Episode 4, Part 2: *Cultural Humility in Special Populations (Children and Adolescents)*

Transcription

Jennie Min 0:10
Hello and welcome to an episode of practicing anti-racism clinically practice. Practice ARC podcast is focused on combating systemic racism and elevating justice and inclusion in psychology through practical application of cultural humility and anti-racist practice in clinical settings. So the podcast series will have episodes that are relevant for clinicians of varying training levels. So from you graduate student clinicians to MIT training graduate student clinicians and supervisors to faculty and racial identities. So in this episode, we will dive deeper into clinical practice with certain vulnerable populations. So for today, we are your hosts, Jennie Min

Deja Clement 0:47
And Deja Clement

Jennie Min 0:49

and we are clinical psychology PhD students at Oklahoma State University.

Deja Clement 0:55
Today, we are so fortunate to be joined by Dr. Opara. Dr. Ijeoma Opara is a tenure track Assistant Professor in the Department of Social and Behavioral Sciences at the School of Public Health. She's also the founder and director of the substance abuse and sexual health lab. Her research interests focus on HIV AIDS, STI and substance use prevention for urban youth racial and gender specific prevention interventions for Black girls and community based participatory research with urban youth. Dr. Opara has received many awards for her work in prevention research from the American Public Health Association, National Council on Family Relations and Academy Health. Most recently, Dr. Opara was named the 2020 recipient of the NIH directors early independence Award, which funds her five-year community-based study on youth substance use, mental health outcomes, and neighborhoods in Paterson, New Jersey. The early independence award is given to Junior Scientists through the high risk-high reward program who have demonstrated exceptional ability to engage in independent research. Dr. Opara his teaching experiences include her former appointment as an assistant professor at Stony Brook University School of Social Welfare from 2019 to 2021, where she taught graduate level Child and Family social work practice courses. She has also worked as an adjunct professor at Columbia University's School of Social Work, teaching a graduate level adolescent development force and at Rutgers University Bloustein - hopefully, I'm getting that right - School of Planning and Social Policy, where she taught an undergraduate social justice in public health course. Dr. Parr received her PhD in Family Science and Human Development at Montclair State University, a Master of Social Work from New York University with a specialization in primary and behavioral health integrated care, a Master of Public Health in epidemiology from New York Medical College and a Bachelors of Arts in Psychology from New Jersey City University. During her doctoral studies, Dr. Opara received external pre doctoral fellowship from the behavioral sciences training on Drug Abuse research housed at NYU funded by the National Institute on Drug Abuse, which funded her dissertation research and doctoral training. Welcome, Dr. Opara.

Dr. Opara 3:09

Thank you so much. That was a fantastic bio. I'm sorry, I know it was long. But you read it so well, you read it so well, so happy to be here with you.

Jennie Min 3:19
Yeah. So with Dr. Opara, we will discuss working with children, adolescents and family. So Dr. Opara. So our first question is, how might cultural competence and case conceptualization differ in child therapy?

Dr. Opara 3:38
First of all, that's a fantastic question. Because I think that when we learn about case conceptualization and being able to collect information, we don't think about how collecting information differs by populations, by individuals, by people. And, you know, I don't think we do enough of teaching about that in schools, whether it's psychology, schools of social work, counseling, and so forth. So, that's an excellent question. The first step is, I think when you're working with an individual, whether they are the same eight races, you same gender, as you are so forth, it's important to remember that many people are very private, when it comes to issues relating to their mental health. We as a society, all over the world, not even just the US all over the world, we do not do a good enough job being comfortable and vulnerable and talking about our mental health. I think that things are changing now a little bit, just a little bit, you know, we have a long way to go. But I think it's much better than it was maybe a few years ago. So I think the first step to remember as a clinician, is that, just that, we have to congratulate our clients, especially children, congratulate them and their families for even coming to therapy. That's number one. You know, because that in itself is a big step, especially for children and most of the time, children can't come to therapy without their parent or guardian permission. Remembering that people are private, so you may ask specific questions that may, that may have them thinking about trauma or child abuse or, or even just private issues that they're not ready to talk about within their family and so forth. And thinking about the fact that most children don't grow up in a setting where they're taught to talk about their feelings with a stranger, you know, as a, you have to remember, as a clinician, you are a stranger to this child, they have no idea who you are, and you know, it's going to take much longer for that relationship to build. So remembering that. Remembering as a condition that obtaining information in the first session, or even the first couple of sessions, is it's normal, if you don't have everything, you know, put together. That's, that's normal. And I don't think the clinical supervisors and I know that not blaming clinical supervisors, but I know that a lot of times if you're working in like an agency where there's a lot of time constraints, there's pressure to get as much information as you can within the first session. But I think that's a horrible way to approach work with children, because it's going to take you days - multiple sessions - to be able to get information that you need to be able to see the entire picture. So being okay with taking time and not getting the private information that you need to be able to properly conceptualize this case. Remembering to encourage children, that it is a safe space, being able to encourage them that whatever they say to you - and also reminding their parents that what children say to you is private, depending on the type of family background, their cultures are. So personal fourth, parents are going to want to have an active role in their child and child therapy. You know, I'll use myself as an example, I worked as a child and family therapist and predominantly with Black families. And what I noticed were that the parents expected that after I was done with the child's session, I was gonna tell them everything about the session, they like, "Okay, so what happened? So tell me what what did they said" and I told them, I said, "I can't, you know, convey that to you, this is private, just how if me and you are having a session is really private, your child deserves that privacy as well." But what I do do, because it because at the end of the day, as parents, I understand that they do want to have some control over what, you know, their children, what I do do is talk to the children about asking them first, everything that we mentioned, "what would you feel

comfortable with your parents knowing?" and then encouraging the child to talk to their parents, whether I'm there or not, to convey that to the parents, and then whatever they're not comfortable with, digging deeper, and trying to figure out why they're not comfortable with that, and ensuring and "I'm not going to tell this to your parents, but I'm just wondering what it would look like if your parents found out?" and then maybe having that be the center of, or the main goal of our sessions at you know, with the child, and so and so forth, because I do want I think it is important for clinicians to respect the role of parents, but then also to have boundaries when it comes to working with parents.

