



Episode 6: Bringing it Home - Panel Question & Answer

Transcript of Conversation with Dr. Flores

Kristin Fields 0:09

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

Harley Layman 0:58

Dr. Flores received her doctorate in clinical psychology at UT Southwestern Medical Center at Dallas, and completed a two year postdoctoral fellowship at the University of Washington in Seattle. Dr. Flores has taught courses in psychoanalytic psychotherapy, ethics and multicultural issues in psychology, and has supervised graduate students in training clinics for over 15 years. She specializes in working with late adolescents and adults regarding sexual orientation and gender identity issues. Dr. Flores is current president of the Association of Psychology Training Clinics with APTC and a member of the American Psychological Association Society for the Psychology of Sexual Orientation and Gender Diversity Division 44, the World Professional Association for Transgender Health or WPATH, the National Register for health service providers and psychology and Knoxville Appalachian Psychoanalytic Society. She consistently engages in outreach, education and advocacy in the Knoxville community on behalf of marginalized communities. She is a current member of Knoxville Police Advisory and Review Committee, or the PACRC, a volunteer for the Tennessee equality project, a 501 c four serving state's LGBTQ plus community and a volunteer with the East Tennessee civil rights working group.

Kristin Fields 2:25

Welcome to the podcast. Dr. Flores, we're so excited to have you here today. So as a director of a clinic, so the University of Tennessee psychological services clinic, what steps have you taken in order to have more cultural humility within your clinic and sort of approaching therapy with a more multicultural framework? Specifically to your department?

Dr. Flores 2:49

Okay, yeah, so I'll start by talking about that, that larger context of the department and then I'll widdle it down to talk about what the clinic does in relation to that. So I would say that the department has been on a journey, several, you know, decades long journey to promote more cultural humility, and a multicultural framework for several years. And there have been small changes made over time in a program or in the department lead to cascading effects that have taken us further down this path. So in other words, some of it hasn't necessarily been kind of intentional, we we haven't really had a long range goal, but things have developed as we have made small changes. And I think that a lot of that has to do with where we are being in

Knoxville, Tennessee. And so as you know, Knoxville and East Tennessee in general has been a pretty culturally homogeneous place for many years. And although there have always been pockets of very pockets of diversity here. So national generational and that and cultural changes have affected us here, just like they have everywhere else. And so we are seeing increased diversity both in our student body as well as in our faculty and our staff. And so the more folks who come here with diverse backgrounds, the more the department has both, I would say, had the opportunity and the challenge to meet the needs of this diverse, increasingly diverse university community. So I will say that one specific change that's had ripple effects within the department and I would say also within the clinic has been the rebranding several years ago, of the counseling Ph.D program here, they re identified, I would say, as practicing from a social justice advocate model. And as a result, that program has attracted both faculty and students very specifically interested in multiculturally focused and social justice advocacy centered education and training. And so that has led to a more intentional emphasis and multiculturally focused training in various classes and our guest speakers and of course, it has affected the clinic as well. And so along with that I came to UT in 2013. And my clinical emphasis over my career has been increasingly on LGBTQ issues. And so that's also resulted in an increase in LGBTQ referrals to the clinic. Again, one of those things that prompt students and supervisors to become more informed about LGBTQ specific clinical needs and phenomena. So I would say, as a department, but also as a clinic, we've done a lot of growing, and we've experienced some growing pains as a result. With these and with related changes. Other Other things that have gone on is, you know, with the with kind of the national unrest that has happened with the murder of George Floyd, I would say, some of the specific clinic changes is that when, when that happened in our country, you know, I really thought about how we have not done a good job of reaching out to the African American community in Knoxville, and that specifically East Knoxville. And so I began reaching out to a couple of organizations to find out how can we help what what are the needs that you have? And how might we be able to fill them. And so yeah, we've seen some changes. We're still kind of working through them. But those are just a couple of, of examples. One other thing I can mention is I had a graduate student in South Asian graduate student who started a multicultural film group within the clinic. And so basically, once a month, we pick a film, or we pick an episode of a series that has some kind of multicultural issue to it. We watch the the episode or film on our own, and then we meet together on Zoom, and we kind of talk about it. And that's been really enlightening, I think, for all of us to kind of hear both talk about that those issues on an abstract level, but also talk about it maybe according to some of our own experiences.

