



Continuing education & supervision for Helping Professionals  
serving today's multicultural world



Dr. Sonja Sutherland,  
LPC, BC-TMH, ACS

## Racial & Intergenerational Trauma 2-Day Intensive: Ethical Clinical Treatment & Supervision

## COURSE-PACK OF ACTIVITIES & HANDOUTS



IN ORDER OF USE



## Racial & Intergenerational Trauma: Ethical Clinical Treatment & Supervision

2-Day Intensive



## Part 1 Agenda

1. The Cross-Cultural Civility Mindset-Developmental Model
2. Multicultural & Social Justice Counseling Competencies
3. Multicultural Orientation Framework
4. Racial Identity Models
5. Applying Worldview Development to Case Conceptualization
6. Case Application



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## ZOOM Etiquette & Other Things

1. Handouts Needed – be sure to have access to your course pack.



# COURSE-PACK OF ACTIVITIES & HANDOUTS

IN ORDER OF USE



## Racial & Intergenerational Trauma: Ethical Clinical Treatment & Supervision 2-Day Intensive



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## ZOOM Etiquette & Other Things

1. Handouts Needed
2. Mute/Unmute
3. Asking questions *(via chat to be addressed during Q & A)*



## CULTURAL CONNECTIONS



You are going on a long trip around the world. In your **Cultural Suitcase**, you can carry three (3) items that represent your cultural heritage.

- ✓ Introduce yourself.
- ✓ Describe each of the items you chose to carry.
- ✓ Which item(s) would you be willing to give away?
- ✓ Why will you give this item away?
- ✓ What does it mean to you to give it to someone?



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## Key Terms for Our Conversation



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Black,  
Indigenous,  
And [All]  
People of Color

<https://www.thebipocproject.org/>



### People of Color

- Black American descent
- African descent
- Asian descent
- Latin descent
- Hawaiian / Pacific Island descent

*This list is not exhaustive.*



# Key Terms for Our Conversation



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A powerful collection of racist policies that lead to racial inequity and are substantiated by racist ideas  
*(Kendi, 2019)*

"A system of advantage based on race  
*(DeGruy, 2018)"*



## RACIST IDEAS

...argue that the inferiorities and superiorities of racial groups explain racial inequities in society.

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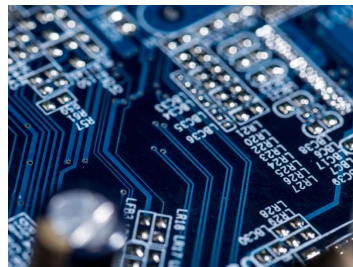
# Key Terms for Our Conversation



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## RACIST POLICIES

A powerful collection of legalized racist practices that lead to racial inequity and are substantiated by racist ideas.



## INSTITUTIONAL / STRUCTURAL / SYSTEMIC RACISM

Terms used to describe racist policies

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# Key Terms for Our Conversation



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**ANTIRACIST POLICIES**  
any measures that produce or sustain racial equity between racial groups.



**ANTI-RACISM**  
Antiracism is a powerful collection of antiracist policies that lead to racial equity and are substantiated by antiracist ideas.



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# QUESTIONS?



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# The Cross-Cultural Civility-Mindset Development Model

**Cross-Cultural  
Civility-Mindset  
Development  
*4-Stage*  
Model**

**Pre-Civility  
Contemplation**

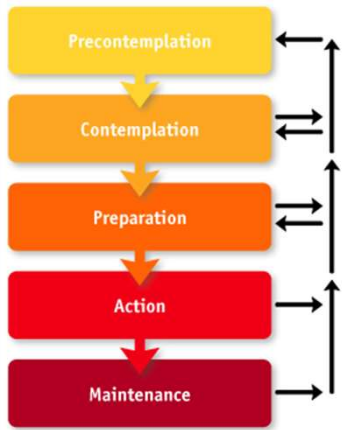
**Civility  
Contemplation**

**Civility Cultivation**

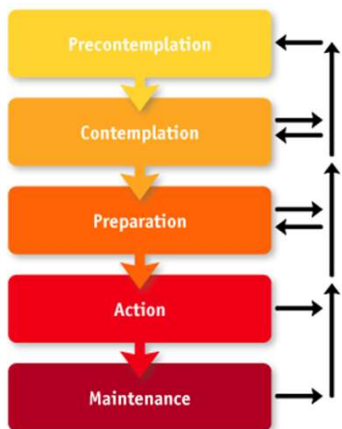
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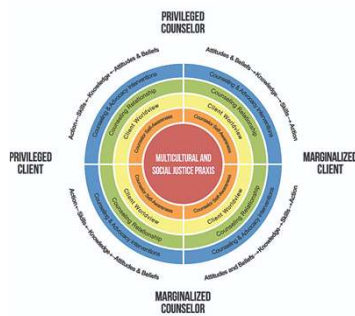
### Stages of Change



### Stages of Change



### Multicultural & Social Justice Counseling Competencies



### Stages of Change

### Multicultural & Social Justice Counseling Competencies

### Models of Identity Development

- **Racial/Cultural Identity Development Model**
  - ✓ Conformity, Dissonance, Resistance/Immersion, Introspection, Integrative Awareness
- **White Racial Identity Development Model**
  - ✓ Naivete, Conformity, Dissonance, Resistance/Immersion, Introspection, Integrative Awareness, Commitment to Antiracist Action
- **Multiple Heritage Identity Development Model**
  - ✓ Recognition, Transition, Experimentation, Awareness, Acceptance, Neutrality

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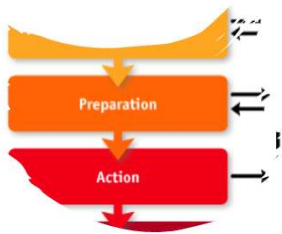
### Multicultural Orientation Framework

- Cultural humility
  - The virtue that underlies the framework
- Cultural opportunities
  - Exploring culturally relevant path
- Cultural comfort
  - The ease and grace with which the conversation unfolds

# Cross-Cultural Civility-Mindset Development 4-Stage Model



## Stages of Change



## Multicultural & Social Justice Counseling Competencies



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## Multicultural Orientation Framework





***The Fight for Civility in an Increasingly Uncivil World***

**Civility & Incivility Defined**

Civility:

- "the quality of being polite"
- "the act of showing regard for others by being polite"

Incivility:

- "impoliteness. Rudeness"

## Civility, Expanded

"civility is the baseline of respect that we owe one another in public life",

a code of public conduct that guides or defines how we should treat one another, even if you do not like that person very much...

the what-when-where-and-how of who gets respect and who does not.

Bybee, K. J. (2016). How civility works.

## The Southern Policy Law Center



## Cross-Cultural Civility

### THE RACE – TRAUMA CONNECTION



SPLC Southern Poverty Law Center

RESOURCES ▾ WHAT WE DO ▾ OUR ISSUES ▾ HATEWATCH HATE MAP PODCAST

**IN 2020, WE TRACKED 838 HATE GROUPS ACROSS THE U.S.**

DISTRICT OF COLUMBIA

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<https://www.splcenter.org/hate-map>



## Cross-Cultural Civility

### THE AFFECTIONAL ORIENTATION – TRAUMA CONNECTION



**940**  
hate groups in the U.S. in 2019

**55%**  
increase in white nationalist hate groups since 2017

Year	Number of Hate Groups
2017	100
2018	148
2019	155

**43%**  
increase in anti-LGBTQ hate groups in 2019

**THE YEAR IN HATE AND EXTREMISM 2019**  
EXTREMIST HATE THREATENS PLURALISTIC DEMOCRACY

RESOURCES ▾ WHAT WE DO ▾ OUR ISSUES ▾ HATEWATCH HATE MAP PODCAST DONATE Q

**SPLC report is a wake-up call for LGBTQ people**

April 01, 2020

by Shannon Minter

In its most recent [report on hate groups](#) in the U.S., the Southern Poverty Law Center documented a spike in the number of groups targeting LGBTQ people and promoting dangerous lies and misinformation, particularly about transgender people. Shockingly, the number of those groups rose from 49 in 2018 to 70 last year.