Deja Clement 8:08
I wonder, is your answer kind of different or the same in regards to family therapy? So how might family therapy or how might cultural competence differ? As well as, how does culture influence that case conceptualization for family therapy and not just child therapy?

Dr. Opara 8:23
Oh, yeah, culture is going to influence it in such a big way. You know, we have to think about it in different cultures, you have to - first of all - understand that there are different cultures that have different types of dynamics that happen within the family. Like for example, there may be certain cultures that are very patriarchal. So the father has to be the one to say everything and talk and the questions have to be directed to the father, and not the mother or the child, or vice versa, you may have a family that the mother is the primary caregiver, even though there's a father in the picture, and the mother is most likely the person and knows everything about you know, this child know and is able to have these conversations, while the father really isn't, you know, is present but not really present. Or even understanding that if you are working with a family that has a two-parent heterosexual dynamic with a father and the mother, understanding that one parent may not be comfortable with therapy versus the other. And I've seen this a lot with men and women where fathers don't even want to show up to therapy and the mothers are the ones coming and really understanding as a therapist, it doesn't that doesn't necessarily mean that the father is uninterested, just from just knowing different cultures and understanding gender dynamics, fathers or men in general just aren't taught to be vulnerable with their feelings. A lot of them don't even believe in therapy, but it's really because of what they've been exposed to these gender roles, while women tend to be a little bit more empathetic and a little bit more understanding of therapy. So I think as a clinician being okay with that and working with that as well. To judging or assuming that this father is not present, and so forth. I think also thinking about ageism, as well to where there's gonna be certain families where they don't even have it. They don't necessarily believe that their children should even have a say in anything that big decisions that impact them. And the only people that have a say, should be the parents or adult figures. And that's it, right? So being able to work with that, and understand that and I think the way to, as clinicians, I think the way that we need to understand this, is to ask questions, right? Don't ever go into a session assuming that you're going to know everything about this person's culture, the dynamics and so forth. And don't put- and as clinicians we have to work hard - not putting our own biases and having that be in the room. Like, for example, like when I bring it back, when I brought up the example of patriarchy, you know, within cultures. It sometimes bothers me when I see that happen. And in person where I see it happen, where the father is taking a more dominant role, while the mother isn't really allowed to say anything, right? That's just my own personal bias. But I will never show that in the therapy session, I will respect that, I will honor that. Because the moment - you have to remember - some people already don't even want to be in therapy in the first place. So the moment you start putting in your own bias, like "you know what, this is what I this is why I don't want to go to therapy. Now they're trying to control us and they're Americanizing us and all this stuff." And then they automatically shut down. And that may be the last time you ever see them again. And that's a

missed opportunity for you to really educate and work with that family and stuff. So just being aware of that. Also, being aware that words like “depression,” “medication,” “anxiety” freaks people out, right? Especially if you don't need – and I've worked and I've seen this even happen with people that are highly educated, medical doctors, even psychologist and psychiatrist, believe it or not, when it comes to their own family, people get very sensitive when it comes to these to these terms and stuff. So being able to recognize that, ask specific questions where you're showing them that you're not assuming you genuinely want to ask questions about how they feel about discussing certain topics, and how they want you to address them. I think something that is really valuable in therapy and that relationship is for a therapist/clinician/psychologist working with families to humble themselves and show the families like, “Look, I'm not an expert on your culture,” and asking specific questions like “how can I learn more about your culture? Like do you mind if I ask you some questions? Do you should I read a book or something? Should I talk to someone else?” I think families will respect that. As opposed to assuming that you know everything. When you really don't, you know, we don't. We don't know everything about everything. And I think that, you know, that will also help with being able to relate to the families and families also trusting in you, and seeing that you actually genuinely respect and care about their culture and their beliefs and their values.

Deja Clement 13:03
Thank you so much for that that was such a great response.

Jennie Min 13:07
Yeah so basically, the first step is kind of check your biases at the door, and then be humble, ask questions, be willing to learn more about them - without assumptions - and it seems like that, you know, that would build also the report that we need to learn more about the family dynamics and the clients?

Dr. Opara 13:29
Absolutely. And I actually have, I don't know if this will be too much. But I actually have eight strategies that I think are important for us, too. If you get tonight guys, can I say them? Okay? Yes?

I'll say them. So the first strategy that I think is important when we think talk about cultural competency in therapy is to remember that no culture is the same, right? Even within one culture, and I'll just use this loosely, with thinking about Black people, for example, not every Black family is the same. Not every Black family is comfortable talking about race, some are more comfortable than others, some are more educated about racism, and how that impacts them in their in themselves and others. So being able to understand that and not even assuming that to Black families or to Black children, in short, are the same as why it's important to ask questions.

And this goes to my second point, which is being honest with yourself that you have biases, we all have biases we all have. This is the way our minds work. It's the way our minds are able to make sense of what we see in front of us. We're always going to have an opinion about a specific group based on what we see on a daily basis, based on what we're exposed to on a daily basis. And a lot of times it may be negative, certain groups may have a more favorable view as opposed to others and so forth. So being mindful of how that shows up in therapy. Are you giving your Black clients the space to talk about issues that have impacted them directly? Are you dismissing their concerns because you don't necessarily, you’re not necessarily comfortable or you don't necessarily agree? You know, I've seen this happen. And when I've interacted with Black families who are uncomfortable with working with therapists who aren't

Black, because they feel like, “If I talk about racism, my therapist will dismiss me and not take it seriously,” or, you know, or working with religious therapists, you know, and thinking that “they're going to just tell me to pray to God about it, but it's like, wait a minute, I still have these anxious thoughts, I can't go to sleep, I need someone to talk this through, I'm praying about it. But there's still not enough,” you know, so. So being able, as a therapist, to know that you have your own views, but really listening to the client and educating yourself and being open, I think that's huge. Because we do not realize how much our biases impact our interactions with people. And when you're in therapy, you're so vulnerable, that you're able to pick up on that easily, you're able to pick up on that when your psychologists or therapists or your clinician is not hearing you fully, and then you end up shutting down or it ends up you know, continually contributing negatively to your mental health even more.

