



Episode 3: Diving Deeper into Cultural Humility for Mid-Training Clinicians

Transcription

Harley Layman 0:09

All right. Hello everyone and welcome back to another episode of practicing anti racism clinically. For today we are your hosts, Harley layman.

Jennie Min 0:19

and Jennie Min, we're so fortunate to be joined today by Dr. Carmen bell. Dr. Bell is a licensed professional counselor and sidey in the Metro Detroit, Michigan area. Her therapeutic interest includes social justice, multicultural and diversity issues, trauma, emotional distress, identity, faith and overall wellness. So if you're a student enrolled in classes at University of Michigan, Dearborn, you can find her in the Counseling and Psychological Services caps office. And Dr. Bell has a private practice in Farmington Hills called empowered elevation pllc. So her business website is [www dot empowered elevation pllc.com](http://www.dotempowered-elevationpllc.com). And you can find the link in the description of this podcast episode.

Harley Layman 1:06

Welcome, Dr. Bell, thank you for joining us today. Thank you for having me. Course. And so today's episode, we kind of are going to dive deeper on the topics we've already touched on. So in the previous episodes, we've worked towards defining cultural competency, and humility, as well as providing some of those beginning steps as to how we can engage in these processes when working with clients. And so today, our goal is to discuss ways in which we can dive deeper to engage in cultural humility in and out of the therapy room. Awesome. All right. So my first question for you, Dr. Bell is what are some examples that we may look over when we're forming case conceptualization of clients?

Dr. Bell 1:48

Right? So when you first start working with the client, each therapist should be doing the intake. And that's the starting the factor that you're needing when conceptualizing the client is what is this client coming in for. And so it's ideal to have a really good bio psychosocial intake form that you're using to assess their background, their family, their history, their coping skills, but also you want to ask about those resources. And some things that you can be asking is, how are they coping? What are some positive and negative ways that they're coping? And how is how are they viewing their world? How are they feeling that microsystem that they're living in? And what are some ways that they're regulating their emotion already? How is their social support? What is their family support looking like? You also want to identify is that their culture or their race? If that's relevant, if they have to, if they're praying because they're Muslim, or they are they're attending to those different cultural responsibilities as part of the way they're, they're coping. So all of those things are good bio, psychosocial, those questions are going to give you some input of what you're needing to use to form, what is this person coming in for? And how are they viewing their problem? And how can I help them and collaborate with them to expand maybe how they're viewing their problem? help them expand their resources? Or am I going to how am I helping them? What do they need me for? Right? And so that bio, psychosocial is going to give you a lot of information to help you conceptualize, not just who they are, but what theory is going to be of best help to help them throughout your treatment plan.

Harley Layman 3:33

So we're talking about a bio psycho social model, we're looking at their biology, and those social factors are kind of what's tied to culture, right? So you're saying if you get a little bit of all of those pieces, you should have a general understanding hopefully, of their culture and the way that they live, and how that plays into how their pathology might present, and how you can best help them.

Dr. Bell 3:59

Absolutely, absolutely. And then understanding why why are they saying they're coming. And then as you're working with them, that conceptualization will change, because then you're realizing, I know why you said you're coming. But I understand that this is the foundation of this emotional dysregulation that you're experiencing, or maybe your emotional fortitude, we need to work on that. So you may be coming because of this stressor. But I find that this is a theme that's playing into relationships, social interest, and everything else.

Harley Layman 4:30

Right. Yeah. As we all know, they some people come in and they think they're in for one thing, but you as the therapist kind of unpack that and figure out how what are these missing pieces?

Dr. Bell 4:42

Absolutely. And so we have to be open to understand that that as we conceptualize is an ongoing process. So it's not just the during the intake, I have a problem, conceptualizing what you're coming in for, and I'm assumed this diagnosis to your insurance but this case conceptualization it's an ongoing part. Because as you mentioned, things come up throughout the session throughout the time that we're working together. So it may start as one issue. And then we opened up a can of worms where it's a can of trauma, and all these other 10 other issues come out that we didn't know what to expect. Or maybe they didn't even realize or they're also so conceptualizing. It's an ongoing process, not just the one and done.