[https://www.splcenter.org/sites/default/files/yih\\_2020\\_final.pdf](https://www.splcenter.org/sites/default/files/yih_2020_final.pdf)

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Affectional Orientation

Traumatic Stress Injury

Mental Health

✓ Intersecting Points



✓ The emotional pain of racism



✓ The resulting impact on daily functioning



Gender Identity & Expression

Traumatic Stress Injury

Mental Health

✓ Intersecting Points



✓ The emotional pain of racism



✓ The resulting impact on daily functioning





✓ A social construct



✓ The emotional pain of racism



✓ The resulting impact on daily functioning



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**Race - Trauma Connection**

**Race-based Traumatic Stress Injury**



**Mental Health**



## Health Ramifications of Race-based Trauma

- “...interpersonal racism” is more likely to show up
  - psychologically as traumatic stress, depression or anxiety, and/or
  - physiologically through higher incidences and chronicity of illnesses like hypertension, stroke, heart disease and others

Smith et al, 2006; Carter, 2007; Garcia & Sharif, 2015

## Chronic Psychological Distress As An Outcome Of Micro Aggressive Experiences

### Microaggressions

Commonplace verbal or behavioral indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults towards marginalized individuals.

#### Microinsult (Often Unconscious)

Behavioral/verbal remarks or comments that convey rudeness or insensitivity and demean a person's marginalized heritage or identity.

##### Example

When a white couple (man and woman) passes a black man on the sidewalk, the woman automatically clutches her purse more tightly, while the *white man* checks for his wallet in the back pocket.

#### Microassault (Often Conscious)

Explicit derogations characterized primarily by a violent verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions

##### Examples

Calling Mexican immigrants  
“Racists and criminals”

#### Microinvalidation (Often Unconscious)

Verbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color

##### Example:

*“You seem hyper-focused on race and racism. People are all the same in God's eyes. He loves everyone.”*

Nadal, 2014; Sue & Sue, 2019

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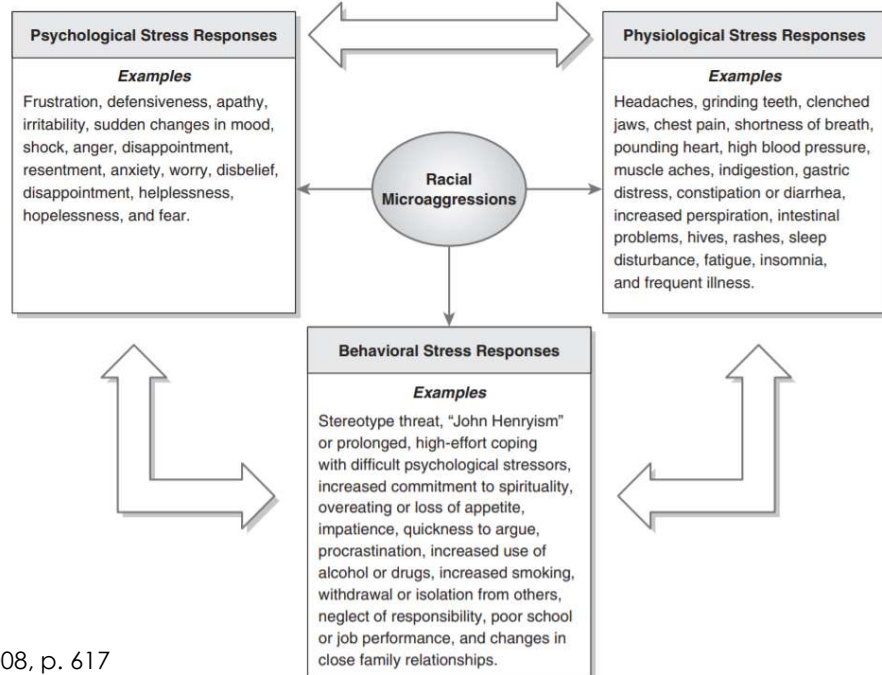
*"You seem hyper-focused on race and racism. People are all the same in God's eyes. He loves everyone."*

Sue, 2010; Nadal, 2014; Sue & Sue, 2019

# Racial Battle Fatigue

- Often brought on by repeated exposure to microaggressions, aka "mundane [*common, everyday*]/racism" (Smith, Huang, Franklin, 2012, p. 40), "...racial battle fatigue addresses the physiological, psychological and behavioral strain exacted on racially marginalized and stigmatized groups and the amount of energy they expend coping with and fighting against racism" (Smith, 2008, p. 617).

## Causes & Stress Reaction to Racial Battle Fatigue



Smith 2008, p. 617

## ***Secondary Traumatic Stress***

- Secondary traumatic stress (STS) is a term used to describe the phenomenon whereby individuals become traumatized not by directly experiencing a traumatic event, but by hearing about a traumatic event experienced by someone else. Such indirect exposure to trauma may occur in the context of a familial, social, or professional relationship.

## **Secondary Traumatic Stress**

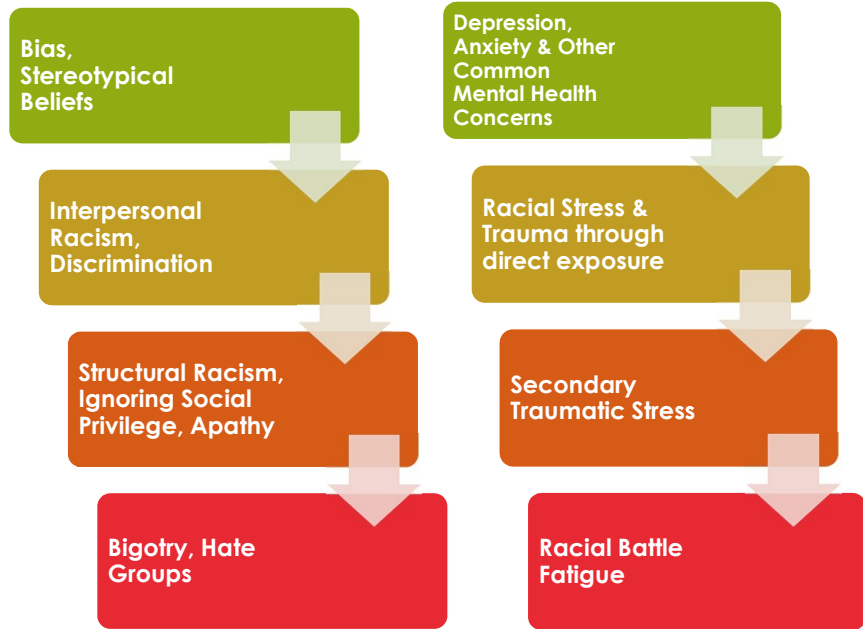


The negative effects of secondary exposure to traumatic events are the same as those of primary exposure including intrusive imagery, avoidance of reminders and cues, hyperarousal, distressing emotions, and functional impairment.