The third, I believe is meeting clients where they are, literally. And we hear that a lot, right? But don’t really know what does that even mean, right? So what exactly does that mean? I think that actually goes into a couple of things that I talked about with clients being, not being comfortable talking about their feelings. And if they're not, right, if you sense that a client is not comfortable talking about their feelings, talking about past trauma, then just then sit with that, right, you don't have to force them to talk about these feelings, you can talk about something else, you could talk about playing a video game, you can talk about, you know, world news, your client is in therapy for a reason. They know they need therapy, so but they're not ready. It's going to take them time to get to that deep place that you're trying to get them to. But let them get there on their own, instead of you forcing them to, to get there because of your training, because of what you know, I think also too, there may be times, and this probably happens a lot with children and adolescents is that because a lot of them have never been given spaces to talk about anything, like people just don't generally ask children and adolescents questions about how they're feeling, what their opinions are. A lot of times it’s gonna be be large gaps of silence, large, large moments of silence. And that's okay, I think we have to be comfortable with, with doing therapy and silence. And thinking about the impact on that, remembering that people, normally whether we're children or adults don't really have a lot of spaces to just be, to just be silent to just be present. We live in such a fast-paced world where there's we're getting so much interaction from noises and social media and all these different, you know, news, and there's so many different things that are bombarding our brains daily, right? Sometimes it's being in therapy, and just not saying anything. Is like therapy in itself, right? Just being able to be present with your thoughts. And working with that, you know, so encouraging therapists and clinicians to really be comfortable with that there's a lot of beauty in just being and knowing and not walking away feeling like, “I don't think I did enough with this client.” No, you actually did more than what you realize, you know. So you know, having clinicians rather be comfortable with that.

The fourth is – also, and you guys feel free to jump in as I'm talking. I don't mind if you cut me off - The fourth, I think that's important is being authentic remembering, like I mentioned before, you don't, we don't know everything, the quicker they remind our clients that we're humans just like them, the easier it is for our relationship. There's this power dynamic that occurs, whether you like it or not, in the therapy client relationship. So just really being honest about that. And also realizing, too, that this also, they could also be some idol worshipping, that happens in relationships, like the therapeutic relationship, remember, your client may become dependent on you. And that's not what you want to do. So remember to encourage your clients, too, to find ways to support their growth in their mental health outside of you. You're not the end all be all, and you shouldn’t be. And I think a lot of clinicians tend to get in their heads about that and it's so detrimental for the client. Because you're not always gonna be there, you know? There may be a situation where you just can't [be there] you know, you may lose your job or something or your client may move out of the state or something. What is that client going to do without you?

You know, we need to be teaching sustainability you know, and providing them a safe space to share their feelings work on specific plans of treatment, but then also finding ways that they can sustain and be healthy without you. And that, in itself, also takes humility, you know, showing your clients like “I'm not and I don't want to be your everything. I'm here for a specific purpose for a time, you know, on a specific time period, but I don't want to have to work - I don't want us to feel like you have to work with me forever. You know, there should be - and this is where goal setting comes in, and all of that. So, some clinicians may disagree with me, but I don't think that it's healthy for people to want to work with the same clinician forever, you know, your goals change, not everything- certain clinicians are really good at specific areas, but not others. So I think it's healthy to move around or, you know, take a break from therapy when you feel - and practice things on your own and then come back to it once you feel like, you know, you need to and stuff, I think it's - I think we need to focus on being more honest about that. And remembering to like I said, like, there's specific cultures that are terrified of therapy, you know, because of this, you know, the stigma. So just being comfortable with that. And having those conversations

Number five, asking your clients, how do they prefer that you learn about their culture? You know, so I mentioned this earlier, but I think that an example that I that I've done in my work is that I've asked clients, or I've told clients, “I want to learn more about your cultural values on my own time. How do you suggest just, so that I can better respond and work with you and your family? So this is my own homework assignment. I'm going to give you your homework assignment, I'm gonna have my own homework assignment. How do you recommend that I do that? Are there books that I should read? Are there questions that I should ask, would you even mind if I ask you certain questions that will help me better understand, so that I can respect and honor your culture?” I think that these are things that people don't ask enough of in therapy.

And this also leads to my next point about encouraging cultural pride in therapeutic relationship. We live in a society that's dominated by white supremacy. So we think, right, without realizing it that everything that's nonwhite is problematic. And and the way that we're taught - even the theories that were taught in school, the models that we use - have predominantly been examined by and come about, from white populations, white people, white children, who are very different than Black children, for example, than Black families. Even within Black families, you think about the different ethnicities like Nigerians versus Ghanaians or, you know, Afro Latino people or Afro Latinos, and so forth. It's so different. But then what happens is that - if we're talking about doing therapy in the US and assimilating all that stuff - there may be some pressure for people from these specific cultures to assimilate and try to do things the American way, and then discount or move away from their own culture, because their cultural values, their beliefs are seen as oppressive or not accurate, or contributing to their poor mental health and so forth. And that the right way to do this is by this white American Standard, treatment, and therapy, and all in all, it is up. So I think it's important, whether you agree with it or not, I think it's important to honor that in the relationship, you know, with your clients. Yes, there are going to be some practices that your clients, families have values that they may engage in, that are harmful to them. But it's not your place to say that it's up to you to honor their culture, show and know that your client, your client’s culture is who they are. So you do not want your client to show up to therapy, being half of themselves, we want them to be their full self and be comfortable with who they are, and not try to fit into what you think is healthy, or fit into what the world thinks is a healthy standard. So encouraging cultural pride, encouraging racial pride, remembering that your clients, this may be the only space that they have to hear positive strengths about who they are, whether you know, whether it's about their gender, their sexual orientation, their, their, their culture, their religion, this may be the only space where they actually feel seen. Outside of that, they may be going home or going to school or going to the

