

## **Serving the Underserved: Preparing Psychologists for Effective Practice in the Public Sector**

Plenary 4: Speaker 1

### **Psychology Education for the Future: Some Imperatives--Diversity: Front and Center**

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Is it cold enough for you? This is not what I bargained for in moving to California from the northeast.

I am really delighted that we are starting ten minutes late because that means that our stress level is not going to be that terrible. Actually in Spanish the clock walks, camina, it doesn't run and in Chinese it's the same thing. So I think that there is an advantage in being able to start just a few minutes late.

My talk today is in terms of diversity front and center.

It is very difficult to map out the whole field of diversity psychology in half an hour. So what I'm going to give you is basically a bird's eye view of different points that I consider to be important in discussing diversity.

First of all I would like to tell you a story and this is something that is very cultural. My students always say that I always start something with a narrative so at one point I was asked by a colleague of mine in one of the hospitals that I used to work in New York, to host a big party for him, a farewell party that he was throwing to us, to his colleagues. He was rich, he was a psychiatrist. So we had a dinner cruise on the Hudson and he asked me to be his hostess for the cruise. So I dressed up with my fineries, a robe from Morocco and jewelry from different countries in the world and a shawl from Spain and at the time when we passed by the Statue of Liberty a friend of mine, another colleague, and I went to see the Statue passing by.

There were a bunch of Japanese businessmen that were also doing a cruise on board and they started asking me to have pictures snapped with them. So I obliged and we had some pictures taken. Then my friend, who prided herself on having ancestors coming from the Mayflower, was really flabbergasted about the fact that I was getting all the attention of these nice gentlemen. And then she asked the guy why is it that they only asking me to have pictures taken and not her. The Japanese translator said to her, well it's that they want to have a picture with a real American. So my friend mumbled something under her breath, she's a Cuban, she's not an American, I am the American here and that's ignorance. And that was the end of that situation.

But later on I spoke to the man and he said to me, well what they wanted was to have a symbol of what the Statue of Liberty is supposed to be for. It was that I was wearing things from all over the world and they couldn't necessarily know my ancestry, but I represented to these men what

America is supposed to look like, coming from different parts of the world. So the concepts of diversity are certainly very fluid and they are in many ways involving symbolism. So, I'm sure that I would not have been stopped by these men in any other part of New York City, but in front of the Statue of Liberty, because of this situation, this specific situation, we were. So with this caveat I just want to put diversity in perspective.

Diversity is as wide as the people that are involved in a diversity type of a change. Diversity is **us** instead of **them**. As therapists, many times we make the mistake of thinking of diversity when it comes to the client only. So "I'm having a diverse client", no, you are having a diverse interaction, you're having a diverse interaction that is counting you as part of the diversity. It's not only the client that counts when it comes to diversity. You are bringing your own baggage, your own history, into the exchange that is taking place with a client, so it is important for us to factor ourselves in, in the diversity exchange. Otherwise we are missing half of the picture.

The nuts and bolts of this approach is the need for an ongoing appraisal of our own life baggage and assets. It is very important that we get to study ourselves, we go to introspect in ourselves, to find ways in which we react to others based on our own history. And at my school, I teach at JFK, the first year of the program is really dedicated to that process of introspection, that process of learning about ourselves. Learning about the history of our privileges, learning about our history of oppressions and learning about the power that we have had in the world that has been taken away from us. So that is such an important year for our program that the students on many occasions have told me that that has been the most relevant life changing part of their training.

So, regardless of how different the different schools and different academic programs deal with this, it is very important that we have that factor of self learning to be able to do a good job with a client. The JFK PsyD model is to have what is called an ethnographic practicum and the students are not supposed to do clinical work during their first year in the Program. They are supposed to be in sites where they do not have a professional status, where they are in some ways lost. In sites that are not necessarily their favorite place for them to be. So they have to win acceptance by the community, and they have to win their acceptance by developing a role for themselves. And most of them do that by the end of the year. We support them in the process so that it is a successful process. But it is this ethnographic experience that differentiates our program from other programs in the United States, well not all the programs. In Chicago, the Adler Institute has something similar to this.