Harley Layman 5:23

Yeah, I think that's super, super important to highlight as well. You know, because a lot of times we're taught like, okay, you form the case conceptualization after you do your psychosocial interview, right? And sure, you can have a good draft, but like you said, it's an ongoing process. Absolutely.

Jennie Min 5:40

All right, and how can we assess the extent the client's identity and culture is influencing the case?

Dr. Bell 5:47

Well, I would recommend assuming that identity in culture is an influence, sometimes for for people who identify as bipoc, so black, Indian, Asian, so anyone non white, being authentic to our identity and culture in a predominantly white space is difficult, and many times can implicitly exaggerate our emotional distress. And so especially with all that's going on, in our communities, I'm socially in the news. Understanding that identity is a part of that our culture is a part of what we're experiencing. So even if someone's coming in for anxiety, some form of that is a lack of self confidence in who they are. So that's identity. And is there a Middle Eastern student, and they're trying to assimilate to American culture, then you have identity and anxiety and culture that's all coming together. So for students, it's identity, and culture is a major factor for non white for now, white students and non white people in general. So I would recommend, just in general, assuming that identity and culture is going to impact the person's emotional

fortitude, their distress, even if it's not something that's blatantly obvious, or it's something that's so explicit that is coming out in the session, there's an influence there.

Jennie Min 7:13

Yeah. So just by doing, like, we talked about in our first question, with our general knowledge of the client's background, and cultural and information, so kind of always assuming that always plays a role in the case somehow,

Dr. Bell 7:29

right now, how strong of a role is what you have to weed out? But understanding that to some degree, there's going to be a role of identity and or culture.

Harley Layman 7:39

So how do you begin to weed that out?

Dr. Bell 7:43

By asking those questions, identifying? And so asking questions that are that are related to their culture, asking, you know, in to talk about? How do you generalize some of those experiences that you have already learned about? And so if you're knowing that something and using using media or social, what's happening in our social world on social media as a way to introduce the topic, if they're coming in for emotional distress, and this anxiety? Or how does you know, what do I know with your culture, this dissonance? So how does that kind of how do you kind of reconcile what you're wanting to do with who you are? Asking them? How do you how strongly do you feel about your culture? Or ask them, ask them about their self esteem? How confident are you and who you are as a person? What do you like about yourself? You know, I always remind I work with a lot of students. And so I'll remind students, we, all of my students, we do identity work. And I remind them that you are a diverse individual. And so let's talk about the things you like about yourself as diverse being one degree, you are a part of your culture. The other part you are an American citizen, possibly, or you're on a green card, or whatever that may be. The other part is you were a male or a female, however you identify your student, your daughter, or son, your sibling, would you like about yourself in each of these different areas, the different roles that you play, one of which always is your culture? So if you're black, how do you like, What do you like about yourself of being a black student? Or a black person? If you're Middle Eastern? Or if you're Muslim, what do you like about yourself being Muslim? Or what do you like about yourself being Middle Eastern? So asking them, what do you like about yourself in relation to this culture, this racist identity? And then if they say, Well, I don't like anything, but let's talk more about that. But it's with those probing questions that we're asking to bring out what do they think about their culture and their identity? And then we can go from there.

Harley Layman 9:42

So as a white therapist, working with diverse clients from bipoc communities, what are some common biases that we may form as well as like some associated behaviors that we might engage in without realizing that are not culturally competent?

Dr. Bell 9:59

Right, so Assuming we already we already have byesies. Everyone has a bias. Everyone we know stereotypes good and bad stereotypes of other cultures and of our own culture, the goal is to not put that on the client. And so when you have a client coming in, that maybe have a culture or race that you've heard negative things about, is not bringing that into the session. So that means maybe you are doing your own supervision you're doing your own training you're doing if you're being an ally, working to be an ally, or doing ally training, you're working on your tone