community, and they're constantly being targeted, whether it's you know, anti-Black discrimination, whether it's xenophobia, you know, whatever it is that they're that they're dealing with, on a daily basis, really just encouraging that pride and also knowing that clients who have – just based on the research – clients who have a lower sense of racial identity, a lower sense of racial pride, lower sense of cultural pride, are going to have poorer mental health symptoms anyway, because of that, it's going to impact their self-esteem, impact how they view themselves versus, you know, in relation to the world. And that's going to engage, they're more likely, rather, to engage in negative coping mechanisms like using drugs, for example, or engaging in, you know, sexual behaviors and so forth, or even engaging in like, criminal activity or, you know, bullying and all, you know, all these things. There's a huge association with that. And I don't think that we talk enough in therapy about what it means to have cultural pride, to have this cultural humility. We need to be humble in learning about people's cultures and to really enforce this sense of uplifting people, you know, their race, their racial identity, and so forth. We don't talk enough about that. And I think it's important to address that in the therapeutic relationship.

And then my last two are highlighting strengths and your clients. People talk about strengths all the time, but don't really fully understand what that means. Just In short, how we can look at it in the therapy relationship, is understanding that therapy for a lot of people in itself can be very traumatic. And you know, because you're bringing up a lot of negative things about yourself, about your past, and this is the whole reason why you're in therapy, but encouraging your clients to reframe their thoughts and beliefs about themselves and the things that are happening to them. Of course, acknowledging that there may be some issues of discrimination or issues of discrimination, or just, you know, negative, oppressive behavior that may be impacting them, depending on whatever their issues are, but also highlighting that, especially those clients who come from backgrounds that have been historically oppressed and marginalized, highlighting that just being present, just being alive at the moment, being in therapy, and you know, showing up, you know, weekly or however often you're seeing your clients is something to be celebrated, you know, like reminding them that they may feel this way about themselves, but that you see them and then you're acknowledging their strengths, like attending school regularly or eating healthy, whatever it is, that maybe - that clients may not be necessarily focusing on by reminding, truly reminding your clients how resilient they are, how brave they are to embark on this journey, which is therapy and allowing you in their lives to you know, the therapeutic relationship. I think, like I mentioned before, there is a power dynamic in the therapy relationship and having a therapist or clinician, say these words to clients can mean the world to them, you know, and we should be encouraging more of that.

And then lastly, being comfortable talking about race, and culture, but not being awkward about it, I think that people get really scared to talk about these things. You know, like, I'll use myself as an example. When I was a therapist in New York City, I had a clinical supervisor, a white woman, she and during our first session together, she asked me, “So what do you think about me being white?” And I was like, “what? What are you talking about, like?”. And she was like, “I know, this is obvious, like power, you know, like, dynamic, because I'm white, and you're Black, and blah blah blah,” and I got what she was trying to go with. But it was just weird to me. Like, it was, it was weird to me, you know, so like, so I think maybe I would have hoped maybe she would have worded it differently? I'm not I'm not sure because personally, I didn't see, there's obviously the power dynamic between your supervisor and the clinician anyway. But, you know, I didn't know. But it was a conversation that I know that she thought she was doing a good job by having it but it was really awkward to me. So I think, you know, we have to be comfortable talking about race. But when it matters, right? When it matters. So, and I think a good way to do this is by letting your client know, like, “I want to hear more about your beliefs about race, your

beliefs about what it means to be a Black woman." For example, if you're working with a Black woman or you know, a Black girl or Black boys so forth. "Is this something that you deal with? Or think about on a daily basis?" If it's not, because some people don't really, you know, don't really think about things in that lens. That's okay, we can move forward. But I think what happens in this generation is that we have therapists who mean well, you know, white therapist, or you know, or non-Black therapist or so forth. They mean well, and they kind of forced this conversation to happen when it's not - they're not ready, you know? They're not ready to have it happen and stuff. So I think, you know, that's something that people need to really think about and practice and work on.

Deja Clement 28:57
I think you dropped so many gems I was writing notes to myself.

Dr. Opara
Oh, good!

Deja Clement
I really appreciate that you highlighted, one, taking on more of like a strengths-based approach to therapy? Because I do think we know we are focusing on all the negatives, like "what are you here? What is your presenting problem?" But really focusing on, like, "what are the things that they're doing? They're already doing really well. While also trying to navigate their mental health. But then I also love the last point that you mentioned about like talking about race and not having it be this awkward thing because I think it leads me not as a Black clinician and a Black student in training, like, I can't relate. But I think that there's like a confidence aspect of it of like, I'm afraid to say the wrong thing, or I don't want to offend people. So then it's just really an awkward atmosphere. But again, for like, as a Black student and clinician, it's like, I can't be awkward about this thing because I can't hide my identity in any type of way. So I feel super comfortable talking about these things.