So again, it is important for us to think of diversity as part of ourselves, and not as something that only relates to the client. It is also important to be aware of the fallacy that the mental health professional is capable of processing clients' input objectively. That doesn't happen; everything goes through our perception, through our view of the world and unless we are aware of that we are exposing ourselves to very dangerous counter-transference type of reactions that are going unchecked. So counter transference is not necessarily bad as long as we can identify it and therefore we can work with a counter transference.

(Power point slide)

I am just going to give you something that I consider to be not necessarily complete but something that I think is a good framework to work with--it is Pamela Hayes multiracial approach in addressing the framework of diversity. When we think of diversity many times we think of race or we are thinking of ethnic group only. Diversity encompasses a lot more than race and ethnicity. It encompasses age and generational influences, developmental disabilities, acquired disabilities, religion and spiritual orientation, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, national origin and gender. And if you notice, all of that goes by the acronym of "addressing". So in the effort to make an acronym out of it she certainly didn't put something that is very important, that is race. So if you notice this is not part of it. But in talking to her at one point, she happened to mention the fact that race in many ways is, to a point, is social construct. So depending on where you are, you may or may not be racially identified.

I have a friend from New York, a Psychologist, she comes from the Dominican Republic, and she used to tell me that when she was living in the Dominican Republic she was white, she was beautiful and she was intelligent. When she came to high school in the United States she had the trauma, and the many challenges day by day, of being regarded as black, as being ugly, and as not being intelligent enough because she didn't speak English at that time. When she talks about it at this point, that's the way my society was when I first came to the United States for high school. But it is true that the emphasis in the United States for the color of the skin as determining a lot of things in a person's life that are very important in terms of being able to get the education and the experiences that a person can have, is something that is not true in other countries of the world.

I am going to jump now and I might sound a little discombobulated on this, but I'm trying to cover a lot of ground in a short time.

(Power Point slide).

I would like to touch on some therapy's personal factors that are important in addressing diversity. In the first place, **flexibility**. It is extremely important for the therapist to be flexible when it comes to diversity type of concerns. On many occasions and because I practiced, now I am doing academic work for a number of years only, but I had many years of practice in New York state before. I remember many occasions in which I would, with the consent of the client, call the santero or the babalao. These are faith healers, these are like (traditional healers in the Latino community), and I would discuss with the healer about turf. Because I knew that the client was going to a healer and I believed that it was very important for us to have a very good understanding of the turf of each one, and "I will not get into your turf and you don't get into my turf and this way we can both help the client". I can't imagine what evidence-based practice concerns will say about that, but that is something that is extremely important.

It is also very important for a psychologist to be flexible in terms of theoretical approach. It's so important to have that theoretical approach be client oriented. I remember a situation in which I was treating a Jewish middle class, middle aged lady and she thought that psychoanalysis was the only thing that could help her. And, trust me, I was Freud with her. I was treating her with a psychoanalytic approach which I happened to know very well but not necessarily abide by that

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... of being regarded, day by day, as...

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...as being ugly, according to the perceptions of the majority and....

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She has seen changes in perception after the Civil Rights Movement, but there is much more work to be done.

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The stereotypes based on identities determine...

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...that would allow a person to realize his/her full potential.

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I am doing mostly academic work now, but I encountered many occasions in my many years of experience as a therapist when I found myself "pushing the envelope" of common practice in working with the underserved.

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forever. And then at the end of the therapy, which was very successful, she was moving to another city and she asked me for all my last names. [In psychoanalysis that just triggers the question, Why?. Well, I decided that at that point it was so important to her to know my last names that I decided to give her all my last names and, trust me, Latinos have a lot of last names. So I gave her my last names and the following week she comes back and she says to me, I got it, you are Jewish!. And I was like, no, I am not, but I didn't say anything and what I said to her was, why is it so important?. At that point I said the why, why is it so important for me to be Jewish? and she said, "because, then, I can take you with me". And I wasn't going to change that cognition on her part. That was not the important thing. The important thing was that she was doing so much better. So, I was more interested at that point in symptom resolution than I was interested in introspection and getting to dwell in your psych. So you need to know how to move yourself in ways that will be satisfactory and will be good for the clients instead of your ideas and your vision of what psychotherapy is supposed to accomplish.