Kristin Fields 7:00

Yeah, that's really cool. I think. It's definitely important you sort of putting into context like where Knoxville is east, Tennessee, sort of like the background and history of what your clinic has historically sort of worked with and focused on and then how you're able to progress that based on who your around. And I also really like that you have that focus on LGBTQ plus, because one of our episodes was looking at sort of like the intersectionality of race and individual with disabilities. And I think that's another big idea to look at is like that intersection between how could those different identities affect how you're practicing cultural humility, things like that. So making sure that you're like, looking at it for a bunch of different perspectives. You know, you've said that UT sort of trying to make these changes may be slow, maybe some growing pains. But within working with working with the clinic and working with their graduate students, what areas do you think require the most growth within training those graduate clinicians?

Dr. Flores 8:08

Yeah, I think that those growth edges, again, relate back to this context. So many of our graduate students are not native to Knoxville, or they're not native to Tennessee, right? They're coming from all over the country, I think often, it's a little bit of a culture shock for them to come to Knoxville, because we are part of the South. It's a very small city. And so it's kind of more akin to a small town. And so it's fair, you know, you run into people a lot. And so that cultural shift, I think, is really, that is really a challenge for students. And I think I come at it, I come at it, I think from my own personal experience, you know, a Mexican American, I grew up in Texas, which is also very culturally and politically conservative state. And so even though I consider myself to be very liberal and progressive, I had to learn how to live within a conservative context, right. My neighbors, my relatives, sometimes my siblings thought very differently from me. And so there's a, I think there's a skill in being able to work and meet people where they're at, even when where they're at is very different from where you come from. So I think that's one of the big growth areas. For a lot of our students if they're coming from, say, Ann Arbor, Michigan, or Madison, Wisconsin, right, or San Francisco, they're coming from areas where multiculturalism and diversity is a fact. It's just, it's the way they've lived. And so, you know, I often think of science fiction when I talk about this stuff, because that's the best genre to determine to describe this. Sometimes we can be in the same street and we can be living in alternate universes, right? But yet we still have to get along with those folks, and particularly if we're practitioners or providers, we have to be able to work with those individuals, even though we may not agree on many values. And so I would say that's one of the biggest growth areas and training challenges for graduate students coming.

Kristin Fields 10:19

Yeah, it sounds like there's like sort of this balance between the student trying to recognize their own background, their own environment, their own upbringing, their own culture, and then also how they can work as a clinician with people within different cultures, but also still remaining like, humble, and the idea that they might not fully understand why someone thinks the way they do why someone acts the way they do. So more so that piece of like, I need to recognize that I'm not going to know everything about the client that I'm working with, and everything about their culture, but still be able to provide effective treatment.

Dr. Flores 10:59

Yeah, yeah, you really put your finger on this, there's a developmental process that students are going through, right. Usually, most of most of the students are in their 20s. And so you all are going through your own development of your professional identity as well as your personal identity. And so that's playing alongside meeting with these other cultures. And, and also don't also don't want it to sound like it's just the students who, who need to grow and have growth edges. Because, you know, because faculty do, and I'm, I'm a couple generations older than graduate students. And then I have colleagues who are even older than me. And so there are clearly some generational differences. Not only in perspectives, but even like vocabulary, you know, and just to give the LGBTQ community example, the lexicon of those identities is changing week to week. And so somebody who's older, may not have the most up to date term for something. And sometimes that can create friction, right, even though the intention is not to offend. I know that my department is working through and my clinic often does, too. I don't think we're alone. I think this is probably something that happens, and other departments and other clinics. So but both, you know, both ends of the generational spectrum are constantly having to, to grapple with these things.

Kristin Fields 12:31

Awesome. Okay, so you've talked about some of the things you have implemented, what in some of the areas that you want to grow in? What would you say is like your biggest goal that you want the clinic to achieve or to improve on when it comes to diversity, equity, inclusion and inclusion? Within the clinic?

Dr. Flores 12:51

Yeah, so I think with the the clinic, and I should tell you, you may already know about this, there was a, there was a toolkit on social responsiveness that was created. So it's called the Council of Chairs of Training Councils, CCTC. And it is an umbrella organization that incorporates all of the different players that you're wanting to speak to DCTS, program chairs, clinic directors, internship directors. So the CCTC did a workshop from, I think, October to March. And I was on the planning committee of that, because I'm the president of the Association for Psychology Training Clinics. And so it was my role. I was working on the planning program for this workshop. And basically, they gave like a nine, a nine point toolkit is what we called it on how to implement social responsiveness and social justice, and infuse it within training from, from the point of undergraduate education to the point of continuing education after licensure. What I need to do as a clinic director is look at that toolkit, and figure out what specifically from that, can I infuse into the clinic? Oh, yeah. So a lot of work has been gone into, like, how do you decolonize syllabi, syllabuses? How do licensed professionals continue their education to promote DEI? What what do you do in supervision exercises, these kinds of things. So what we're trying to do in the clinic, the goals we're trying to meet is, again, extending and expanding our services to the diverse the increasingly diverse community that we have. So to provide services to these underserved and marginalized communities, that's always been the mission of the training clinic. But I think we're working really hard to try to start going again, literally meeting them where they're at finding out where they're, where the needs are, and you know, doing a great group at the local Y or doing screenings or testings at one of the nearby schools, even though I would love to work with, like refugees or immigrant communities, you know, one of the areas where we are limited is that many most of the students who come through aren't fluent in another language. And then most of our faculty aren't fluent in another language, you know. So again, that's one of the limitations of being in a fairly homogeneous city, is that those kinds of resources for training are less available to us?