you're working on, what am I thinking? Why am I thinking that maybe it is researching and doing some positive searching first for people or things in that culture. But if you're only hearing about negative from your community, well get online and Google some positive things that you are recognized that are happening within this race or culture. That way, you're your only view of references not negative. So that when you're meeting with this client, you have some additional information about stereotypes and biases about this culture. But also, you've understood some facts, you've gotten some more information and training on that culture. And then also recognize that what may be may or may not bother one person may be aggressively offensive to another. And, and so everyone is different. So everyone's experiences with microaggressions are different. Some, some students may have never experienced microaggressions. And some students may have every day they get out there and go out, they may have microaggressions, that may experience some type of racism. And so recognize that not everyone is going to have the same experiences within the same culture or community, then also be aware of the terms that you're using. Because for some PLC, people of color is acceptable. Others don't like that. Some black students may prefer black or some may prefer African American, being aware that Middle Eastern is not an all encompassing term identifying term to recognize our middle eastern looking students. Right. So being aware of how we're referring to students, even when we're not in their presence, how are we referring to to our clients, when we're not in their presence? When we are going into certain areas when we're working? What is the area that we're working in? And what are our stereotypes about that area? So if you go into a area where there's indigenous people, what are your what are the general stereotypes in that area, and working to dispel those for yourself. And then, like I mentioned before, do the training, do the work, don't expect the client to have to teach you do the work. So 10 an ally training, you know, be honest with yourself, make a list of the gender stereotypes you are aware of write it down, look at all these are some really bad stereotypes. Notice your behavior. And when you're engaging with a person that doesn't look like you are a different race. And notice the behavior of others, because we see that black people see the behavior of others, Indian students, Native Americans, clients, we see it. So being aware of what does the behavior of other white therapists look like? So you can see that from a perspective of someone else. But really to reduce your bias, to reduce our biases, we have to be honest, that we have them and then do the work and assume also, that there is white culture. And so that just thinking that there is culture that is non white, or bipoc. Everyone has some type of culture, and there's biases and stereotypes for every person, every race, every culture and identifying what those are, and understanding them.

Harley Layman 13:40

I kind of like what you mentioned, kind of getting out the way that therapy is almost a two way street. So you know, you're going into help your client right, but in doing so you also have to understand yourself in that space. And so it's about looking inward as well, not just looking inward for your client, but in yourself and how some of the world unless you absolutely.

Jennie Min 14:03

And I love how it seems like you're suggesting a lot of just reflection overall in our behavior, noticing others behaviors, even in front of the client. And you know, when you're not even seeing the client, how you how you talk about the client, how you think about the client, that's a way to notice our own biases and be begin to fix them.

Dr. Bell 14:26

Absolutely. Absolutely. Because it's not about your biases are not about the client. They're about your history, your perspective, your training, your upbringing. That's what's your bias is about the community that you live in, what you watch on TV, what you attend to, those are where your biases are coming from. And so it was understanding that we are we are inundated.

We are bombarded with media that talks about biases. So when you're working with the client understanding first that you have them, but how do you prevent them from coming into the therapy room Based on your training you doing the work yourself, you learning about what, where your gaps are your blind spots, and fixing those. And that's where author is not just white there, because that's for every therapist who wants to work with any client, child or adult, we have to know what we're bringing into the space.

Jennie Min 15:17

All right, and now that we talked about, as a wide therapist with diverse clients, what kind of biases you might have. And so as a PLC therapist with white clients, what are some common biases that we can form? So what are some behaviors that we may engage in that are not culturally competent?

Dr. Bell 15:36

Absolutely. So I think one of the challenges that many non white therapists may have, is assuming that white clients, their problems aren't valid, and that that they don't have emotional distress, or they don't have difficulty. But sometimes, a client may come into a space and they're talking about discrimination, a white class talking about discrimination tool, a client who's suffered to a therapist who has suffered discrimination, or who has been a target of racism are micro or macro aggressions, that may seem very invalidating to the therapist. And so when we have to be conscious of any countertransference, or that internal eye rolling, you know, always, you know, clients tell me that I have a straight face with most clients in my sessions. And I tell them, yeah, my front face is very student, very attendee, but that backface is making some in some sessions, making a lot of faces saying a lot of things, right. So we have to be aware that our front face cannot always match our back face. And we have to be aware of the internal IRAs, and we have to be aware of that kind of transference, we have to be aware of where we're putting a caring ID, a caring ideation on the client, they're complaining about whatever they're experiencing, and not downplaying it, because we feel like, your problem isn't that bad, because you're white, because we assume some form of privilege that they may have, that we're discounting their experiences. And so really, again, it's understanding that why clients still have a culture. And even in that culture, sometimes can have that they may be experiencing some dissonance, we don't know what that experience experience is until we get into the conversation of therapy and treatment to really help them with what they're working with. But really, is, again, being authentic with what our concerns and our biases are. And working towards that. Working towards helping,