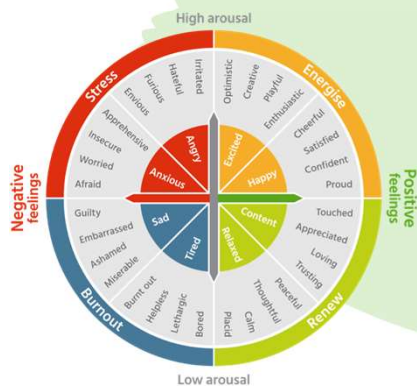
In the most severe instances, where symptoms result in significant distress or impairment in functioning, STS may warrant a diagnosis of Posttraumatic Stress Disorder (PTSD).

## Mental Health Outcomes of Relational Incivility



## Emotional Roadblocks to the Path of Cultural Competence

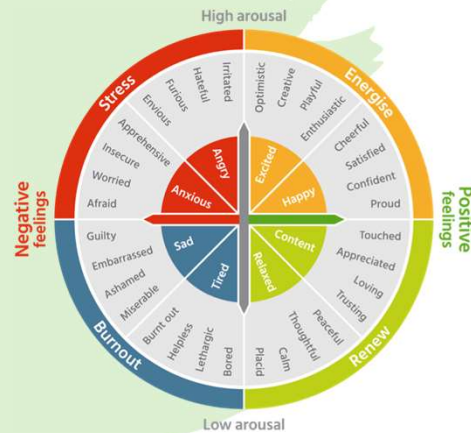
Strong emotions such as anger, sadness, and defensiveness are displayed when discussing experiences of race, culture, gender, and other sociodemographic variables.



## *Group Conversation*

In your group, think about experiences you've had when discussing race, culture, gender and issues such as these. You don't have to share your experience right now.

- Introduce yourself to the group.
- Share 1 emotion have you experienced when dealing with issues related to race, culture, etc. The feelings chart in your course pack may be helpful to review.
- Are you concerned about emotions you may experience today?
- What rules of engagement should be developed so we can have productive discussions today?



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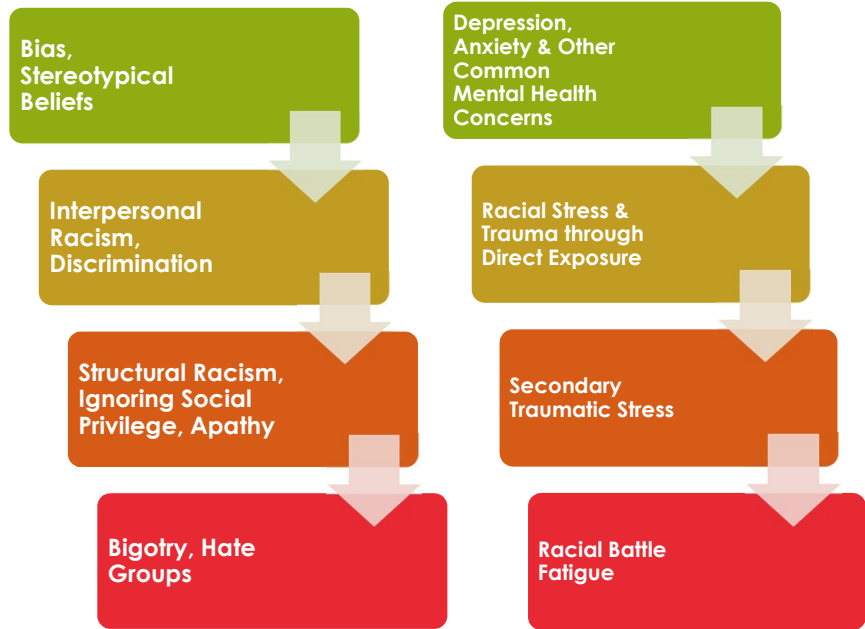
## *Today's Rule' of Engagement*

1. Please do.....
2. Please avoid....
3. Let's all work together to....

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**Group Activity**

1. Review the worksheet entitled **"Biases"**.
2. Provide answers to each question. **Be as honest as you can.**



WORKSHEET  
**BIASES**

**Directions:** Answer the following questions alone, with a partner, or small group.

**List three cultural/ethnic biases that were present in your home growing up:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**How old were you when you first became aware of these biases?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

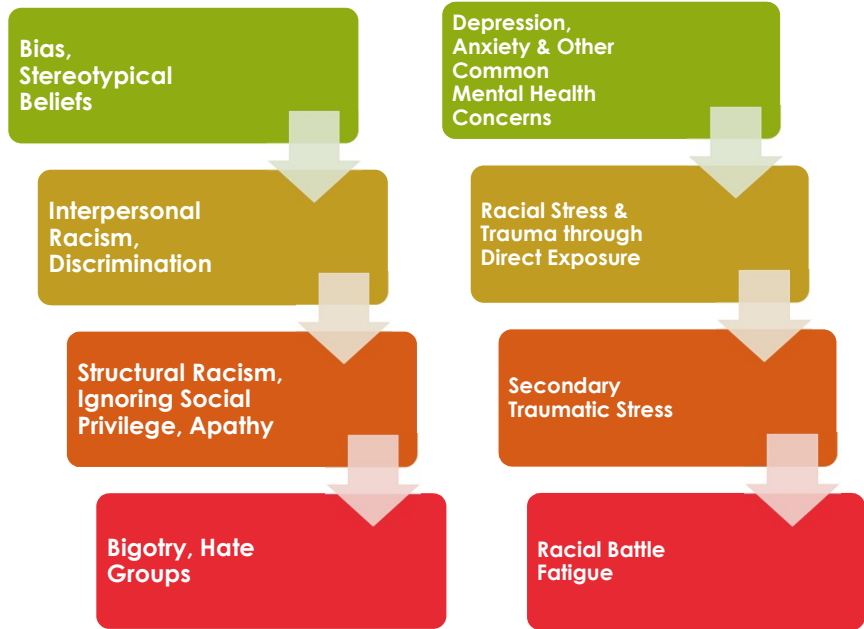
**Who shared these biases or comments/ideas? Mother/Father? Grandmother, Grandfather? Sibling?**



### ***Identifying Bias***

1. Review the worksheet entitled "***Biases***".
2. Provide answers to each question. **Be as honest as you can.**
3. Recall the group rules you previously agreed upon.

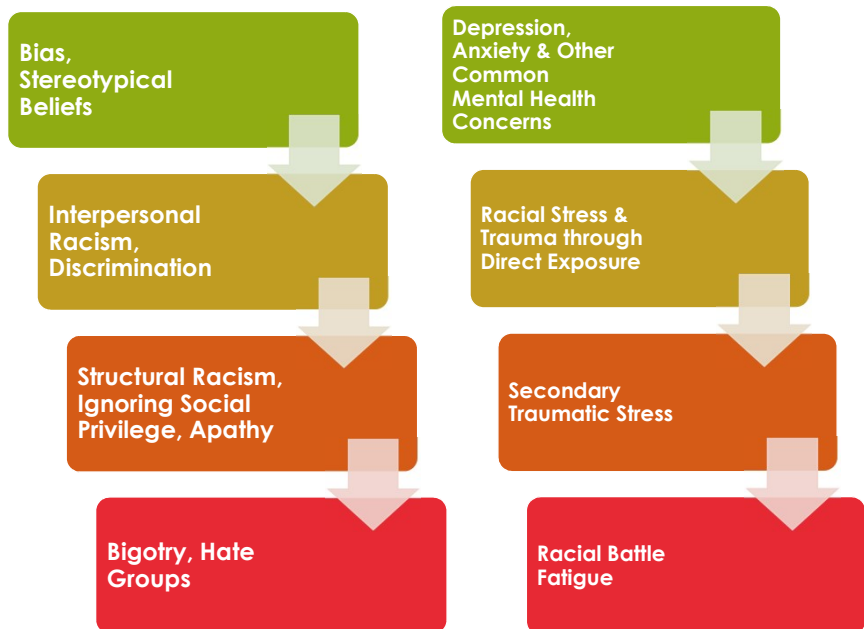
4. Each group member is encouraged to share **one (1)** personal insight you gained from completing the 'Biases' worksheet.