Dr. Opara 29:57
I think it's also important For clinicians, especially white clinicians, if you're a white clinician working with, or, you know, an or non-Black clinician working with the Black family - and I talk about Black families a lot, because that's my expertise, I've worked primarily with Black families, and Hispanic families as well. So talked about them a lot, but there's, you know, there's different, of course, there's going to be a different response, if I'm talking about like, Asian families, for example, or Muslim families or something. But I will, I will say that with white clinicians, it's important to know that if you have a Black client, that's not talking about race to you, with you. And even if you bring it up, they don't talk about it, that's okay, they don't want to talk about it with you. And that's okay, you know, focus on what they're here for, of course, provide them with that safe space to address these issues and stuff. But if they don't want to talk about it with you, that's okay. You know, it's fine. You know, they can find somebody else to talk about it with, hopefully, if they rather leave you and work with a Black, another Black woman or a Black male, that's okay, too. You know, I've heard like clinicians say things like, how do I get Black clients to be comfortable with me, you may never get them to be comfortable with you, and just be okay with that, like, you know, just It's okay. You know, just be okay with that. Black families and youth have a really complex history with therapy, with the US in general, where our issues have to really be seen through this cultural race-based lens it has to be. And if you're not able to do that, it's okay. You know, like I said, provide them with a safe space, they may feel comfortable talking about it with you, but if they don't, it's okay. The worst thing you want to do is force your clients to talk about something that either you're not comfortable with, or they're not comfortable with, it just ends up as being awkward and just messy and unproductive.

Jennie Min 31:43
Yeah, I think that's great advice. And I think, you know, those eight points are very, so very helpful. I definitely had a lot of thoughts as well. And I kept on thinking back to like, my clinical experience with different clients, and how those, how those applied. And I had some specific questions, actually, to revisit, like some examples that you gave earlier, about, for example, the like that father, if the father is kind of like the leader of the family, and you might not believe in it, but you still have to navigate it and respect it. So how might you go about doing that?

Dr. Opara 32:22
So for me, if I'm working with a family where the father is the leader, I would address I would just address the father. You know, like I wouldn't like necessarily, you know, try to change that dynamic, unless they're comfortable doing that, or unless there's other people in the family that are being problematic, or contributing to the mental health of the child, right? So depending on who you're seeing, typically, in the work that I've done with youth and families, the youth were my was my primary client, but the child was my primary client, and then the family was present. Because I think that when you're working with children, you should always try to incorporate family always. Because most of the time, you're able to understand the child's behaviors or feelings from their parents, you know. I can't tell you how many times I've worked with the child. And then I finally meet the parents. I'm like, “Okay, I see why I see why you're the way you are. Okay. Like, it makes sense now.” I can't tell you how many times. So I think you should, we should always incorporate the family. And there's often this pushback because parents never want to see themselves be at fault. Never. They always feel like, “okay, you're the therapist, you work with my child, my child's problematic, you fix them, and then let me know, you know, when you’re done fixing them.” And it's like, “no, no, it's not that easy, honey.” Because I think you have to be playing active, you know, active roll.

So but to bring it back to your question about the father, I will just address the father. I wouldn't try to change that dynamic and say, “I don't feel comfortable talking to the father only. I want to talk to the mom too.” Because automatically now you're changing things that they're not comfortable with. This is what - this is all they know. This is all they know. And I who am I to say that it's not working for them? You know, if it's working for them, and it makes them happy. And this is this is a cultural thing that they've been doing for decades. Who am I, you know, to tell them like, “No, I think it's so oppressive. And I don't I don't stand for this at all, you know, I think you're, you know, oppressing women in your household.” But I wouldn't do that. Because then because at the end of the day, talking to the leader of the household, and getting through to him, is most likely going to impact the entire household. So if he's able to see things from my point of view, and we're able to have a really strong relationship, automatically, the mom will be on board, automatically, the children will eventually be on board as well. So that's kind of how I would approach it. So people might approach it differently. That's how I would approach it and that's what I would encourage my students to do as well.

Jennie Min 34:37
Yeah, absolutely. So kind of respecting their system in place right now, their culture, and then working with that. And so like you said, if you get through with the father then that changes things for the child. We are doing therapy were changing things and making it better, improving

Dr. Opara 34:55
Absolutely, and you will be surprised how much people are willing to compromise once they really feel comfortable with you. There may be a time where you work with the father for like, a few weeks, or he may be like, “You know what, I don't mind my wife being a part of this now.”

You never know, you just have to just really meet people where they are, and just respect their values and their system. And then after a while, they start to listen to you. And then that's when you can really, you know, be able to change things a little bit, you know, without them realizing you're changing it, you know, like, give them the power and, and make them feel like they're the ones changing it. And then, you know, that's really how success in therapy comes along.

Jennie Min 35:32
Well, thank you. And honestly, so I'm not a child therapist. So, and definitely not family therapists at all. Starting with that, I you know, I'm very curious, because I really don't know, a lot. I was just thinking, so when you're doing family therapy, or if you're seeing a client, that's a child, and you're working with the family, and we talk about culture, but a culture is pretty, you know, fluid and changing, right? Even the child and the parents have kind of different culture, and could have different cultural influences as well. So how would you go about like navigating that?

Dr. Opara 36:13
Navigating what, the cultural impact on children? You mean? Or?

Jennie Min 36:19
Yeah like, when the, you know, the parents and the child have different cultural influences? So, like, for example, like an immigrant family or something, so the child might well, first of all, they're a different generation of children. And then also, maybe they have more western influences or more American influences than the parents or so on. So how, so in those cases, where there are also clashing in terms of different cultures? How does the therapist navigate that kind of situation?

