

169. Microaggressions, Mental Health Disparity, and Racial Trauma with Dr. Monnica Williams

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Monnica Williams: When white people tend to think about racism, they think of it as intentional acts of harm against people of color. And so and so if somebody says, Hey, you know what you just said or did, there was like a little bit racist.

They get very offended because they think that that means they're a reprehensible hateful person. But the fact of the matter is. People are committing microaggressions all the time. They're committing acts of racism all the time and they often don't know it. So, so yeah, so good people can and do commit acts of racism.

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Yael Schonbrun: From coast to [00:01:00] coast. I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist and assistant professor at Brown University.

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Debbie Sorensen: This is Debbie. We have for you today. An episode I recorded with Dr. Monnica Williams, who is a psychologist who studies mental health disparities, and race. She has a book out on microaggressions, and she is an expert on trauma just in general, but also as it relates to race and racial trauma.

one of the things I talked to Monnica about off the air was how she too has done some things in the past that she considers microaggressions.

And I You know, Jill, it was actually to me really reassuring to hear her say that, that she's a real expert, she's a woman of color and she too has done things that are considered microaggressions because I have too.

Jill Stoddard: Yeah, of course. I think it's so validating and it also really sends the point home that [00:03:00] none of us is immune to this that you can't say, you know? Oh no, I'm not a racist. I would never do that. That, you know, we all are guilty of committing microaggressions.

Debbie Sorensen: Yeah. I mean, I think often that they're a matter of. Maybe being oblivious about something or something just kind of slips out without thinking about it. , but the fact that you're having that impact on someone is a problem.

Jill Stoddard: I know the term micro aggression can be controversial because that word micro sounds like it's minimizing the importance of what's happened. Like, Oh, it's just a small act of racism. So it doesn't count when, of course that isn't true. And in fact, I think the word micro in some ways is helpful because it really speaks to the covert nature of these kinds of acts.

Debbie Sorensen: Yeah, that's right. They are, they tend to be insidious and covert and. they can still be a big problem and have a big impact. and I think that. One thing that can happen then is that people can minimize [00:04:00] it or deny it just like you said, where they say, Oh, well that wasn't a big deal. I didn't mean it that way.

Jill Stoddard: I agree. And, and really, you know, as she recommends, starting with that self-assessment and. Being willing to be uncomfortable. I think, you know, we've done quite a

number of episodes around different elements of these issues recently. And the one thing they all have in common is that we all have to be willing to do the work.

And that means feeling uncomfortable. That means potentially making mistakes. That means admitting that you are someone who engages in microaggressions and doesn't realize it. Um, you know, that that really is the first step before we can move the needle for positive change.

Debbie Sorensen: Well, we really appreciate this interview with Dr. Monnica Williams. We hope you enjoy.

Dr. Monnica Williams is a board certified, licensed clinical psychologist who specializes in cognitive behavioral therapies. She's an associate professor in the school of [00:05:00] psychology at the University of Ottawa,

Debbie Sorensen: Canada research chair in mental health disparities, and director of the Laboratory for Culture and Mental Health Disparities.

She's also the clinical director of the behavioral wellness clinic in Toland, Connecticut. Dr. Williams completed her undergraduate studies at MIT and UCLA. She received her doctoral degree in clinical psychology from the University of Virginia. She was an assistant professor at the University of

Pennsylvania School of Medicine in the Department of Psychiatry for four years, where she worked with Dr. Edna Foa. Who's a world renowned expert on OCD and PTSD. She was also a director of the Center for Mental Health Disparities at the University of Louisville. Dr. Williams has published over 100 peer review articles, book, chapters, and scientific reports with a focus on anxiety related conditions and cultural considerations.

She was named one of the top 25 thought leaders in PTSD by PTSD journal. And she frequently contributes. To the [00:06:00] public scientific discourse as a media expert, she's been featured on PBS NPR, the New York times. And she has a blog on psychology today called culturally speaking, which is fantastic. Check it out.

She is coauthor we're along with Daniel Rosen and Johnathan Kanter of the book Eliminating Race-based Mental Health Disparities: Promoting Equity and Culturally Responsive Care Across Settings. Her newest book, which we're going to talk all about today is called Managing Microaggressions: Addressing Everyday Racism in Therapeutic Spaces.

Dr. Williams. I'm so happy to have you here today to talk to me about microaggressions, racial trauma and mental health disparity. Welcome to the podcast.

Thank

Monnica Williams: you. It's wonderful to be here.

Debbie Sorensen: We're happy to have you. I know you're busy and that, um, you know, this is really important. I think timing, there's a lot of talk right now about these topics.

And so I'm very grateful that you're here. I imagine you've, you've been making a number [00:07:00] of appearances recently.

Monnica Williams: I have, it's been, it's been like a very crazy, crazy busy time right now, everything that just sort of exploded after George Floyd has really brought a lot of these issues to the forefront. So every, every, all of my professional organizations and, um, you know, all the people that I work with and my therapists, my clients.

Strangers off the street, they all like have questions for me and want me to help in some way, which of course I want to do, but you know, I feel pulled in a lot of directions

Debbie Sorensen: right now.

Imagine. Yeah. I mean, you've been doing this work for a long time and I mean, the good news is so all of a sudden, you know, you have a big megaphone.

Monnica Williams: Yeah. There's a lot of interest right now. I mean, in a way that I've never seen before. I mean, usually when there's, you know, something in the media or, you know, some police violence or something, I'll get, you know, a few calls to do interviews and then it dies down again. Uh, [00:08:00] but, uh, the definitely seems to be some momentum going right now.