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Comment [HM17]: and providing her with resources that would be of future value to her

**Another therapist must is to have multicultural awareness.** We have to be aware of other cultures and other identities that we have to deal with. **Multicultural knowledge, multicultural skills and appreciation and curiosity for diversity.** It is so important that we not only have the skills the awareness and the knowledge but that we are motivated, that we are fascinated by the issue of diversity, the richness of diversity. Motivation to lifelong learning and understanding that we will never arrive in regard to diversity issues. So we will never stop learning about diversity issues because they are as rich as humanity.

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**Now, just a little schpiel to MHSA in terms of the MHSA role in affecting diversity-based California Mental Health System. Maintain financial and other incentives for diverse graduate students to serve the underserved.** If we don't have the next generation well prepared in diversity we are in big trouble. Because people like me have a number of years left and it is important for diverse students to be able to participate in the work of mental health. There is a need for inclusion of communities of color in mental health initiatives.

**Including the recipients of mental health initiatives in the decision-making as stakeholders** is something that is lacking many times and you have boards and commissions, and you have ad hoc committees and all kinds of organizations, trying to fix populations, instead of working with them to find relevant avenues for healing. Well, unless you include representatives of populations that are supposed to be influenced by whatever you are trying to decide to do, you are not going to get the results that you are looking for. It is going to be something imposed on people instead of something that is part of the culture of the person.

**Weaving of diversity concerns into every MH initiative.** As a matter of fact I am really delighted that I am repeating some of the talk that went on yesterday. Unless we have that kind of discourse, unless we have that kind of weaving of diversity concepts, seeing everything that we discussed, diversity cannot be a separate course. Diversity **has to be something that's in every one of the courses.**

**Support of existing diverse professionals in the field.** Just last night we were having the discussion about the fact that many times it doesn't really pay off for a professional who is bilingual, for example, to be working in a bilingual capacity in the field. That professional is

going to be overtaxed and overworked in terms of the number of clients and responsibilities that are extraneous to whatever the professional is supposed to be doing, just because of the language skills. If we utilize professional's language skills they need to be acknowledged, they need to be acknowledged financially, they need to be acknowledged in different ways.

(Power Point Slide)

I would like to mention some assessments that I have found useful in my work in public mental health. I included this slide because I think that these are very simple strategies that could really go a long way in terms of our getting an understanding of the client.

**Genograms and timelines.** I guess everybody in the audience knows what this is all about, so, family genograms, community genograms are very useful.

**Timelines.** It is important for us to think of the person in terms of the person's identities and the person life story. It's not the same thing or it will not be the same thing ten years from now to talk to a Japanese person or somebody of Japanese descent if the person has been close to the Fukujima plant than if the person had been in the United States. But still there could be an impact of these events in that person, so the timeline will give us a much better understanding of the history of that person that many traditional questions and answers types of assessments.

**Spheres of supportive context in the client's past.** It is important for us to identify or differentiate between what the support systems were in the past in reference to what the support systems are in the present. And there is nothing easier than asking a client to draw circles in terms of the contextual support that they were experiencing before or after. It could explain many times the loneliness, helplessness that we might see in some clients, it helps.

**Draw a map of your universe.** This is something that I have done many times with clients, asking the client to draw a map of the universe. If a client draws a map that is only two blocks big, the universe of the client is not the same universe, it's not the same kind of approach, that a client that draws a map with them in one side and Mexico on the other side, for example. You can get more of a feeling of the connection, so get the right hemisphere to work.

**Do drawings,** this is something that doesn't have to be based only on verbal type of interactions.

(Power Point Slide)

**Balancing acts in therapeutic encounters with diverse clients. Potentially effective encounters require therapist' respect for client's knowledge of him or herself and his or her context.** But if we take it too far, if we go into getting the client to be our cultural broker, then we are using the client, we are not learning from the client in the benefit of the client, we are using the client for our own benefit.