Dr. Opara 36:49
Okay, yes, that's a great, that's a fantastic question. That's something that's very common, especially when working with multiple generations. How I would do it, or how I've done it before, is I would work on explaining to the family, or rather work with the child to be able to figure out a way to marry these two beliefs. So to honor their culture, honor their parents, I think it's very important, I would never want my clients to go against their parents, just because I will just be a disastrous relationship, it's not going to help them in any way. And eventually, the parents will be like, “I don't want you going to his therapist anymore. She's crazy. She's, she's destroying our family.” I would never want that. You know, the goal is always to encourage a healthy relationship within the family so that they don't need me anymore. That's, that's really the goal. So I would approach it, where I'm working with the child and the parent too, separately, but working with both of them, both people, and having them think about the strengths of each culture, or each, I guess, I just wanna use the word “culture” for the purposes of this podcast, of each culture. So what are the strengths of where you're from? What are the strengths that we have in American culture? How can we marry these two? Which one is actually the most problematic for you, for the child, and then also for the parent, as well? And then really being able to address that. So typically, with these clashes, it's really because there's one or two things that the child is doing, that the parents can't stand, and they're finding something to blame it on, and it’s usually American culture. And so this is huge, especially if we're talking about immigrant families, they are going to blame it on something, and you know, and then for the child there, they just look at their parents as being uptight, or whatever, because of their culture, and stuff. So really getting them to have the conversation with each other about what they value, what they don't value, and how they can compromise, how can they compromise and really understanding the parents’ fears. There's a fear in there, that's what's causing this clash. There's this fear that you're gonna lose this culture, you're gonna be like, wayward and

just out there, just living your life and not having any responsibility and stuff like that. And just being you know, kind of useless and stuff. There's that fear. And then for the child, there's this fear of, I don't want to be like my parents, because they're a prude, or they're close minded, and I'm gonna live my life. And also, I'm going to be accepted. Alright, so thinking about so that they, they may want to be accepted by their peers, and they can't be accepted by their peers, if they're adopting whatever it is that their parents are telling them to do and stuff. So it's a, I don't wanna say, a complex solution. But it's a solution where you have to hear both sides, but then also think about the strengths of each side, and encourage the family to come to a compromise, remembering to honor that culture, because this is who the child is. They can't take away that culture, that whatever it is, whether it's their race, their religion, the values. This is who they're living with, and what they're surrounded by 24 hours a day. It's important to honor that and not take that away from them, but then to also help to adapt it that makes sense so that it's a healthy relationship for the child, and then also healthy for the parent.

And I say this, too, just as a Nigerian, so I, you know, grew up here, but I am, you know, my parents, immigrated from Nigeria in the ‘80s. So I often used to clash with my parents a lot, too. So I understand that, you know, first generation immigrant experience and stuff, as another therapist may not really understand it in that sense, right. So I also think, too, that who I am, impacts how I work with some children, and especially immigrant children or children that just come from, they just have different beliefs than there have been their parents, and so forth. So I kind of understand it on a different level that other people may

Deja Clement 40:36
Thank you for, especially sharing your positionality. I know I've had very similar experiences as a Caribbean American family, we have a lot of similarity. Some of your responses, Dr. Opara, really reminded me of some of the exceptional work that you've done in regards to incorporating intersectionality into your research, but also it sounds like clinically, and so I kind of wanted to know, like how might cultural competence differ in other marginalized populations, such as like LGBTQ, people diagnosed with HIV or other stigmatized physical health issues, people in the criminal justice system, or even people who are of low SES or managing poverty, things said things like that?

Dr. Opara 41:15
Yeah, so the LGBTQ, excuse me, that comes up a lot. That's probably the most common one that comes up when we talk about differences in culture. And also remembering too, that people's spirituality and religion are often tied in with their culture, some cultures are way more religious than others. And when we talk about religion, there's the set of rules that people abide by. And for them, it's like life or death. Like, if I don't abide by this rule that I'm going to go to hell, or God is gonna be angry with me and my family and curse us, you know and all this stuff, right? So this is also where it comes from, with really understanding the client's culture, understanding their beliefs, and really understanding that even if you are aware that their beliefs are oppressive to their child, for example, let's say I'm just using an example of let's say, you're working with a child who wants to come out, but they're terrified to come out, or they have came out and their parents are, you know, are being like - going against it or something and think that they need to come to therapy to work it out, or they need to pray about it, or whatever it is, but obviously, it's a clash between them. I think it's important to listen to the parents to understand, too, that this parent is grieving something that they - in their heads, they felt that they lost, right? A lot of times parents that come from these backgrounds, have this view of “Oh, my child's going to get married and have kids with the arm, you know, it's like an opposite sex.” And once you tell them like “No, I'm not, that's not my plan is, you know, I'm gay, right? Or, I'm lesbian, or I'm questioning, I'm not really sure what I am, I'm bi,” or you know, or whatever it is. These are

things that parents that, you know, from that generation never even heard of. So it's very new to them, right? And then when they hear about it, they associate it with the devil or they associate it with being confused, or we know whatever it is. So this is where education comes in, as a therapist, where education comes in with the parents in a non-judgmental way. And I think why a lot of people from, you know, from different cultures, and when I say cultures, I really mean like, you know, racial ethnic minority groups in the US, religious groups, and so forth, sometimes are afraid of therapy, when it comes to this topic because they're ready to go to be judged. The therapist is going to just encourage their child to just, you know, to just do you know, do what feels right, instead of actually doing what the parent wants, for example, which is, you know, for them to conform to this, like cisgender, heteronormative, you know, way, right? I think as a therapist, it's important to listen to both sides, listen to the parent, honor that. But then also remote use your skills to remind the parent that we are in a generation, where more and more people are feeling comfortable about, you know, about coming out with their sexual orientation, and that may go against what you what you believe. But then kind of like bringing it back to them and reminding them that, and within the bigger picture, we're here to address the mental health of your child. And here are some ways that you are hurting without realizing it, because you love your child, you want the best for them. But here are some ways that you're hurting their - you're contributing to their poor mental health, and even on the flip side, working with children. To remind them that your parents love you, they adore you. They're just not they're just, you know, they're just - it's just the grieving process. And it's important to remember that they love you, but then also to honor who you are, you know, honor who you are, don't feel bullied into it and then encourage a healthy conversation. You know, whether you're mediating it or however it is where you're still honoring their culture, respecting their culture, respecting their religion, but then also respecting the person who is in front of you right now. You know, in your, you know, your child and so forth. So with the LGBTQ+ population, it's probably one of the most difficult conversations to have with parents. And it's sad, but I think things are changing. Now, where people are becoming a little bit more understanding, more accepting, and stuff and realizing that this is not necessarily a choice, this is who their child is, and you know, and they have to just, you know, if they want their child to be happy and be in their life, they have to just kind of accept, you know, who their child is, as opposed to putting, like, making their child feel like they go to hell or something like or something like that, you know, something in that in those words.