Debbie Sorensen: Yeah. Yeah. Which is great. And I think today we're going to talk soon. Generally about, you know, microaggressions and racism. And we're also gonna talk quite a bit about how this shows up in our field of mental health. I want to start your new book is on microaggressions and I wanted to just start with a basic.

Kind of understanding of what that means just for listeners who may not be familiar with that. What are microaggressions?

Monnica Williams: Um, microaggressions are small acts of racism. I mean, to put it bluntly, basically people behave in racist ways that they're not always aware of or conscious of, but the person on the receiving end, um, usually does feel the impact of that in some way.

And people who. Who experienced microaggressions often spend a lot of time and energy trying to figure out like what the other person meant by that, their behavior, or like, did they mean to be racist? Do [00:09:00] they treat everyone that way? So it can cause people's, we'll suspend, um, trying to, to figure it out and make sense of it.

But. Often the person who commits a microaggression is completely unaware that they've done anything. And this can be a real problem. For example, in, in therapy sessions where a therapist might be committing microaggressions against clients and have no idea.

Debbie Sorensen: Yeah. And they're, I think, you know, they're there.

Insidious and these kinds of small exchanges I get, I get what you're saying, that the, the emotional energy it takes to kind of think of through and wait, what does that mean? That, that takes up kind of time and effort for people who receive them.

Monnica Williams: Yeah, absolutely. It takes up a lot of time and energy and, um, And usually when people of color bring up, they've been micro aggressed against usually if it's to the perpetrator, other person quickly denies it.

And so then that person's left, left feeling like [00:10:00] gas lit, like, okay, I know something happened. And now this person saying it didn't happen and that I misconstrued it or that I didn't know what I was talking about. So that at that point, the person has like two choices to make sense out of what happened either.

The other person did do an active racism and they're not going to admit it or they didn't. And it was just the victim's fault. So as therapists, we never want to be blaming the victim for things that happened to them. We know we know how that goes, but unfortunately that's the experience of so many people of color.

Debbie Sorensen: Yeah. And it, I, it sounds like it ends up. Feeling very confusing, confusing you. I'm your book really focuses on racial microaggressions and that's what we're going to talk about today. Are there other kinds of microaggressions that can happen?

Monnica Williams: So many kinds of microaggressions? So anybody who has a stigmatized identity can experience a microaggression in line with that identity.

So, um, So there are LGBTQ microaggressions. Um, [00:11:00] there are abelist microaggressions as a microaggressions that may be, um, committed against people with disabilities. Um, and gender microaggressions are very common as well.

Debbie Sorensen: Yeah. I can think of a few of those I've received.

Monnica Williams: Oh yeah. Yeah.

Debbie Sorensen: Um, what are some of the.

The categories, um, in your book, you list several, could you just give a few examples of the, the categories of microaggressions that you've seen?

Monnica Williams: Yeah, absolutely. So, you know, so there's microaggressions where a person's okay. Their, their racial reality is denied. So we might think of these as more like.

Colorblind microaggressions where people were, where maybe someone of color is trying to talk about an important racial issue. And they're silenced by another person that says, Oh, there's only one race, the human race. And I don't see color. And you know, that's not important. Uh, so, so those that's one type of microaggression

Debbie Sorensen: would all, [00:12:00] if someone says all lives matter, do you think that's a form of that?

Monnica Williams: Oh, absolutely. That's yeah. Okay. Yeah, that sounds silly saying, you know, I'm, I'm trying to make a point that black lives matter and you're totally negating that by saying all lives matter. So, um, so yeah, that's, that's definitely a microaggression. I mean, and in fact, I don't even call that a microaggression.

I just call it racism because most people who say that they know, you know, at this point that that's not okay. Yeah, they say it anyway. So I'm not even, I'm not even going to put that in the microaggression category.

Debbie Sorensen: Okay. So that's just a straight up aggression. Yes.

Monnica Williams: Straight up racist aggression.

Yeah, absolutely.

Debbie Sorensen: Okay. Some other categories:

Monnica Williams: yeah. Well, one category that people often don't think about is what we might call it, environmental microaggression. And so these are microaggressions that are just sort of somebody already put something in place that's micro aggressive and. We're all just, I'm seeing it and experiencing it without anyone having to do anything.

So for example, like a [00:13:00] Confederate monument or, you know, a high school, um, massive Scott that, um, you know, that has a, a disrespectful depiction of a native American, these would be environmental microaggressions, or even if I I'm walking into the medical school and there's a huge hall, a framed pictures of all the presidents of the medical school, they're all white men.

Right. That's a microaggression too, because that's telling people of color and women that you know, that these leadership positions are not for you.

Debbie Sorensen: There was one of the, I, I got my PhD. Yeah, Harvard. And there was, I don't know if it's still there. I haven't been there in so many years, but there was a conference room that had all the tenured, retired professors.

And at the very end, there were one or two women, but it was all white men otherwise.

Monnica Williams: Oh, exactly. And how did that make you feel? Seeing that?

Debbie Sorensen: I mean, it was, yeah, like it just, it definitely made me feel like there was this club that I, you know, it made me feel there's this club that I wasn't a part of, kind of like an outsider and I mean, it was striking.

Monnica Williams: Yeah. And I bet you, [00:14:00] most of the guys didn't even notice.

Debbie Sorensen: Yeah, could be,

Monnica Williams: yeah. That you're, most men didn't even notice. And that's the thing about the microaggressions when you're on the receiving end boy, you notice, but yeah.

Yeah.

Debbie Sorensen: As a person of color you've experienced, I'm sure many of them, and I'm, I'm imagining that your personal experiences may be behind your passion for this work.