### ***Group Activity 1***

1. Review the worksheet entitled "***Biases***".
2. Provide answers to each question. **Be as honest as you can.**
3. Recall the group rules you previously agreed upon.
4. Each group member is encouraged to share **one (1)** personal insight you gained from completing the worksheet.

5. On your own after the workshop (tonight's homework), think through how the personal biases you identified for yourself may impact others and the world around you with incivility. I what ways can you make a shift in perspective and/or behavior?





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**How do we ask directly about racism  
discrimination, racial stress and  
racial trauma?**

We are socialized not  
to talk about certain  
things

PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

## *Clinical Practice*

### How do we ask our clients directly about discrimination, racial stress and racial trauma?

1. Create a relationship of trust
2. Predicated on your own work
3. Assess the presence of barriers
4. Create "safe" spaces

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How do we provide a safe space?

Validate the experiences

Be authentic in your responses

PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

## ***Clinical Practice***

**How do we ask our clients directly about discrimination, racial stress and racial trauma?**

1. Create a relationship of trust
2. Predicated on your own work
3. Assess the presence of barriers
4. Create “safe” spaces
5. Begin from a place of awareness and not knowing

PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

## ***ETHICAL CODES & CULTURAL COMPETENCE***

- 1) ACA (2014):
  - a) A.2.c
  - b) A.4.B
  - c) A.11.b
  - d) B.1.a
  - e) E.5.b
  - f) E.8
  - g) F.2.b
  - h) F.7.c
  - i) F.11.a,b,c
  - j) H.5.d
- 2) AACC:
  - a) ES1: 500
- 3) AAMFT:
  - a) a.1.1
  - b) b.6.7
  - c) c.7.5
- 4) APA (2017):
  - a) Principle E
  - b) 2.01b
  - c) 3.01
  - d) 3.03
  - e) 9.06
- 5) NASW:
  - a) 1.1.05
  - b) 1.1.06
  - c) 1.1.09
  - d) 1.1.10
  - e) 3.3.01b
  - f) 6.6.01
  - g) 6.6.04
- 6) ASERVIC:
  - a) Culture and World Views

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## ***ETHICAL CODES & CULTURAL COMPETENCE***

### **ACA (2014) Core Professional Values:**

- ...
- honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;
- Promoting social justice...



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# The Cross-Cultural Civility-Mindset Development Model



## Cross-Cultural Civility-Mindset Development 4-Stage Model

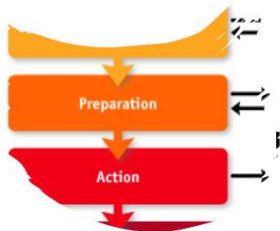
Pre-Civility Contemplation

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### Stages of Change



### Multicultural & Social Justice Counseling Competencies



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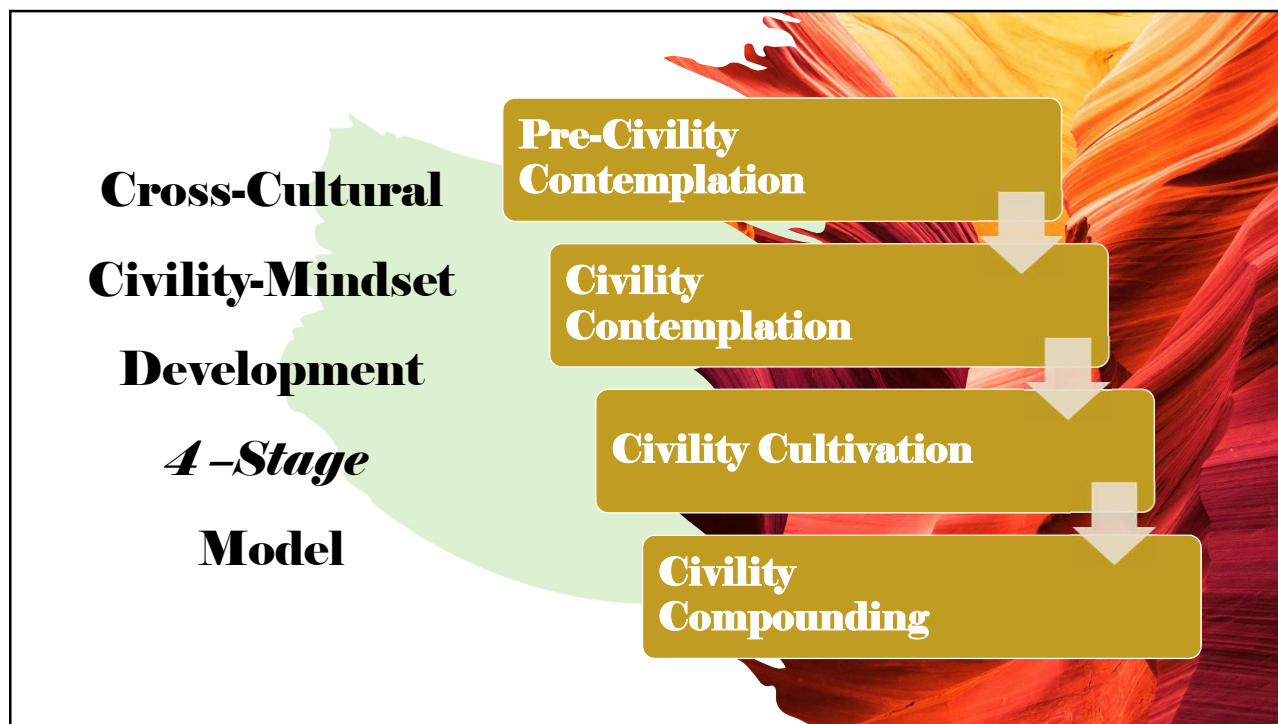
### Multicultural Orientation Framework

Cultural Orientation Framework

Cultural humility  
The virtue that underlies the framework

Cultural opportunities  
Exploring culturally relevant path

Cultural comfort  
Ease and



## **Clinically-based Aspirational Civility**

Within the context of the CCCMDM:

1. the inter and intra-personal stance for building bridges that heal relational divides (*self-and-other awareness, understanding of worldview development, strengthening of the clinical relationship*)
2. The act of validating the right of culturally diverse others to be treated humanely and with dignity (*ongoing personal learning environments, social justice advocacy*)