**Use of therapist's identities as bridges with similar identities in clients.** Yes, sometimes it helps and sometimes it is detrimental, because you can be regarded as the traitor and all kinds of other things, but sometimes it helps for us to be a Latino talking to another Latino or a woman

talking to another woman or whatever other identity. But this could lead to identification or rejection of a countertransference nature so we have to be careful with it.

**Explore and highlight client's strength and contextual resources, or the Pollyanna effect.**

So we can benefit a great deal in our therapy by exploring and highlighting client's strength and contextual resources but at the same time, for heavens sake, we need to recognize the fact that the client might be having a hard life and not make good of everything. So, it is important not to overdo it.

**Evidence based treatment.** Well, you have the definition of evidence based treatment already. I'm going to skip it due to time constraints. **Some benefits in the implementation of evidence based treatment in public mental health.** It is based on the scientific approach, allows for standardized outcome measures of treatment effectiveness across populations, facilitates cross-cultural interventions based on an understanding of psychiatric disorders, reduces the possibility of potentially harmful interventions by unqualified therapists and increases the credibility of the professional interventions vis a vis society especially in our present society position about evidence base. **Some pitfalls in the implementations of evidence based practice treatment in public mental health and with diversity in general.** Frequent goals of existing research are to conduct it with homogenous populations in an effort to reduce variability in research design. We need to exercise critical thinking in reading and incorporating research in our practice. When we read the research talking about Asians, who are Asians? They are a conglomerate of so many different nationalities, so many different ethnicities, so many different identities that it makes the research in many ways meaningless when it comes to evidence based research applicability to my specific client, in the specific client circumstances. So when we read research we have to be mindful of the participant population and assess the applicability of research to our particular client circumstances.

I mean, you talk about a Cuban and a Puerto Rican or a Cuban and an Argentinean, you are talking about two different groups of people--even if we both speak Spanish. Research studies frequently tend to conflate groups with some similarities together and negate the richness of possible actual combinations inherent to placing diversity front and center. There is significant parsimony in evidence based practice research with underserved groups. So, even if we are trying to use evidence based practice research we cannot find that much there that is good enough to benefit the particular client that we are dealing with.

**Strict adherence to evidence based practices reduces incentives for creativity in implementing treatment interventions.** I am not going to belabor it anymore, but just remember the discussion about turf with the traditional healers... **The emphasis on Western diagnostic categories could ignore the client's assumptive world.** So the emphasis is on diagnostic categories and not on the client as a human being, as a person.

Years ago, in working in a community mental health center in Newark, New Jersey, I was working with children. The director of the adult program was a psychiatrist that did a lot of hypnosis and so he had this client from Haiti that was complaining about these terrible stomach aches and they couldn't find anything medically for the problem. At one point, I was called in an emergency by adult program on the other side of the building, because the client was trashing the

psychiatrist's office. When I got there, the client was throwing books and all kinds of things at the psychiatrist who was behind the desk fending off the attack. I was called because I was supposed to be the cultural broker, never mind that he was Haitian and I was from Cuba... I didn't know too much about it, but I intervened, eventually calmed the client down and took him to my office with his wife. They explained that the client had these fits because he had a hex from a voodoo doctor in Haiti. They were feeling great shame for the destruction and offered to pay for the damages. To make the story short, we explored temporal lobe epilepsy and other possible scientific explanations for his "fits". Eventually, in the absence of any positive findings, we contacted a babalao (not a Haitian voodoo doctor but a babalao from the Bronx), referred the patient to him, and the client's symptoms abated. In the process, the client and his wife continued participating in therapy at the center, with positive outcome. So, it is very important for us to be flexible in terms of being respectful of traditional healing depending on the kind of presenting problem that we're talking about. And I leave you with this story...

GARCIA-SHELTON

Well that certainly brings us right to the center of diversity issues as important, indeed critical to what we do.