Monnica Williams: Um, yes, I, yeah, I received microaggressions pretty regularly. I don't know. You know, that it's so much worse than, than other people of color. Um, I mean, we, we all experienced them. Um, but it, it is part of what motivates me. I need to study it honestly, though. I think the main, the main reason that I'm interested in studying it is because it becomes a barrier to care.

And so I'm a big thrust of the work that I do is making treatment accessible to everyone. And when people of color. Go to get help. And if they experience a microaggression, like the first time that they're in the clinic, [00:15:00] they're not going to want to come back and maybe they have something that is very treatable.

Maybe we have like a very good, short term CBT approach that could really like eliminate their suffering, but then they just never get it for the rest of their lives because they felt discriminated against when, when they tried to get help.

Debbie Sorensen: Yeah.

Yeah. And I want to talk a bit more about that in the interview, cause I think that's really important as how.

How that shows up in mental health. Um, I'm wondering before we get into that, if you could give us, do you have an example or two of microaggressions that you personally have experienced that you're willing to share with us? I think it makes it more personal. If we kind of hear a real life example.

Monnica Williams: Oh, yeah, so many it's like this it's so many, it's even like, hard to think of one, but, um, but I mean, I remember an example where I was invited to give a talk, um, as part of a, um, a training for other therapists.

And I, um, you know, I was all dressed up for my talk, had my [00:16:00] briefcase. I was in the elevator going up to the top floor for the talk. There was another man on the elevator who was. Similarly dressed. Uh, and, and there was one of the conference organizers in the elevator and she turned to the white man and said, Oh, you must be one of the conference speakers.

Um, and then proceeded to have a. Very like engaging conversation with him about how happy she was. He was there and what he was going to present. And I was just standing there like, okay. So I think I was a conference presenter, you know?

Debbie Sorensen: Yeah. You were just ignored in that conversation. Yeah.

Monnica Williams: Completely ignored.

And then starting to feel more and more awkward as I realized that once we get to the top and there's the, check-in this person's going to realize. Then I'm a presenter too. And she's going to realize that she totally does to me. And that's going to be awkward too.

Debbie Sorensen: Did you say anything?

Monnica Williams: No, I didn't say anything.

You know, what am I going to say at that point? Like, Hey, you forgot me. Right?

Debbie Sorensen: So awkward. Yeah.

[00:17:00] **Monnica Williams:** Yeah. Very awkward.

Debbie Sorensen: And I imagine that did not feel good to you.

Monnica Williams: No, it didn't feel good. Cause it made me feel like, okay. People like me, aren't seen as competent. Professional people that educate others.

Debbie Sorensen: Yeah.

And I think that was kind of, that was another category that shows up often.

It's just making assumptions about people's roles and, you know, assuming certain things about their economic status or their professional.

Monnica Williams: Yeah.

Exactly. I mean, I, I mean, I noticed that when I go out, I feel like I have to look a certain way because if I just go out with scruffy hair and sweat pants, people kind of look at me like, um, like they think I'm a criminal, like.

You know, I don't know. Um, I just don't, I just don't get treated with respect at all. And so, so even just like the burden of getting ready to leave the house, I have to think about, um, how people may perceive me just on [00:18:00] the basis of my race.

Yeah.

Debbie Sorensen: That illustrates to me as a white woman, I think privileged.

Cause I, you know, go outside in my sweat pants and be, you know, ponytail and don't think twice about it and that's yeah. That's a difference.

Monnica Williams: Yeah, for sure. I mean, even, you know, places I've lived, I haven't felt comfortable. You know, jogging in my neighborhood because I'm worried that someone's going to think I don't belong.

And next thing I know the police or neighborhood watch will be pulling up behind me. Li

ke, Oh, are

you lost? Yeah.

Debbie Sorensen: Which has never happened to me for the record, you know? I mean, yeah, that's really,

Monnica Williams: yeah.

Debbie Sorensen: That's powerful to hear about that. Um, thank you for sharing those. Those examples. Um, so something that in your, in your book I thought was really interesting is just what's behind the microaggressions, because I think as you said earlier, sometimes they get overlooked and people think, Oh, I just, you know, it was a full [00:19:00] pot, it was just a minor mistake.

It was no big deal. And, and he used to say, you know, quote, good people. I say quote, because I don't really think people are all good or all bad, but you know, people who are, they're not like. Maybe they even care about racism there maybe well-meaning and a lot of ways or whatever that they can certainly be capable of committing microaggressions.

I mean, I'm sure I have everyone has can, um, but that there are really deeper roots to microaggression. So can you talk a little bit about intention and, you know, are microaggressions always offensive or can they sometimes just be. Like no big deal.

Monnica Williams: Y

eah. I mean,

that's a good question. Um, and certainly people of color and other people who experienced microaggressions, we tend to experience them so much.

You kind of learn to shrug them off, but that doesn't mean they're benign. And, um, and it doesn't give a pass to people who are doing them because they can, you know, affect people. Um, They can cause anxiety, [00:20:00] depression, sleep problems, um, and low self esteem. So they should not be dismissed even though people who experienced them might often say, Oh, it's no big deal.

It is a big deal. And, and it is really racism and intention doesn't matter. Um, and, and this is, I think a part of the problem is that. When white people tend to think about racism, they think of it as intentional acts of harm against people of color. And so and so if somebody says, Hey, you know what you just said or did, there was like a little bit racist.

They get very offended because they think that that means they're a reprehensible hateful person. But the fact of the matter is. People are committing microaggressions all the time. They're committing acts of racism all the time and they often don't know it. So, so yeah, so good people can and do commit acts of racism.