### Stages of Change

### Multicultural & Social Justice Counseling Competencies

### Models of Identity Development

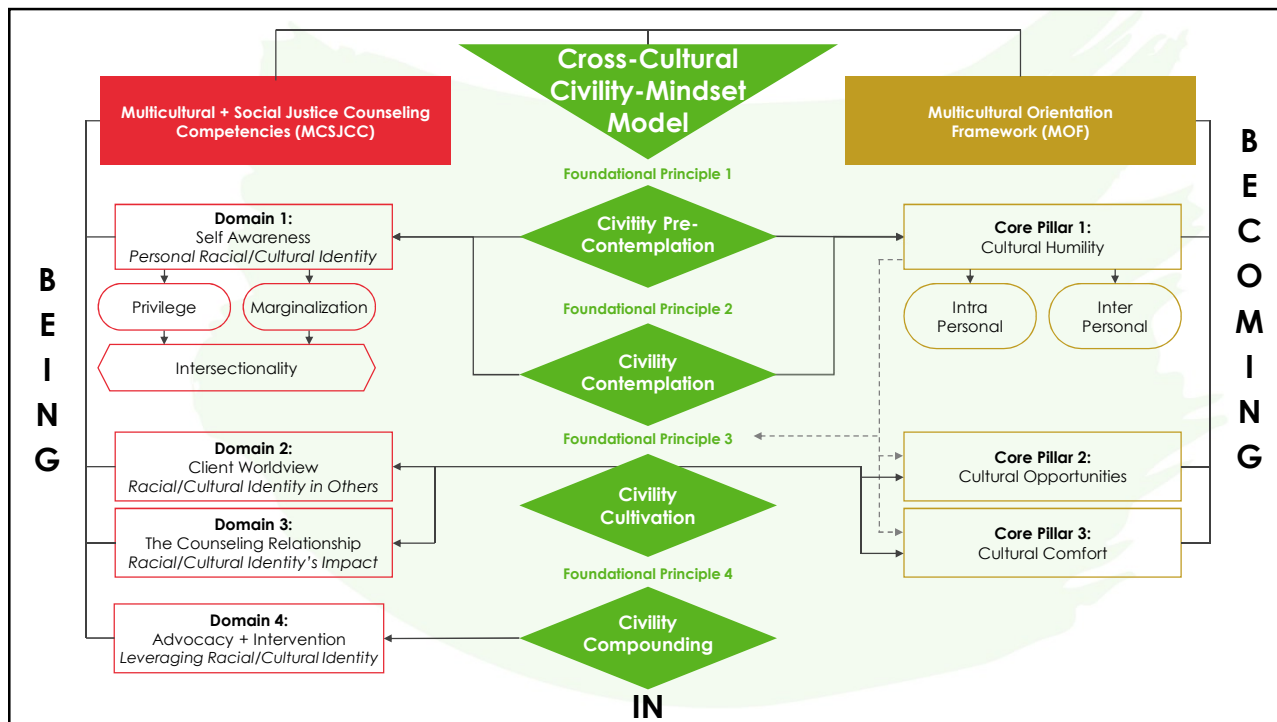
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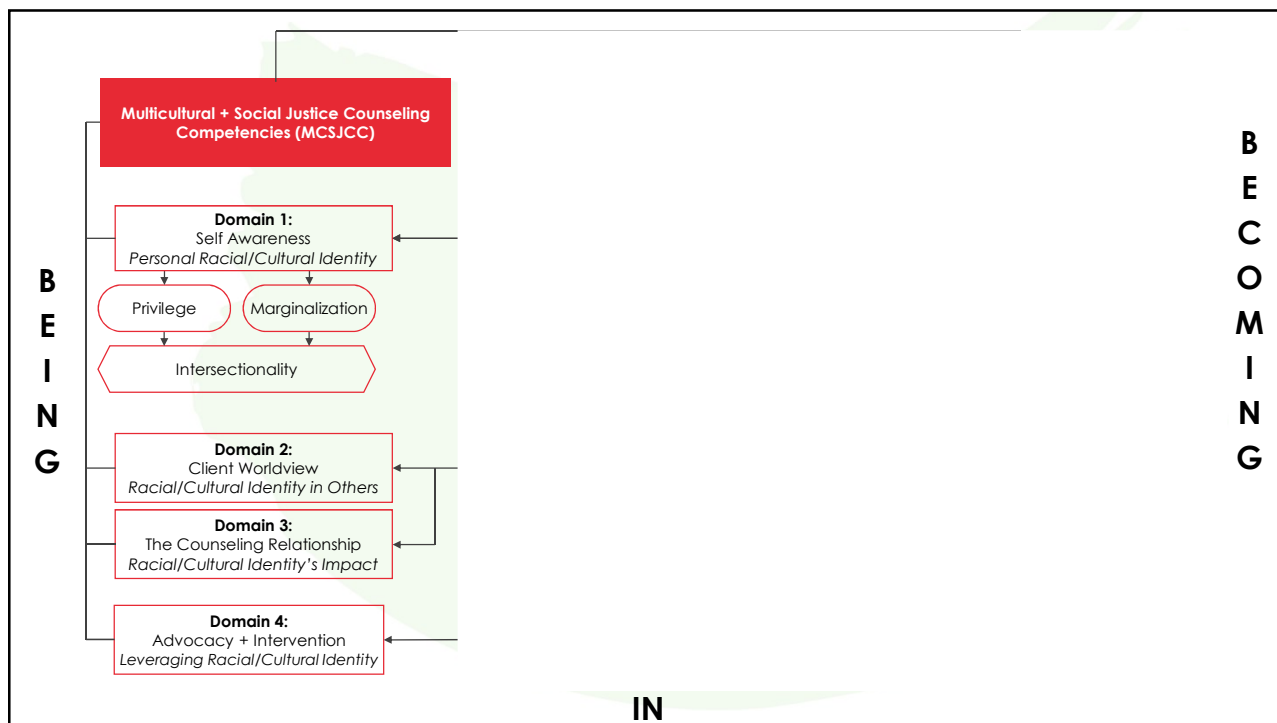
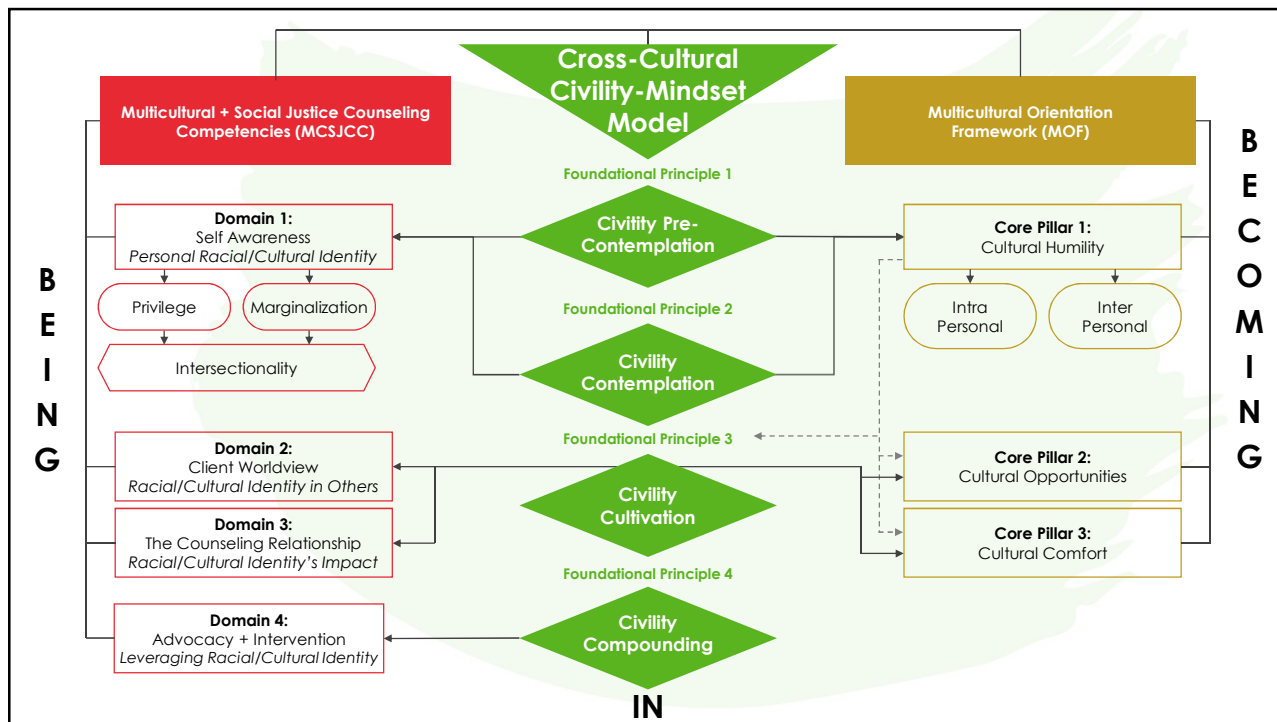
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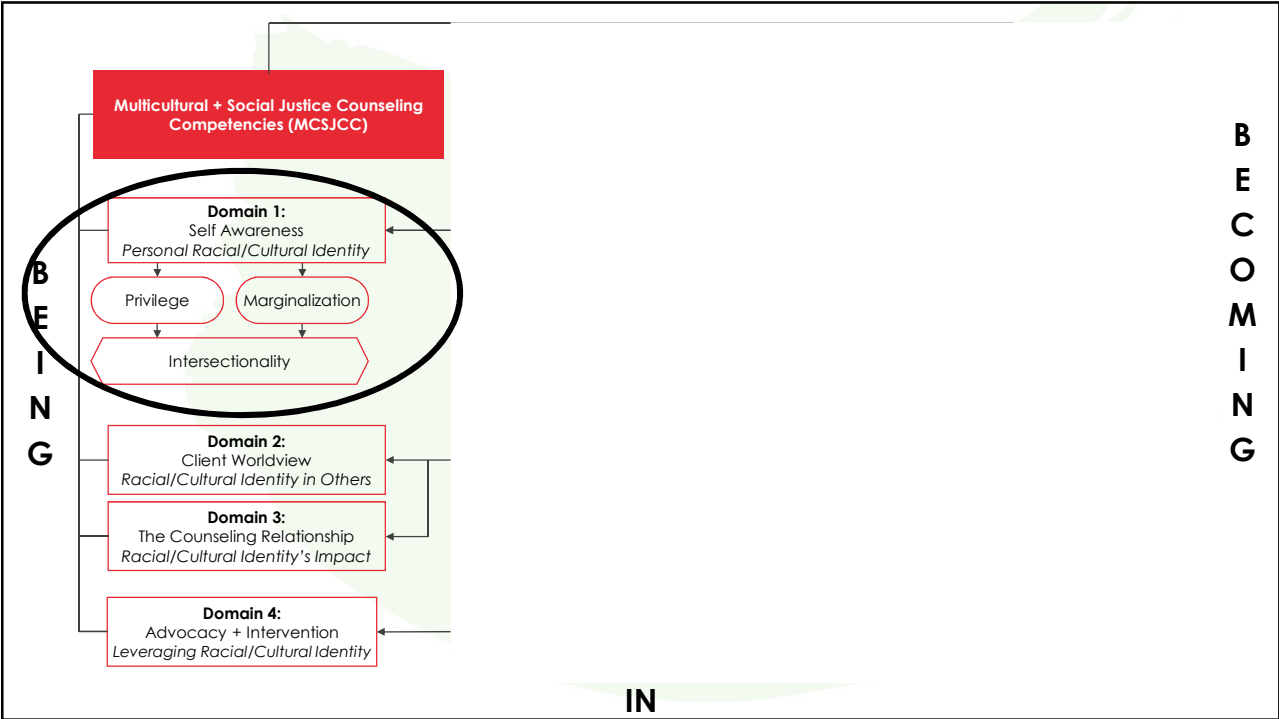
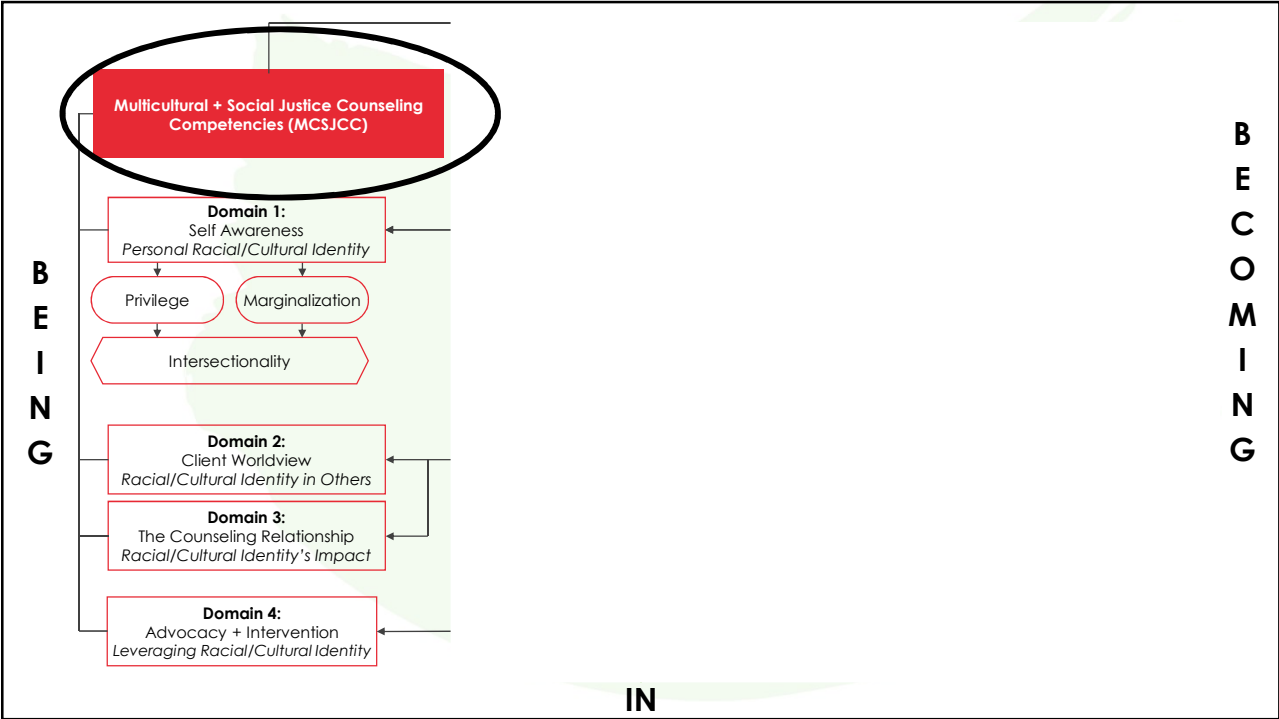