Jennie Min 17:39

yeah, that makes a lot of sense. So kind of being, you know, so making sure that we're not being invalidating is, you know, first and foremost, most important in our, in our therapy sessions. And it seems like our biases may get in the way of being validating. And so being aware of that is really important.

Dr. Bell 18:00

And even our own our own struggles, Jenny, for a person of color we deal with, if we're dealing with something earlier in the day, or in our own microsystem of racism, or we have a microaggression or something happens to us as therapists, when we enter into a space with a white there with a white client, how do we leave that experience at the door, you know, we can't go watch a movie like rosewood or 30 years of slave and then go into a session with a white client and, and not have any countertransference. So we have to be aware of what how our experiences are also playing into our interactions are working to, you know, working on ourselves for our own, you know, doing our own training, doing our own coping skills, doing our

deep breathing or managing or regulating our emotions, before entering get into a session with someone we feel may be this, you know, invalidating to us because of what they're experiencing. So we got to be aware of all those things that are going on in our minds and our experiences and our emotions, and our time. So it is really a juggling act for some of those who live in some of these areas where racism may be a little bit more prominent, more explicit. So we have to be aware of what we're bringing into the session.

Jennie Min 19:15

Yeah, again, going back to that reflection outside of the therapy room, making sure that you're aware of your feelings and your experience and making sure that that's not being put on the client because clients coming in to get help for their problems.

Dr. Bell 19:31

Absolutely. Absolutely.

Harley Layman 19:33

I think that kind of segues us nicely into our next discussion question. And so what difficulties my PRC therapists face in the therapy room, and how can they better navigate that situation when those instances occur?

Dr. Bell 19:49

Absolutely. You know, I mentioned earlier, if a person of color therapist is working with the white client that is causing them something emotional distress. First thing, supervision, consult with someone else in your space. And so that's why it's important if you are in private practice as a therapist that you have a network of other therapists you can consult with, and that you're not in practice alone, that you have someone else you can meet with, or you can bring a coach and or another mentor that you can talk to. Because it happens, we will face challenges in the therapy room, where we're dealing with clients who may not look like us, or who do look like us will have different issues, we're going to face difficulties as therapists because we're also human, and we live in a very much racially explicitly charged world, right? So we're going to have difficulty and so it's going to be beneficial for us to get consultation to get supervision, and then necessary to get therapy, right, because you're out there. But does it make you exempt from getting therapy yourself. And if you work in a school setting, if you're if you're working in a pw, a predominantly white Institute, then it's also helpful for you to use your voice and speak up about your challenges. Because if you don't, and other therapists won't know that something's going on. And so you're advocating for support, you're advocating for training you're advocating. And this is advocating for your own sense of self, your own wellness and your own fortitude, but also for your own success. That was using your voice and speaking up, because there's going to be difficulty but to navigate it, you have to seek support, join, join a group join a team of others, if you're in a group setting or in a university setting, they're talking to someone that's there who can help you provide some some support for also some direction.

Harley Layman 21:47

Very important. Yeah, I can definitely see how like group supervision and itself would be super helpful in that type of situation. Absolutely.

Jennie Min 21:59

And it would be important to find that kind of support network that can provide that supervision or, yeah, whether it's peer supervision or Yeah, supervision of some sort, will be absolutely, yeah.

Dr. Bell 22:15
Absolutely.

Jennie Min 22:17
So how do we continually assess if we are being culturally competent.