And so it's important to get past intention because if you perseverated on intention, you actually never [00:21:00] get to the harm that was done. And you can't repair the harm. If you get defensive and say, Oh, I didn't mean it.

Debbie Sorensen: Yeah. And I think it just shuts down the conversation. Like people want to think, Oh, I'm, you know, we like to categorize ourselves or something like, Oh, I'm not one of those people who's racist.

But when you, when you think of it that way, like this all or nothing thing, you know, either you're doing these like blatant, like overt racist or nothing, it's like, there's no room for growth there to take out. I'll look at what's happening.

Monnica Williams: Yeah, absolutely. I mean, we, you know, we all make mistakes and we all need to learn how to move through those mistakes in a functional way.

Debbie Sorensen: What are your thoughts about, um, so let's just say that you're. Confronted with a microaggression, like someone has the courage to just say, Hey, you know, you said this, and when you said that, I felt this way, [00:22:00] and that was a microaggression. Like, what would you, what would your recommendation be for a better way to respond to something like

Monnica Williams: that?

Yeah. I, I think that, you know, we actually have, I already have the skillset to respond properly, but you know, the defense is kicking in so fast. We forget to use what we already know. So it's like really basic you just say, Oh wow, I'm really sorry. Had no idea that. That landed on you that way. Can you please?

I mean, and if you don't understand why as a microaggression say, can you please explain to me why that was racist? It would really help me. I'd really like to know. I don't want to, I don't want to treat you or anybody that way. And, um, you know, and then just say, Oh, thank you. I'm seeing it. And then move on.

You don't want to. The other thing, the other problem people do sometimes is sometimes they just like keep apologizing forever. And that's no good either because. Then that is making the person who experienced the microaggressions, the emotional caretaker of the person who committed it. And that's not a great place to be in either.

[00:23:00] So you just want to kind of deal with it just the way you would deal with any other small thing that you did that wasn't very cool. Like if somebody said, Hey, you know, you, you left your backpack in the hall and I tripped over it. It would be the same thing, like, Oh, geez. I'm sorry. I'm hope do that again.

I didn't even realize it was there, right?

Debbie Sorensen: Yeah. You wouldn't keep bringing it up a million times or yeah. But the acknowledgement, like I made a mistake. Let me learn something from that. Thank you.

Monnica Williams: Yeah, exactly. Exactly. Um, but the, but the most common response is, Oh, I didn't mean it that way at all. Um, or that's not what I meant, or even like, how could you, how could you say that about me?

You know, these, these defenses yeah.

Debbie Sorensen: This desire to like, explain it and kind of clear your. Your name or something, but that doesn't really get you anywhere.

Monnica Williams: Nope. That, that doesn't solve the problem. That just probably confirms to the person who experienced the microaggression, that you, you know, that you really are [00:24:00] prejudiced, um, and that they can't have a safe conversation with you about these kinds of things.

Debbie Sorensen: Yeah. And I think that's so invalidating and gets back to that idea of people feeling. Gasoline by it like, Oh no. Oh, that's, this is in your head. And I think that's a good segue because I wanted to talk about, you know, I think. White people, including mental health condition, clinicians often sort of underestimate the psychological toll that racism, even these, you know, microaggressions kind of these, um, day to day interactions take on people of color over time.

Um, you, you talked a little bit about this, but can you say a bit more about how these impact people psychologically?

Monnica Williams: Right. So. You know, so a lot of people, particularly, for example, African-Americans, they're often raised in homes where their parents teach them about the realities of racism from an early age to prepare and [00:25:00] protect them from what they may experience.

Um, but not, not all families do this, so, and not all kids listen. So, you know, so when young people kind of get out into the world and they. And they start experiencing microaggressions either. They'll recognize them for what they are like. Ah, that's right. That's one of those racist things about me or they, I don't know what to make of it.

And they internalize it and they're like, Oh gee, you know, I find myself like, I'm always wrong. I'm always left out of things. People are always looking down on me. There must be something wrong with me. And, um, And then that inf that affects a person's self esteem. Um, they may try to compensate in a lot of ways.

They may use harmful ways of coping like substances or, um, you know, or risky behaviors. Uh, they, they may engage in, in any number of unhelpful ways [00:26:00] to deal with. Their misinterpretation of all the microaggressions they're experiencing. And, um, and that that's very problematic for people. They may end up with what we call internalized racism, where they start to believe these negative things about their, um, ethnic racial group.

And may. Even want to distance themselves from that group. They may hate the skin that they're in. Try to look different and act differently so that they can feel like they're an exception. And that's a lot of work. Yeah.

Debbie Sorensen: It sounds exhausting.

Monnica Williams: And you're not going to succeed. And you know, if you're black, nobody's going to be like, okay, so he's got the right clothes and the right car and the right dialect.

So we'll just pretend he's not black. It's not gonna happen. yeah.

Diana Hill: We're thrilled to be partnered with Jill Stoddard. Her fabulous book *Be Mighty* is offering a book club. And what I'm really excited about in terms of the book club is that sometimes I read books, but then I [00:27:00] just leave it there and I never actually apply what the books teaches us. And Jill, I think your book club is an opportunity for our listeners to get a really.

efficient way to start putting those principles into practice. Can you tell us a little bit about it?

Jill Stoddard: Yeah. That's exactly right. So it's through a company called *hiitide* and it's a four week virtual book club that starts on November 1st. And they're basically bite size skills to be able to take what you learn when you read the book and apply it in real life, in a really efficient manner.

And if you sign up, you get to have two live Q and A's with me.