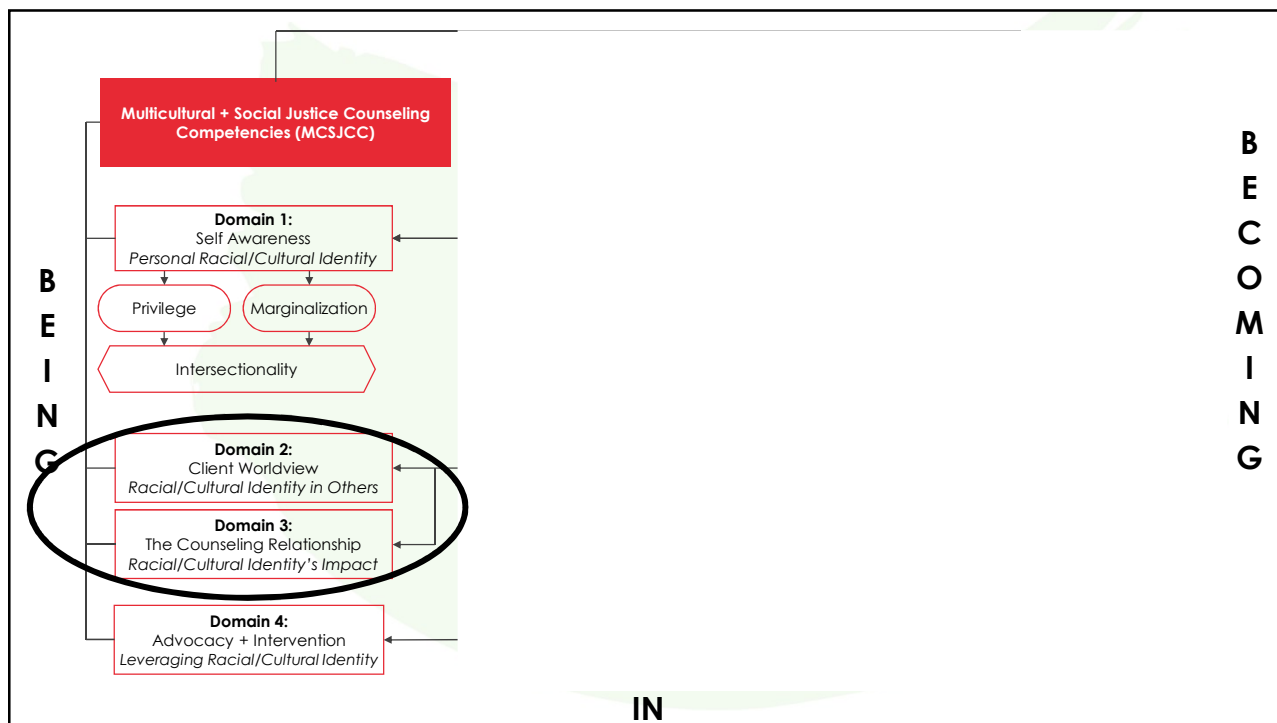
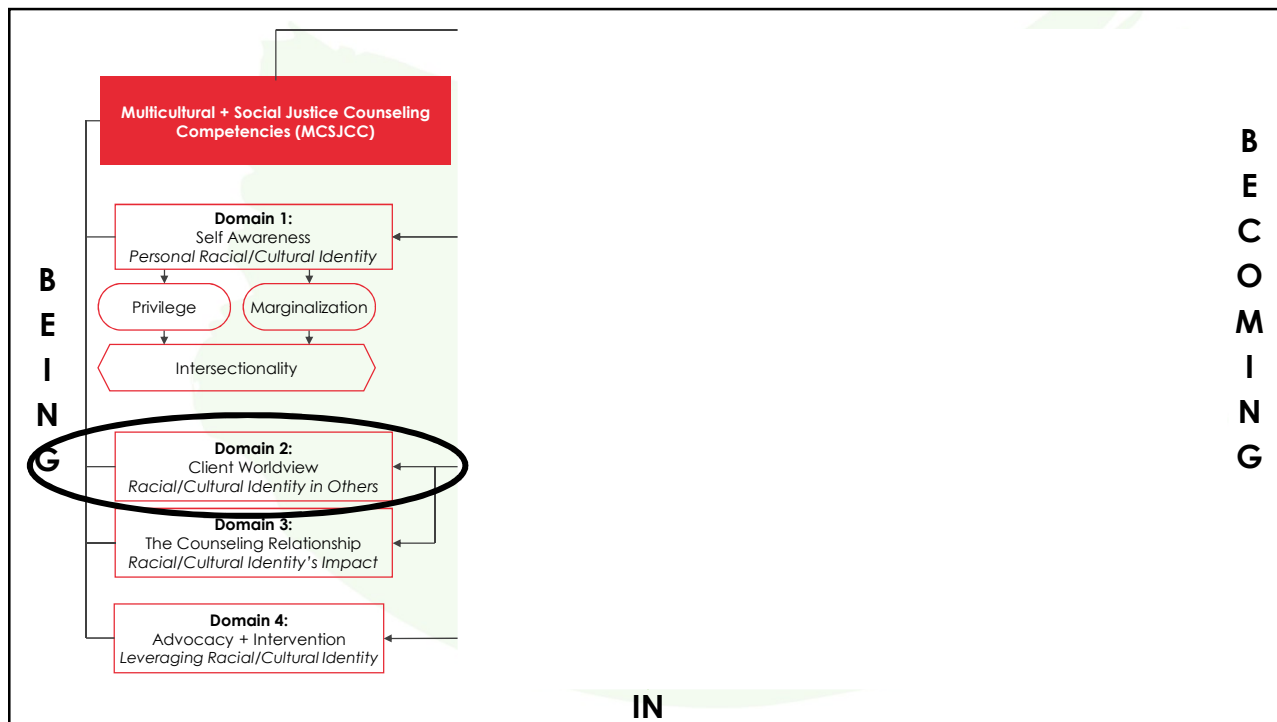