Dr. Bell 22:23
Um, I would recommend, thank you thinking that you will never be culturally competent, and have that that daily goal of being humble, of being culturally humble, because we will never know the entirety of our cultures, we don't even know the entirety of our own culture, right? There's so many things that we don't know that it's, it can be overwhelming to try to learn and be fully competent about everything, so is really being more humble, and learning, we won't ever get so clever, we are fully culturally competent. But that's the aspiration. Yes, we're aspiring to be culturally competent. But daily, we're working to be humble in every setting that we have with someone who looks like us or who doesn't, because even people that within our own culture, still have different experiences. And we have to acknowledge that and validate their experiences, and validate who they are and where they're coming from, and what they're bringing into that session and into that meeting, and how we can be of benefit to help them navigate that. How can we offer support to them based on what they're experiencing? And not how we feel they should be experiencing it?

Jennie Min 23:44
Yeah, so being culturally humble every day and understanding that we don't know everything about a culture, even our own culture. So being aware and listening to the individuals experience of their culture, and how that contributes to their issues.

Dr. Bell 24:02
Absolutely. Absolutely.

Harley Layman 24:05
Yeah, I think that kind of, you know, ties back to something you said in the very beginning of just like, first, you have to figure out how strongly one identifies with their culture too. Right. So like you just said, like, you can't like put what you think they should be at reacting or how they should be reacting on them if they're not reacting a certain way. Or vice versa. But yeah, and I really, like you said, like, we can't, we can't be masters of even our own culture, especially with culture in itself is something that's constantly changing, right? And so, like you said, just because someone's from your same culture doesn't mean they identify with it in the same way.

Dr. Bell 24:45
In right in Hollywood, you think there's so many different cultures, right? So there's, there's not just culture based on race, but there's culture based on age. There's culture based on music genres, right. There's culture based on different decades. There's so many different cultures. And so even though we know we're talking about a race related culture, there's so many within our culture, there's multiple cultures. And so trying to identify the Generation X and Generation Y, and all the different cultures within that is so much. So I really just be humble to ask this extra client, and assess what's bringing them in and work with them based on their culture, because their culture may be different from other others in their age group or even in their community.

Harley Layman 25:34
For sure, yeah. intersectionality is a whole new beast. figured out how someone's different cultures all combined? For sure. And it combines differently for different people. Yeah,

absolutely. Well, and so we kind of touched on this a little bit, but how can we discuss the client's culture in the therapy room? And how do we collaborate, collaboratively do this without putting the burden on the client?

Dr. Bell 26:00

Absolutely. And I think is so one, as therapists, we must know, the democratic of the committee that we are serving, and we have to do the work, which is one reason in my opinion, using the term PLC, people of color can be dangerous, because there's grouping every every culture outside of white culture outside of white people into one group. And so it's being able to say this is the this is the group that I'm working with. It's not the bipoc group, I'm working with a black community, I work within a Middle Eastern community, I've worked with South Asian students or South Asian clients are working in this lower STS, where mostly serves this community or this community, and being comfortable with saying race, I think we've gotten so uncomfortable with just saying, race and calling race what it is that we get caught up on trying to be politically correct. And we're missing out on an opportunity to really attune to a client and attend to their needs. So we can if we can understand who we're working with the community that we're serving and doing the work beforehand, because again, like I mentioned earlier, within the the black African American community, some people don't like to be called African Americans don't like to be called Black and vice versa. So it was asking that question, just like we have an identifier, she her, hers and they them? What do you prefer? Do you prefer black? African American Latina? Do you prefer Asian? Do you prefer Bengali? What do you prefer? Do you prefer Indian? Do you? So asking them that question? How do they identify? And so for some, it may be helpful to use hot topics with it, what's happening in our social environment, and that larger macro system? Okay, so this happened in in Iraq, and you have a student or a client as Iraqi, ask them like, why I heard about this going on in Iraq? Did your family say anything about that? Do you have any family that still lives there? Because I know you're from Iraq. So I'm going to assume maybe your your family may have immigrated? Recently, or even if you are first generation, or your second generation, your grandparents or aunts or uncles may still be there. asking that question, if they say, Oh, no, my family thought, Oh, okay. Well, that still happened in Iraq. How do you guys feel about that as they come up in your household? not being afraid to ask those questions? Right, when when we went to the murder of George Floyd was so openly broadcast on television, that opened up the door for a lot of white therapists to start talking about race with black clients, some, so the opportunity to do so many didn't. But that was a an open entry doorway that was saying talk about race with your client, because it is impacted them. And maybe it's vicariously impacting them. Maybe they haven't even seen it. Right? We don't know, unless we ask him to be competent and humble. It's our responsibility to explore every factor that could be potentially affecting their emotional wellness, their emotional fortitude. So if they say, Oh, I didn't, I didn't know about that. Okay, great. Or what are you talking about? Well, hopefully, you've done the research that you know what you're talking about. You're not you weren't putting that on them to ask and or you're not just a performing ally here. You didn't know I already don't know what happened. I just heard somebody talking about Iraq and whatever happened, then that's the problem. So making sure you're authentic when you're bringing up something that you're interested in exploring more with them and don't be fake about it. clients know, when the therapist is being fake, and that's going to cause a problem for their treatment, their therapy, progress and their relationship. So I recommend if you don't know if you haven't done the research, don't bring it up. Do the work first. If you're going to bring up a hot topic, make sure you know enough about it to have a common educational information or info. normal, healthy conversation or dialogue about it?