Diana Hill: That's awesome. And if you go to our sponsorship page on *Psychologists Off The Clock*, you can get 15% off. We're also affiliates with Dr. Rick Hanson's online *Neurodharma* program and his *Foundations of Wellbeing* programs, you can find out more about them at our website offtheclockpsych.com where you'll get a \$40 discount

Debbie Sorensen: a lot of your work is on the lack of access to high quality mental health care. So [00:28:00] here, you know, people are. Experiencing all this, and it does take a toll, but then no, it's, it's harder for people of color to have access to quality mental health care.

And that's pretty well established. Um, so in your new book, you write specifically about you know, the microaggressions in therapy and how clinician behavior sometimes has a big consequence in terms of people feeling. Engaged in therapy. What if we talk more specifically about the context of therapy?

What are some of the kinds of things that you see going on that are problematic?

Monnica Williams: Well, I think the biggest problem is that a lot of therapists don't feel comfortable talking about race, ethnicity, and culture. And, um, and this is a big problem because. A lot of times when people are coming in, they may be coming in because part of maybe part of what they're dealing with is problems around race or racism, or maybe they're, they're needing to find a way to, [00:29:00] um, Feel like they fit into Western culture.

Maybe their parents were immigrants and their values are confusing and different or, um, or maybe they, they have, um, cultural values that are important to them that they want to find a way to hang onto despite maybe pressure to behave in. Or adopt a more Western way of thinking. So these are some examples of, of things that, that clients, um, maybe struggling with.

And if the therapist can't even talk about these issues with the client in a comfortable way, and they're not going to get their needs met. Um, so. So that, that client's going to feel like,

well, this person can't help me with what I came in for. And, um, you know, and there's no point for them to continue to be seen or they're gonna continue to come, but they're not going to really, they're not going to talk about what's really important to them.

Debbie Sorensen: Yeah. I guess it seems like maybe, especially if it's a [00:30:00] white therapist that they. They might avoid it or shut the conversation or just not understand it. I mean, and I know another problem is that there aren't enough clinicians of color to go around. Cause one solution is like, okay, find a clinician of color, but that's not always the case.

And I don't know. What are your thoughts around that? Would you recommend.

Monnica Williams: Well, I think if somebody, if they're specifically needing to be seen because of issues related to race and culture, I would tend to recommend that they try to find a therapist in their own ethnic group. But we know that because they're just there aren't enough.

I mean, there aren't enough people of color that make it through the psychology pipeline for a whole host of other racist reasons. It's hard to find that person. So. Uh, every therapist needs to be equipped to work with people in this way. Um, and so, and there are, there are plenty of white plus you do a great [00:31:00] job with, um, clients of color around all of these issues.

It's often just a matter of motivation and training. But it can be hard to find them. If you're a client, you don't even know what you know. So, so I would say like your best bet is to just, if you know, not knowing how to really assess this out as a client, your best bet is to try to find somebody. Someone from your own ethnic group, or if you can't just, you know, somebody of color hoping that they will have the skills needed to help you, but that's not.

Yeah. Even on a guarantee because even therapists of color, where we're trained in, you know, in very sort of Euro centric approaches. And so, um, there are of color may or may not know how to, how to navigate that competently.

Debbie Sorensen: Well, and that seems, there's something about that. It seems like it lets people, lets clinicians off the hook a little too easily.

If you say we'll just find one of your own background. It's like, no, we need to all be more working toward being more competent. You know, I don't know if we ever really fully get there, but toward being more competent in [00:32:00] these areas so that we can provide high quality care to someone who, you know, has a different background than us.

Monnica Williams: Um, Yeah, absolutely. Absolutely. I mean, you know, it's not going to be long before, uh, like America is half people of color right now, half of all births are children of color. Half of all children are children of color. So we, if we want to be able to serve, uh, everybody that needs help, we need to know how to, how to work competently with everyone.

Debbie Sorensen: Yeah. And as you say, you don't know, you, you find someone online maybe, or through your insurance or a clinic, you look at their webpage or whatever you show up. You don't really know until you get there. This person's going to be a good fit, which is always true. But I think, especially in the case of this, it's like, you don't really know how the person's going to respond until you start having these.

Conversations.

Monnica Williams: Yeah.

Debbie Sorensen: What recommendations would you [00:33:00] have for, you know, mental health providers, especially white ones like myself who maybe really care about this and want to do whatever we can to improve quality mental health care for people of color.

Monnica Williams: Yeah. Well, I would say step one is going to be sort of a fearless self-assessment.

To determine if you, um, are, are comfortable and qualified working with people, um, around these issues. So one of the first things I ask people is have you had any graduate training? Was there any training offered in your graduate program around culture and diversity, you would hope and think that that would be a no brainer and the answer would be yes for everyone.

It's not.

Debbie Sorensen: Which is disturbing.

Monnica Williams: Yeah. So, I mean, I graduated in 2007 and we didn't have any classes, um, focused on dealing with, um, diverse populations. And it was supposedly integrated into all our classes, which just meant that it wasn't in anything. [00:34:00] So, um, so most of the training that I got, I just had to teach myself.

And so I know that there's a whole generation. Of psychologists that didn't get any training. And I know even now, even though it's required, some programs are doing a great job and some programs are not because I've gotten desperate calls from grad students in other programs begging me to come and do trainings because they're not getting anything.

Um, so, so that's the first question, like, have you had any formal training and then if not, okay. So what have you done to fill that gap of you? Have you gone to, you know, workshops? Um, have you read books? I mean one lunchtime webinar. That's not gonna make you culturally competent. It's gotta be some ongoing work and things are changing all the time.