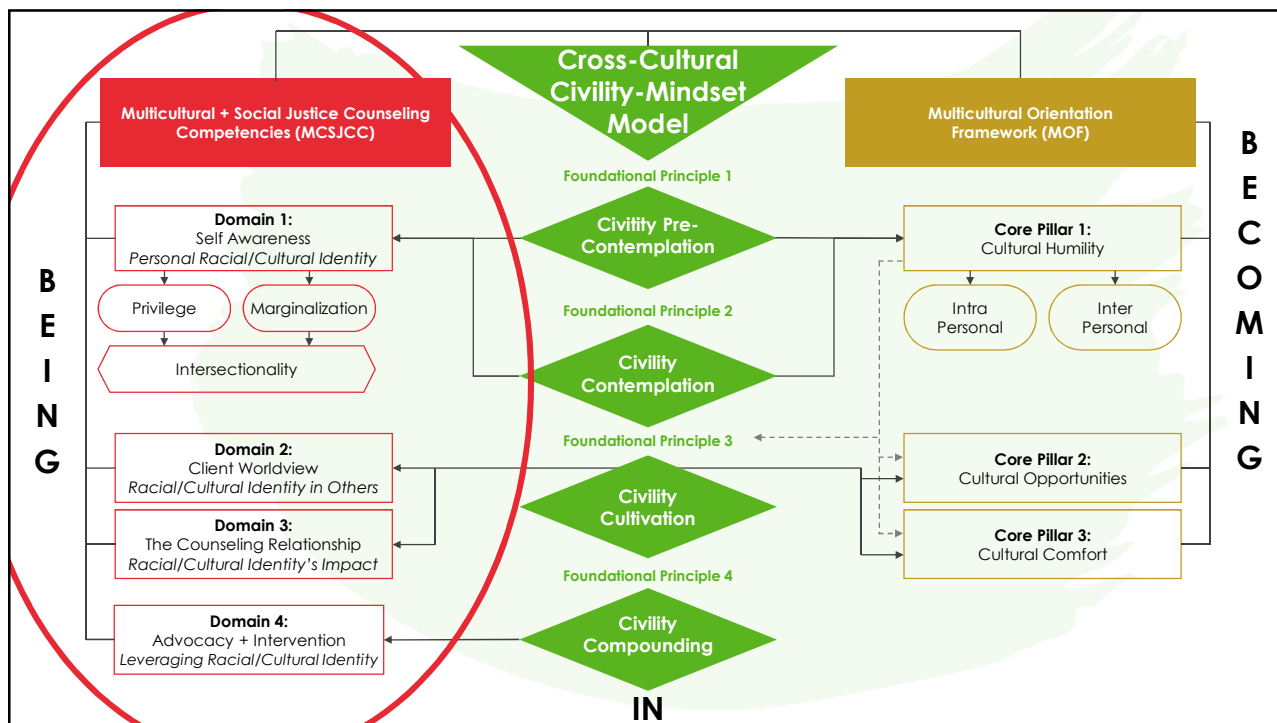
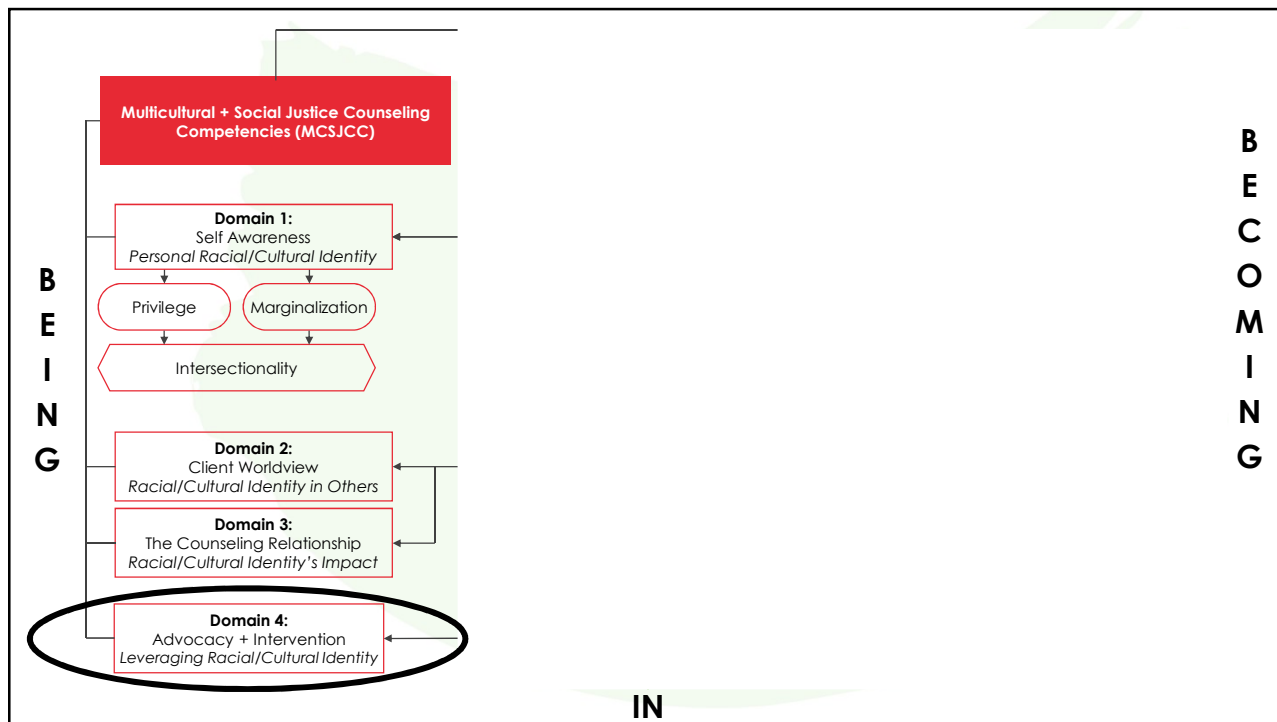
Counselors are in a constant state of  
 “being-in-becoming” relative to  
 developing multicultural and social justice  
 competence. It should be regarded as a  
 lifelong process, in which counselors aspire  
 to continuously further their understanding  
 and commitment to multicultural and  
 social justice competence and practice  
 cultural humility in their work.

