Dr. Han Ren *is a licensed clinical and school psychologist who performs liberation-oriented, anti-oppressive, culturally-informed therapy. She's currently located in Austin, Texas and often uses social media to discuss therapy, social inequities, and additional resources for self-care. She can be found online at her* [website] *or on TikTok and Instagram as **dr.han.ren**.*

Before You Listen: *Self-reflect and/or journal about the following*
- How would you describe or define cultural competence and/or cultural humility?
- What do you think cultural humility looks like in your field of clinical practice?
- Have you ever reflected on your own identity, privilege, and/or positionality? Are you familiar with these terms, or do you have questions about what they mean?

Episode Summary
- Cultural humility is a framework or lens that you use when conducting clinical work. When using this multicultural framework, every case is approached as a cultural case, and a key premise is to remember "I don't know what I don't know." It's important to remain open to recognizing - and admitting - when you don't know something, and then to seek out the knowledge or education necessary to provide culturally-appropriate care.
- Our social positionality, or the intersectionality of all our personal identities, informs our worldview and creates potential biases that we may bring into clinical work. Thus, it is necessary to reflect on our positionality, worldview, and implicit biases. Furthermore, our professional positionality (e.g., graduate student vs. faculty; therapist vs. client) impacts the power that we hold in our environment.
- When it comes to cultural issues, you have to "name it to tame it." This applies to recognizing our own biases - we have to be willing to acknowledge, or name, our biases in order to address them - and also to our interactions with clients. As the person of higher power in the relationship, we must set the tone of openness to discussing cultural issues.
- It is important to consider the limitations to objectivity within psychological science, and to hold and reflect on the dialectic of evidence-based practice as an academic ideal and the systemic inequalities in the evidence base. In all fields, scientific evidence is limited by the biases of the individuals conducting the research and the lack of diversity in study samples. Thus, it is important to support the evolution and expansion of the evidence base to be more inclusive and representative of all people, and also to value the lived experience and preferences of your client when choosing and conducting treatment.
- *Dr. Ren shouts out **Melody Li**. Melody is a licensed marriage and family therapist and founder of Inclusive Therapists, a social justice-oriented mental health directory and community that celebrates the strengths and centers the needs of marginalized communities. Melody is a mental health liberation activist committed to decolonizing mental health and healing racialized trauma.*

After You Listen: *Discuss the following with an accountability group and/or partner*
- Dr. Ren describes cultural humility, or a multicultural approach to clinical work, as a framework or lens rather than an action or list of steps. How does (or doesn't) this align with your previous conceptions of cultural competence or cultural humility?
- How have you - or your department, clinic, etc. - previously taken a multicultural approach to therapy or assessment? How could you improve?

- Dr. Ren states that when it comes to multicultural issues, "you have to name it to tame it." Are you comfortable bringing up culture with clients? How have you done this before, or how would you like to in the future?
- Consider your position in your department or program (e.g., grad student, supervisor, etc.). How does your positionality - to your fellow professionals and to your clients - impact your ability to confront multicultural issues?
- Dr. Ren discusses how "intellectualizing" an issue, perhaps in the name of objectivity, can be a means of defense and distancing ourselves from the emotional aspect of an issue. How is this relevant to your professional setting? Are you in an area where objectivity is valued? How do you balance this value with openly confronting multicultural issues?
- Discuss Dr. Ren's comments about the bias inherent to scientific evidence. How can we, as a field, acknowledge the systemic inequalities in research while also prioritizing evidence-based practice? What does it look like to take a multicultural approach to evidence-based and/or manualized treatment?

After You Listen: *Action items*
- *Self-reflect and/or journal about the following:* In this episode, Dr. Ren discusses what the process of identifying and addressing our own biases can look like. She brings up points including that this self-reflection requires vulnerability, and that sometimes in the process we may experience emotional barriers such as defensiveness stemming from fear, guilt, or shame.

    What are some emotional barriers that might make it difficult for you to identify or acknowledge your own biases, and how could you address them? How is this related to your specific identities, privileges (or lack thereof), and/or positionality?
- Practice "name it to tame it" in your daily life
    - Watch TV shows and movies that represent people who look or think differently than you. Take note and reflect on your reactions.
- Follow social media accounts led by community stakeholders advocating for change to learn new perspectives and hear the voices of individuals most impacted by society's biases and oppression.

Additional Resources and Further Reading
- *Me and White Supremacy* by Layla F. Saad
- *The Racial Healing Handbook* by Anneliese A. Singh
- Learn more about the liberation psychology movement
- Learn more about Inclusive Therapists, a social-justice oriented mental health directory founded by Melody Li

Host Bios
Jiwon "Jennie" Min, M.S., is a cisgender heterosexual Korean Canadian. She is a 6th-year doctoral candidate in clinical psychology at Oklahoma State University. Her research focuses on the daily processes of personality pathology, mobile treatment of related maladaptive behaviors (e.g., nonsuicidal self-injury, substance use) and multi-method, multi-informant assessment of personality pathology. In her free time, she loves to play with her cats and sing. You can find her on Twitter @JiwonMin.

Harley Layman, M.S., is a cisgender heterosexual white American woman of Polish descent, originally from MI. She is a first-generation college student from a low-income background. She

is a 3rd-year Clinical Psychology doctoral student whose research focuses on body image ideals and associated psychological, cognitive, and physiological outcomes. She enjoys exercise and walking her Goldendoodle, Winston, in her spare time. You can find her on Twitter @laymanharley.