And I think also teaching parents how to reframe their thoughts on the specific behavior, teaching parents how to have these meaningful conversations, where they don't if, for example, if religion is really important in their culture, just because your child is gay, doesn't mean they don't have to be religious, right? Like, you know, teaching parents, there's way to marry the two and stuff, and they have to be their advocate, and they have to be their ally, to support them in that in that process. Because I think that's also something that I've noticed too, when working with clients, is that families feel like oh that they're choosing this lifestyle, they're not going to, you know, go to, you know, they're not, they're just kind of forgetting about their culture. And teaching them, you know, they can still honor their culture, but the parts of their culture that that make them feel whole and good and at peace and stuff. And I think it's good to acknowledge that every culture has its flaws. But every culture also has a lot of strengths too and to honor that as well.

And therapy, when we think about other populations that may have more stigmatized health issues, like people diagnosed with it with HIV. Again, I'm just I just from the work that I've done with people living with HIV and HIV prevention, I'm having - I think it's important to, when when working with such populations, it's important to acknowledge that they that having social support is huge with populations that have been stigmatized, using a trauma informed approach, I think is necessary. Because being diagnosed with HIV, depending on who you ask, can be a very

traumatizing experience, right? It could be really traumatizing, especially if you feel like you did everything, everything you did to protect yourself, and then boom, you went and a doctor telling you have HIV, that in itself is very traumatizing. Even today, I mean, even in 2021, there's still so much misinformation about HIV. I mean, we have rappers and all the stuff talking about all, you know, talking about HIV in such a negative way, even in 2021, you know, so imagining how people living with HIV feel when they hear these myths being spread about HIV, when they hear how stigmatizing people are associating HIV with, so I think I'm having a trauma informed approach. You know, and acknowledging that HIV is an illness that could really be life changing, but then also acknowledging and encouraging your clients to take control of their health, right? So adhering to medication, and acknowledging how stressful these medications are, like, you know, medications people are using. they're taking, like art therapy, or which is a specific type of medications that people living with HIV take can be very, can be very overwhelming to the body, you know, and it has different side effects on depending on who it is. So really working with your clients to see how is their new lifestyle, their new lifestyle, how was that affecting their mental health, how is that affecting their body, physically, because what happens - our bodies and minds are so tied into together so intertwined. So really acknowledging that as a as a clinician, and how stressful it is, to keep up with this healthy lifestyle and honor and using the strengths based approach where you're telling your clients, I am so proud of you, for even being you, right? For even being you for even being able to like you know, walk in this room with me for being able to - despite how much negativity people have about HIV - you are still walking, you know, walking, you're alive, you're healthy, you're actually taking steps to protect your mental health to protect your physical health like that, in itself should be congratulated every single time they walk in the room, or virtually now that we're doing sessions virtually, virtually, or, you know, or in person. And also acknowledging the need for supportive network. One of the main things that I've heard working with people that are living with HIV is that they sometimes feel very isolated. They can't talk about the illness with everybody and even what they do people start acting weird and judging them and stuff. So you know, as a clinician, possibly connecting them if they haven't been a part of, connecting with HIV positive support groups are something you know, doing that research for your client and bringing it up to them and seeing how that could be beneficial outside of therapy, and then I also think too, people that are another thing to add was about homeless, the homeless population. And people that are low in SES, I think, when we think about intersectionality lens, right, I think it's important to even think about what exactly is low socio-economic status, right? Because low SES can mean different things to different people. Homeless is, of course, you know, if you're not able to afford a home, that would also be considered low SES and so forth. But there may be people who are like, I guess you could call them the working poor, who are working and are still, you know, are still struggling to make ends meet, still struggling to put food on the table, and so forth. And I think one of the things we have to remember in therapy is that people can't really address their mental health, if they're in this constant state of, I guess you could say, unsettledness, you know, like, if their basic needs are not met. So there's this constant state of panic, trying to figure out what are they going to do tomorrow? Where are they going to sleep at? How are they going to pay their bills, so you have to be able to work with them on that first, and you can't expect consistency, you can't expect anything else to move forward, if you haven't addressed this basic need, which is housing, need of food and security and things like that. So I think, as clinicians need to understand that as well, to these, I just need to understand need to understand them when working with people with low socioeconomic status, or homeless people. And also acknowledging to that- and I think this is something that I've acknowledged in classes is that when we're working with Black populations, for example, or anybody or any ethnic group, but I'm gonna say Black, because that's the community that I'm used to working with, is that it's not only poor Black people that have issues that need to be addressed, right? And when we work with Black people, a lot of times we work with, you know, with our, with even the even down to the case studies that we use in the

classroom, oftentimes, you're talking about a Black person who's homeless, or who just got out of the criminal justice system, or who was a single mother, or, you know, all these stereotypes that we that we're prone to hear. And we're not necessarily talking about how the gifted Black girl is struggling in a predominantly white university, or predominantly white elementary school and how to actually work with that, how do we even, you know, work with someone like that, or a young Black boy who is, you know, who lives in like suburban neighborhood, or something like that or an urban neighborhood has both parents pretty successful, but is getting bullied on daily basis, or, you know, or he could be getting bullied based on their sexual orientation or something like that, you know, whatever. So I think being able to understand these intersections, and how to work with them, and not do this one size fits all approach, and working with specific cultures, you know, and this is where I get at, I bring up the asking questions working with a client and just basically assuming you don't know anything with their culture and having them teach you doing your own research on the side and stuff. and just being humble and allowing them to be the experts of their lived experiences and their realities.