Kristin Fields 15:34

Yeah, that was the next question I was going to ask is, what are sort of these barriers that are kind of gonna prevent us as a field and us as clinicians, from being able to reach those marginalized groups and be able to practice in a culturally competent way? Have there been any sort of drivers? Or like, is there any sort of thoughts or ideas that you have in order to try to increase the idea of like this language barrier, or try to help break down the language barrier, as you mentioned, is like, because that we definitely see that within our clinic, too, and I'm sure a ton of training clinics have similar issues.

Dr. Flores 16:14

Yeah, I mean, it's a it's a really tough, it's a tough sell for graduate students, particularly graduate students from from minority backgrounds to come to a place where there aren't very many people like them, right. As my my spouse, who's also in the program says, it's a pipeline problem problem. So it's really, you know, how can we get the faculty into the department,

because the faculty are the ones who then recruit the students. And then the student will have the support of that faculty member to be able to start doing some of this work. It's just really difficult, difficult. I mean, I don't I don't know if you know, the statistics. But for example, the number of Latino psychologists is, like PhD psychologist is less than 1%. It's a difficult thing. So I think it's a tough problem, we clearly are grappling with it, I think one of the one of the ideas that we've tried to, we've considered in that we're looking into more is trying to do some more homegrown development, right? So trying to get students in high school, who are maybe from some of these disadvantages to groups, marginalized groups to go to college, and then once they're in college, trying to get them to consider going to graduate school. But those are, you know, those are decades long kinds of initiatives, there's, there's not a really good answer to doing that. One little thing that I'm going to try to do in our clinic in particular, we can't provide services, but we might be able to provide information. And so we're going to have a Spanish speaking undergraduate who's going to work in our clinic, and I got a little bit of money to be able to pay this person to maybe start a some kind of social media page and link Spanish language resources on there. So they may not be able to come to our clinic for services, but maybe we can provide them with information on coping or information on stress that they may not otherwise be able to get elsewhere.

Kristin Fields 18:21

Yeah, I feel like that's a big part of what we've talked about with cultural humility is the idea that, like us recognizing where what we can't do, and like recognizing that maybe I can't, you know, give you the services that you need. But then that doesn't mean I'm just going to stop there and like, just not provide anything at all, trying to brainstorm, figure out different ways that I can still help in whatever way that is feasible for my training or for my experience.

Dr. Flores 18:52

Yeah, and that's a really critical one. I'm glad you brought that up. Because I've been hearing some interesting conversations among students. And sometimes I get what it sounded like to me is that, yeah, because a student feels like they can't be 100% helpful to this person, that to try to be 30% helpful, might actually be harmful, like, like you're saying, it's kind of all or none. And I really want to, I really want to convince students that that that's not I think, the best tack to take because I think many people have this ideal that you're going to be best served by someone who looks talks, and comes from a similar like you and comes from a similar background, or that as a therapist, you're going to be most helpful to someone who looks and talks and is from a similar background as you. And I, I think if we if we abide by that kind of rule of thumb, marginalized people will always lose out because they're just fewer of them, right? So rather than I really want to break that idea that we can only be competent with some people. And really, I think the onus is on students and faculty who are training the students to work towards increasing competence to do what you can for these individuals. Don't shy away and don't avoid, but actually go towards it. That I'm sure there are other individuals who can be who might be members of the community and who can be more helpful. But in this in an area like this, I still think I can be of help. And I think the same can be said for graduate students who are working in these areas where they might not necessarily be members of the of the local community.

Kristin Fields 20:45

I think that's super helpful for particularly graduate students, and just any sort of clinician or supervisor in whatever role they may be in. So thank you so much for sharing your thoughts

with us. We I've really enjoyed getting to hear how you're trying to implement more cultural humility, and anti racist practices within your own clinic, and then giving some advice for other clinic directors at other universities.

Harley Layman 21:22

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