So you have to stay on top of things and. And if you're not doing that, you're already like not qualified to work with people of color competently. And then the next question is, have you done your own anti-racism work? [00:35:00] So all of us are steeped in this environment where we're cooking bombarded with racist messages.

And if you're not doing anything to actively counter that, then you're ingesting it and you're ingesting it. And you're regurgitating it and it's coming out as microaggressions. So, um, I would say do your own anti-racism work. And then I ask, ask people like, how would you assess yourself is in terms of your own bias against people of color.

And one really helpful exercise that I often will give to my graduate students. Is to make a map, a friendship map of every, any buddy you would go to if you needed help. Okay. And on the map, look at all the different dimensions of diversity for those people. Um, if you discover your map is almost all white people.

That's a pretty good indication that you've got some bias and you're not, you're not learning and growing from people with different perspectives. You're an [00:36:00] echo chamber. So, uh, so I've had students do this exercise and find it really enlightening. You know, I've had students, you know, confused, crying, like why are all my friends white?

And I said, don't worry about it. You're not the only one. This is common. This is good. That you're recognizing it I've even had clients. I even had, uh, students of color. Say it like, or, or LGBTQ students notice that they've had deficiencies in their friendship map too, that they've wanted to rectify. I had one student's like, I just realized that all of my friends are atheists, you know, and, and that person kind of related it back to sort of their own wounding around religious issues when they were young.

But at the same time, they were missing that important component of diversity in their lives. So, um, So I would say that's like a good start too. Um, kind of just do a self diagnostic and then, then some basic practical skills. Can [00:37:00] you do a culturally informed case conceptualization? Um, you know, can you comfortably have conversations with other people about, about racial topics, about racially charged topics, about controversial topics?

I mean, if you think about it as therapists, we're asking people sensitive questions all the time. We're asking them questions about, you know, like sex and if they want to kill themselves and if they've molested children, right. Like we asked them these questions, like, but it's amazing how many therapists like, Oh, I can't ask them about experiences of racism.

Well, yeah, you can just do it.

Debbie Sorensen: Yeah. I it's. I think I loved the way you started this. You said, I think you said a fearless self-assessment there is something about this. You've got to have some courage here, people, you know, I mean, I'm talking about myself too, right. But it's like, you've got to go. You've got to take an honest look at what's what's happening.

You have to go into these places that you may have been

kind

of conditioned not to go near. Um, but you [00:38:00] have to do that. If you're going to be able to do this.

Monnica Williams: Exactly. Exactly. And I think that this is where sometimes our training lets us down because it's hard to talk to people about sex or suicide or abuse, but we learned to do it because we have to, right?

Like you, you couldn't graduate from program. If you couldn't ask somebody about thoughts about suicide and that's uncomfortable, but nobody's holding, holding students accountable to being able to talk to clients about race, ethnicity, and culture.

Debbie Sorensen: Yeah. Yeah. Well, I appreciate, I think that's why this, this movement that's happening right now is an important, I appreciate you doing your part to kind of speak out within the field and, and more generally about these kinds of things.

Cause it helps even just listening to podcasts like this and doing reading, it's all a step in the right direction. So thank you.

Monnica Williams: You're welcome. I'm glad I'm doing

Debbie Sorensen: Um, what recommendations would you have for either listeners who have experienced [00:39:00] microaggressions themselves or who want to be helpful to say a therapist who wants to be.

Um, helpful to a client who's experienced the microaggressions in terms of how to respond. Like do they say something or not say something? What are your thoughts around that?

Monnica Williams: Yeah, so, um, so when it talks about microaggressions, they've experienced, uh, the therapist should always like believe them and, uh, show sympathy and support and validate them.

Um, I think it's very tempting in a CBT framework to start doing some questioning around yeah. Experiences of microaggressions. And this is absolutely the last thing that a person needs. Who's experienced a microaggression because they've already experienced a lot of AI invalidation. They've already questioned themselves and they're bringing it up because they've thought about it a lot and they think it might be a real thing.

And so the therapist jobs to validate that.

Debbie Sorensen: Right. It's not to challenge [00:40:00] that thought as you might do in a traditional CBT model. It's like, no, no, you just validate.

Monnica Williams: Yeah. Right. Like if a person came and said they'd been raped, you wouldn't like ask them 20 questions to see if they had really been raped, you would believe, right?

Debbie Sorensen: Yeah. Yeah.

Monnica Williams: Yeah. Same thing, you know, um, you're going to believe them and, uh, and support them.

Debbie Sorensen: Okay. And then what about the decision to, for the person who has been, you know, received the microaggression to speak out or not? What are your thoughts around that?

Monnica Williams: Well, this is a very, um, you know, this is a nuanced issue because we, you know, we know it can be helpful if the person can speak against the microaggression and bring about some positive change, but it's not always safe for them to do so.

And that's why microaggressions are. Perpetuated because the person who experiences it is disempowered and you, and so you have to kind of weigh the risk of responding versus responding. And here's where the [00:41:00] therapist can be helpful in looking at and weighing the options and looking at the potential consequences of responding versus not responding, determining if this is a safe situation to do so.

Or if it's not, or what other options there might be. Yeah, I

Debbie Sorensen: think that's, I w I got, that was in the, I got out of your book that I found important is just, just that sense of safety. And I think sometimes I've heard some stories from my clients where there's a part of me that felt. The sense of injustice and it was easy for me to kind of be like, you gotta say something, you know, you have to, and it's not always true because of even, you know, the psychological safety, even physical safety, even more so, but it's like, it's not always, and it, and it puts the responsibility on the person who is kind of the victim of it.

If you think of it in that way.