Harley Layman 30:03

Yeah. So

Jennie Min 30:04

instead of putting the burden on them, to talk about it and educate you making sure that you're prepared to talk about this, if this is a factor that is affecting your client?

Dr. Bell 30:14

Absolutely, because depending on what the topic is, if you bring it up, and it's a sore subject, and you have prepared to talk about it, and it makes that topic makes them angry, how do you manage that now you've angered someone because that was a very hot or hot spot for them, and you brought it up. Now they're, they're in the session, angry and upset. And you don't know really, why because you haven't done the research, knowing what the topics are, that you're wanting to engage in, knowing what music they're listening to knowing what was happening. But again, this is if you're working in a in an area, or in a community that's predominantly a specific race, or coach that's different from your own, do the work.

Harley Layman 30:57

And so also, what I'm hearing is kind of like, the things you're asking about are things that are important for you to understand, as a therapist, like how this is impacting you, right? It's not asking them to teach you about their culture, it's asking, How did this thing that happened in your culture impact you? And how are you doing with this?

Dr. Bell 31:15

Absolutely, even if it was 1000 miles away, it still could be impactful, you know, it still can be damaging to their self esteem, we all recognize. So you know, back when I was younger, there was no, I guess, maybe still going out the look of models. And the how models must look, the perfect one with a perfect ideal body shape is we know, in Metro Detroit, we don't see, we don't have models here, we don't have one race, we don't have, you know, catalog models, we don't have that here. So our ideas and views of that was on TV, that still impacted young girls self esteem. That still impacted girl's body self image, right. So we recognize that what people see on TV is still gonna impact the way they feel about themselves. So in that same vein of thinking, and someone sees someone die on TV, or they're seeing racism in their, their country, or they're seeing this discrimination happening, that same train of that line of thinking, you don't have to experience it firsthand. But to see it or to hear negative things about it can still impact your self esteem or your body image. So how can I bring that out? Because it may be impacting how you feel about yourself, too. Let's talk about it. And how do I bring that up, without putting the burden on you to teach me how your body image is impacted by seeing models on TV?

Harley Layman 32:52

definitely getting at those, like internalizing factors that occur in our everyday life, even if it's like you said, not right in front of you.

Dr. Bell 33:01

Right there vicarious learning and thinking and impacts. Absolutely.

Harley Layman 33:07

And so, just a final question here for you. Are there other resources that encourage self reflection, or culturally informed case conceptualization that you would recommend for therapists to kind of use?

