism is really, really limited and influenced by white supremacy and white supremacy culture specifically. So within white supremacy culture, it's not encouraged to have open dialogue about things. We're supposed to be nice, we're supposed to keep the peace. And DEI work is fundamentally opposed to that, because you do have to have some level of not conflict, but disagreements and wrangling with challenging ideas and experiences, and it's messy. And our conceptualization of professionalism within psychology doesn't really embrace that. It still really holds us to a very like, I feel like often we're held to like the standards of, like, bankers. And that's not the work that we do. And we know that like, that's literally what we focus on is the fact that like, humans are messy and complicated, but we hold ourselves to some, like, arbitrary higher standard. And so, professionalism has told us that conversations about politics is inappropriate. And when we talk about DEI, depending on who you ask, that means politics? I don't think so. I don't think so in the way that they're intending, which is the way that I think a lot of like more conservative folks talk about DEI, is that it's a political issue. And you can see that in some of the discourses that are present when we talk about folks banning critical race theory. But if we don't create spaces where we can be open and transparent and hold each other, I don't see how we can improve on DEI. Because our current conceptualization of DEI work often is like someone comes in and does a workshop and then leaves. That is antithetical to almost everything we know about interventions, as psychologists that like one offs are not great. It usually is a process that people need to feel safe before they can engage in hard conversations. And currently, I don't think there's a lot of really great ways that have been, I don't know if standardized is the right word, but shared broadly so that it can be used by a wide variety of people about how to create those spaces. I think there's a lot of counseling psychologists, I think who do create that wonderful space to like, honestly Anneliese Singh is a superstar and really does excellent jobs of like creating and holding that space. But if you could capture their magic in a bottle, I would absolutely buy it. But it's harder for other folks to kind of facilitate conversations the way that they do. So I think maybe letting go of some of how we conceive of professionalism or being more flexible with it would really be useful. And I think the best way to address that is just really interrogating, like, what your standards of professionalism are, and who and what do they serve?

Harley Layman 24:47

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