Deja Clement 53:18
Yeah, absolutely. Thank you so much for that. I think Jenny's gonna ask the next question.

Jennie Min 53:22
Yeah, so lastly, so 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. Opara 53:34
Oh, I have so many. This was hard to come up with. Let me think so one person that I really, really admire, she's a psychologist, and she focuses on Black children and families is Dr. Noni Gaylord Hardin. I love her work. Her work primarily focuses on community trauma, and how that impacts urban Black youth. And that's an area that I'm really passionate about. I actually just published a paper on that specific topic last year, on how communities that are under resourced, and that have a lot of Black youth or Hispanic youth and so forth. How those communities itself can be a traumatic experience, and how to work with Black youth on that, on not only addressing their mental health needs based on what they're exposed to, but how do we address the community on a larger level, like address these systemic barriers that are impacting on youth on a daily basis, so I love her work.

Another one is a good friend of mine. I'm Dr. Isha Metzger. She does a lot of trainings with psychologist on culture, specifically on cultural competency and working with Black youth and families. She, in her work. She highlights the role of racial socialization, which is basically like incorporating racial pride and identity and being able to have these conversations about what It means to be Black, the pride that you should have in being a Black person acknowledging racism and how to acknowledge racism in the room, but then also how to protect yourself from racial insults, racial discrimination that may be coming at you in different forms, whether it's on a systemic level or individual micro insults micro aggressions, so I love her work, and what and what she does with other psychologists, but she's really passionate about educating other psychologists. And I think we have to be you know, I think when you find the passion and something that you really care about, you have to be able to share it with your fields, and stuff so that we can advance the field. So she does that a lot.

And then another one is Dr. Raquel Martin. She's a good colleague of mine as well. She also does work on racial socialization, as well.

There's, um, let me see who else can I think of that? Dr. Rihanna Anderson, she's amazing. She does work on families. So she actually developed an intervention, I believe, that specifically teaches families how to talk about race, you know, families to talk about race with each other.

And yeah, and then there's Dr. Rita Walker. There's a lot, there's a lot of people that I mentioned. And I want to also highlight that these are psychologists that focus specifically on Black youth and families. So I know we're talking about cultural competency. I don't want to, you know, be disingenuous, and act like cultural competency is only for Black people, no, like Hispanic people. Hispanic clients need to have a culturally competent clinician that understands the various identities that Hispanic people or Latino people in, you know, belong to, and how to address that. Even with Asian families, then when we deal with religion, Muslim families, and you know, and stuff, so I do want to balance that, but I, the experts that I'm mentioning, are focused on Black people.

And there's a website, that one of my that my colleague, Dr. Metzger, told me about its Village of Wisdom. And this was villageofwisdom.org. So if anyone is interested in listening, actually the website is villageofwisdom.org/keep-dreaming and it's a resource that was created by Dawn Henderson, that teaches that talks about specifically about Black families and youth and in addressing mental health within the family context. So it's great that there's so many resources now, there may not be so many, but there are a lot of resources available for interest will be in this area. It is about disseminating it and making sure that more psychologist, more clinicians are aware of it, and are putting it in therapy, and putting it into practice.

Deja Clement 57:37
Thank you so so so much. I'm super excited. Dr. Anderson will also be a podcast guest. So stay tuned to listen in from Dr. Anderson. I want to just say thank you so much for joining us, Dr. okwara. You honestly you gave us so much - a wealth of information that I hope is useful to our listeners, I know it was super useful for me. And I think Jennie would say the same. And thank you so much.

Dr. Opara 58:06
Thank you so much for having me, I truly, truly appreciate it. This is a this is such a fantastic series that you guys are putting together. So I want to give you guys a lot of you know, credit for that, you know, we need more of these series that are going to talk about issues that may be uncomfortable, but are needed to push the field, to advance the field because at the end of the day, what we all want to do is really protect racial, ethnic minority families in the US and Scotland do it. So thank you for putting it into series.

Jennie Min 58:35
So all of the you know, researchers, clinicians, that you have someone in their psychology field that you've highlighted, we will include in our support resources, and then also and then some of these additional resources that you suggested would also be on our podcast support resources as well. So please tune in to that one. And then so Dr. Opara, some of our listeners may want to get in touch with you. So could you please tell us where people can reach you?

Dr. Opara 59:06
Sure. So I'm very active on Twitter. So you can follow me on Twitter @IjeomaOparaPHD. Also the same handle on Instagram so actually it's not the same handle. It is @Dr.Ijeoma.Opara that's my Instagram handle. So people can reach out to me there I'm pretty I'm pretty active. I get a lot of messages. So if you're messaging me just be patient. I'll try my best to respond. You can also check on my private website, which is www.ijeomaopara.com you know like a lot of

times when people reach out to me to do speaking engagements they reach out to me through there so you know, it's always nice to chat or wants me to talk about the work that I do. You can reach out to me through the contact the contact us page on my website.

Deja Clement 1:00:00
Thank you so much for to drop all of that in the show notes for the episode.

Harley Layman 1:00:08
Thank you for listening to this episode of practicing anti racism clinically. 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 dot okay state.edu that's psychology.okstate.edu. If you hover over the Diversity tab you can find the Student Diversity Committee by clicking this link. You can find the Practice ARC podcast tab with all associated resources and supplemental materials for each episode.

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