Dr. Bell 33:21

No, absolutely, I will recommend that therapists who are looking to increase their awareness or their knowledge about conceptualizing or ways to self reflect, I would recommend them to do the work and identify resources that fit within their framework or their theoretical framework. Because for for therapists who is a family therapist, that from that way of thinking that training, that conceptualization is going to be different from someone who's existential therapist, right? Or someone who's humanistic or CBT or DBT. There's different these their friend theoretical training frameworks may have different ways and different foundations or how to conceptualize they may have I mean, you can be an integrative therapist, but at the foundation of that is a way that you're thinking about how this person looks at their life. And so there's a lot of trainings, teachings, writings, books, research from within these different therapy frameworks, these theoretical frameworks that people can look into to find out for a family therapist, what's the best way to conceptually conceptualize What am I looking at as a family there? What's important to identify and understand, then once they have this understanding of what's needed? How do I build a bio psychosocial, that is based on this information that I need to conceptualize? Let me add some questions that's related to that. And to my bio psychosocial and even if it's not a even if you're working for organization that gives you one Still doing the work to find out maybe there's some additional questions you should be asking in your intake that can help you better conceptualize your clients or who you're working with.

Harley Layman 35:11

Correct me if I'm wrong. I think when you and I previously spoke, you said that you and your colleagues do a sort of training as well.

Dr. Bell 35:17

Absolutely. I have two other colleagues who also went to school with me at the Michigan School of Psychology and we created a training car race in a therapy room. We talk about how do you how do we bring race up in a therapy room? And how does race intersect with who we are in a therapy room? So we talked about different ways to navigate that kind of kind of touching on some of the things that we talked about here. But more on the therapists perspective, how do you work with the client who has a different race or culture from you, or have the same with different experiences?

Harley Layman 36:02

That seems like a really helpful and useful training?

Dr. Bell 36:07

It is, if anyone is interested in this training, you can also reach out to me and we can discuss what your needs are. And we can go from there setting up an opportunity time for us to come into your organization or school to do some training.

Harley Layman 36:21

What is the best way for people to contact you to inquire about this training?

Dr. Bell 36:26

Absolutely, they can contact me at my on my website that you have listed on the podcast briefing. They can also reach me by email. Now my email is Dr. Carmen that's Dr. C A R M E N at empowered elevation pllc comm so I'm not gonna spell all that is spelled the way it sounds and power elevation. That calm they can reach out to me on that for more information, and I can send them the write up for they want to know what it's about.

Harley Layman 37:04

Awesome. Yes, and we will be sure to put your email in the description of this episode as well. So if anyone would like to reach out to Carmen about this training, you can find her email in the description.

Jennie Min 37:15

Alright, as a final question that we asked to every guest, who is someone in the field of psychology from a diverse or underrepresented community that you believe has excelled or done amazing work or deserves to be shared or recognized?

Dr. Bell 37:31

I would love to recognize my two mentors, Dr. Shannon Chavez Correll and Dr. Latoya Gaines, both of them from the Michigan School of Psychology, both of whom are my mentors in private practice as well. Dr. Shannon Chavez correo. Dr. ck is a Latina and Dr. Gaines is a black psychology, both psychologists, but both have done a lot of work in, quote, multicultural counseling and diversity and different trainings. And so they both really have taught me and worked with me on expanding my ideas of multicultural counseling and therapy. And I also when I was, you know, experiencing micro aggressions, and difficulties with race, they were really persons I could go to and talk to, so they were really key in helping me survive my doctorate program.

Harley Layman 38:27

Oh, yeah, we know that. They sound I sound like great mentors and great supervisors. And seems like they really like to engage in this work and also support students in that same way. Absolutely. Absolutely. Well, thank you so much for joining us, Dr. Bell. We enjoyed speaking with you.

Dr. Bell 38:47

It was my pleasure. Thank you so much for having me.

Harley Layman 38:52

Thank you for listening to this episode of practicing anti racism Quint. This podcast was funded by an award from the APEC call to action on equity, inclusion, justice and social responsibility. resources associated with today's episode can be found at our website at psychology.okstate.edu that's psychology.okstate.edu. If you hover over diversity tab, you can find the Student Diversity Committee by clicking this link. You can find the Practice ARC podcast tab. All associated resources and supplemental materials for each episode.

Transcribed by <https://otter.ai>