Monnica Williams: Right. It's not, it's totally not fair that the person who is the victim of the microaggression is put in the position where now they have to fix it. [00:42:00] And, and I think that that's important to understand and underscore with clients, even though they may have to be the ones to do that.

So, um, But if, but as a therapist, you want to make sure you understand and appreciate the cost before, you know, I'm encouraging them to push back because if you don't understand the cost there, they're not going to listen to you. That's right. So

Debbie Sorensen: the wellbeing of the client or the person who received the microaggression is probably the most, most important of all.

Monnica Williams: Yeah. Right. Um, and, and the person who received the microaggression, they may have other motivations for wanting to push back. Um, often they might say, well, you know, it's not about me, but I know that this person has hurting others and I don't want them to hurt other people. So I'm willing to put myself out there even at cost, if it means that other people will be less likely to sell.

Debbie Sorensen: Yeah. I've [00:43:00] had some gender based conversations with, um, You know, psychology interns, I've trained where there maybe other psychologists who have had made some gender based microaggressions toward them in the conversation ends up being around, like, um, on the one hand it would be great to say something

Monnica Williams: because.

Debbie Sorensen: The person could learn something from you, but on the other hand, you know, the person maybe is going to need a letter of recommendation or they're going to need to work with this person in the future. And it's a really, it can be just a really hard decision, I think, to, um, you know, whether they say something or not.

Monnica Williams: Yeah, exactly. And this is where I think, um, The importance of allies, um, is, uh, needs to be underscored because sometimes when people experience microaggressions, there are often, they're not empowered to do anything about it, but there may be allies who can do something about it. And, um, and I think [00:44:00] that that is really critical.

So like, let's say. You know, a trainee experience as a microaggression from a faculty member, and maybe they're not in any position to do anything, but maybe there would be other faculty who would be allies who could go speak to that person and, um, and find a way to try to resolve things.

Debbie Sorensen: Absolutely. Yeah, you can kind of help support them and keep them from having to be in that position when they are already like disempowered.

Yeah, exactly.

Monnica Williams: Exactly.

Debbie Sorensen: The line of work that you've been really involved in is around racial stress and trauma. And I'm just wondering if you could say, you know, you've done so much work on the impact of, of racial trauma and on evidence based practices. I'm just wondering, first of all, if we could start, if you could just tell us a little bit about what you've seen in your clinical clinical work, in terms of the psychological impact of.

Racial trauma.

Monnica Williams: Yeah. I mean, one of the reasons I became [00:45:00] interested in microaggressions is because they can contribute to a racial trauma, which is basically, um, PTSD, that results from experiences of racism. And it can be as, as a result of, you know, very traumatic, racist experience or more typically a combination of experiences that over time sort of erodes a person's ability to cope and, and microaggression sort of contribute to that.

One of the things that we're learning about. Uh, PTSD is that it, it tends to be cumulative. Most people who experience a traumatic event don't develop PTSD. But what you find is with people with PTSD have typically had many traumas and, um, you know, and at some point you just, um, are stressed beyond your capacity to manage it.

And you tip over from. Being highly stressed being traumatized. And so we see the same thing with experiences of racism that they can accumulate and cause trauma to [00:46:00] people. And so, uh, so that's one of the things that I study is, is racial trauma. And we see that people have, you know, pretty much all the typical symptoms of PTSD and, um, Um, but

it, it often is unrecognized as, um, as a form of PTSD because people are people have in their mind, like what a criteria in a event needs to look like for someone to have PTSD.

Debbie Sorensen: Yeah. And I'm thinking of examples, like what happened this summer, you know, with joy George Floyd's murder and how that impacted people even. You know, people who saw the video or who just followed this in the news and people, black people, especially people of color, how deeply impacted they were, you know, you might say, Oh, well, that doesn't count as a traumatic event from the tr traditional DSM, if you watch a bit, but it's like, but it's traumatic in the same sense.

Monnica Williams: Would you [00:47:00] say? I would say so, because if you watch that video, you see a person murdered. In front of your own eyes by powerful people who are supposed to be protecting the public. But you know, at any moment they could come and harass or kill you as a person of color with no consequences. And here someone is just doing it on film because they're that.

Calloused about it. They so believe that they're above the law, that they're going gonna slowly kill someone despite a whole crowd of people protesting saying stop. He can't breathe. Yeah. That was really traumatic.

Debbie Sorensen: Yeah. So it's an example. Yeah. Of how racial trauma it's so widespread and needs to be acknowledged.

Monnica Williams: Yeah. My niece called me in the middle of the night. Having after having seen that video. And she said like, she couldn't sleep and she couldn't stop crying because she just couldn't understand why someone would do that to someone else. Um, and every, [00:48:00] every black person I know has just felt exhausted. Um, just, you know, from, from that event.

Debbie Sorensen: Yeah. Uh, yeah,

I'm, I'm curious. You know, when you think about traditional evidence-based approaches to post traumatic stress disorder, which you are, you know, renowned expert in this area. To me, it feels like there's some shortcomings when it comes to some of those approaches as they're traditionally done, when they're applied to racial trauma.

One of which is that racial trauma is ongoing. And I think often there's this assumption that it's like, A past, like a discreet past event that's over and done with, but with racial trauma, that's not the case. Um, how do you, you see, like what, what are your thoughts around providing effective evidence-based trauma treatments specifically for racial trauma?

Monnica Williams: Yeah. Well, I know that, you know, there's been some concern that's been raised. Well, can we [00:49:00] effectively treat people for this if we're going to treat them and we're just going to throw them back into a racist society. Um, because normally when you do PTSD treatment, for example, if somebody is experiencing domestic abuse, you would want them to get out of that before you would treat them for the trauma.

But, you know, we can't really, you know, extricate people from the racist society and it doesn't seem to be. Socially, just to say, sorry, we can't treat you because we can't change society. So you're on your own. That doesn't seem right or fair. Um, so my hope is that by treating people, yes, it's true that we can't, you know, they're going to go back out to a racist civilization, but hopefully, um, like PTSD, a lot of times there are maladaptive.

A maladaptive cognitions that maintain the trauma. There's avoidances that maintain it. Certainly some of the, of what insists may be adaptive, but oftentimes they've generalized to things that are, that are not dangerous. So we're going to do the [00:50:00] same kinds of treatment in that respect in terms of helping people think differently about themselves and the world and, um, and stop avoiding.

But, um, it might be different from. From treatment for traditional PTSD and that we're going to also spend a lot of time, um, you know, validating, uh, validating them and their experience of racism. Um, they know that right. It says, and it's not going to go away, but maybe they can find different ways of managing it when it does.

Um, one of the. Most typical types of racial trauma IC is that is people who got traumatized in the workplace. And, um, often they don't want to leave their jobs. Not because they can't find another job job because they don't want to let the haters win, which I understand. And I hate letting haters win too.

But I tell people, you know, look as, as your therapist, my concern is your mental health above. Anything else, and this environment is [00:51:00] toxic for you and you need to get out of it. So part of it is going to be like stress, strategizing an exit plan and finding a place where yes, you're not going to be free from racism, but you don't need to be experiencing this level of it.

Um, and also building up their support system around, um, around. Uh, this so that they have more resources and coping for stressors as they come. So, you know, so I like for clients to have, um, kind of a self care plan that involves, um, People they can talk to who are safe and supportive when it's, she's a racism come up, um, options for them to get away and relax.

And we have to think carefully about this too, because what might be relaxing for a white person might not be relaxing for a black person. You know? So I might want to, for my white clients, I might want to recommend they go to a yoga class for my black clients. They might not feel relaxed in a room full of white women.

So I might think about something [00:52:00] else that would be relaxing for them.

Debbie Sorensen: Yeah. Well, thank you. I mean, I think this is something I've been kind of grappling with in my own work is like how to validate the experience and help the person with their struggles, you know, to kind of help them move forward, you know?

Understand their emotional experience move forward in whatever way they see fit. And sometimes it kind of feels like hard to walk that line between the two.

Monnica Williams: Yeah, yeah, yeah. But I mean, I think it, I think it can be done and, you know, I think with, with sort of with more practice and, and, and I think it helps to recognize that, you know, when we're working with, with racism, there's kind of an, a bunch of additional considerations that we need to pay attention to that.

That wouldn't necessarily be the case for maybe, maybe some or most of the people that, that you might be seeing.

Debbie Sorensen: Yeah. Well, and I think that I appreciate earlier in the conversation you mentioned doing anti-racism [00:53:00] work and that kind of thing too, because it seems like as. You know, as mental health professionals, we are both working with the individual who's sitting in front of us, but we also do need to take a look at the bigger systemic issues that are playing a role here.

And sometimes it feels a little like, what can I possibly do? It's so big. But I think if we all y'all do what we can.

Monnica Williams: Yeah, I think, I think psychologists are in a really good way position potentially to bring about change in this area. Because if you think about it, you know, what are the ones that get all the training on people's behaviors and how to change behaviors and, and how people think about the world.

And if you think about it, most of, most of the country is run by. Lawyers. Right. So I don't know how many lawyers, you know, but, but if you think about that, is that, are those the people who you want in our society, right? Most, most. Psychologists. Like if you ask them, if they think they're [00:54:00] qualified to run for public office, most of them will say, no, they don't think they are.

Um, which I think is astounding because I think we know far more about human behavior than, than lawyers do, and we know how to understand research. So. Uh, so I think we have a huge potential to make a difference in the world. Um, and you, you know, you, might've heard of different types of training models for psychologists.

Like, you know, there's a scientist practitioner model. I know that there's some, um, psychologists who are interested in, in creating like a new model, which might be like a science practitioner activist model, uh, which I think is so much needed because I think we have the potential to be big agents for change.

Yeah.

Debbie Sorensen: Yeah. I have to pause you for one second. Cause my computer is not plugged in and I just got a low battery warning and I'm just going to

Monnica Williams: okay. Yeah.

Debbie Sorensen: Okay. Sorry. I didn't want to it to just cut off in the middle of our mid sense. I'm going to wrap up wrap up here, but, [00:55:00] um, Sorry about that. Yes. Well, thank you.

I do think you're right. Like we have a, an understanding of this and a way of maybe having conversations about it that is unique and that we can maybe do more than we think we

Monnica Williams: can towards

Debbie Sorensen: affecting these bigger changes.

Monnica Williams: Right. Cause I mean, no matter how little you think, you know, as a psychologist, I guarantee you no more than a lawyer

Debbie Sorensen: anyway. Yes. That is true. That is true. And that is reassuring. Okay. Well, dr. Williams, I am so grateful again for the conversation today. I've learned a lot from your work and from this conversation, and I really appreciate your time. Thank you so much for joining me today.

Monnica Williams: You're very welcome. Thank you so much.

Debbie Sorensen: And how can people find you, um, who, who want to learn more?

Monnica Williams: It's super easy. They can follow me on Twitter at dr. D R Monica with Joanne's or [00:56:00] you can go to my website, which is Monica williams.com. And again, that's Monica with two. N's

Debbie Sorensen: great. And we will link to your. Information on the show notes for today's episode.

Thank you very much for joining us.

Monnica Williams: You're welcome. It was a pleasure.

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