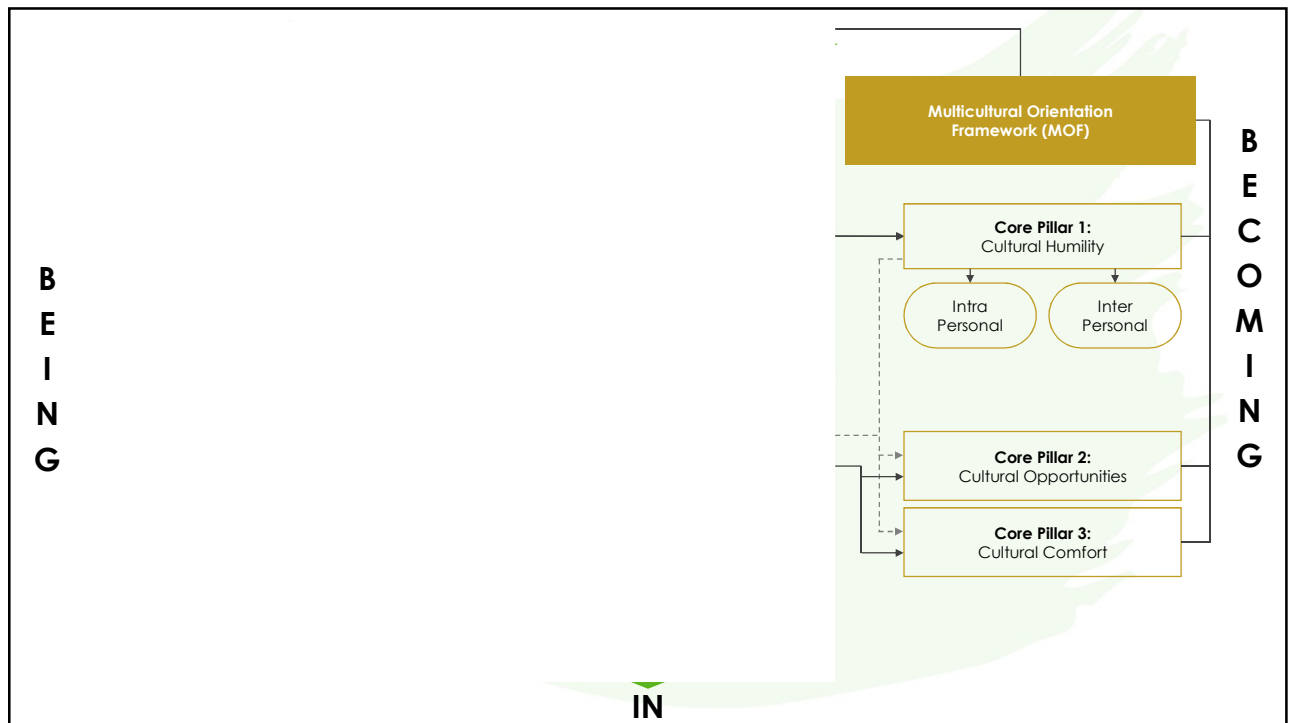
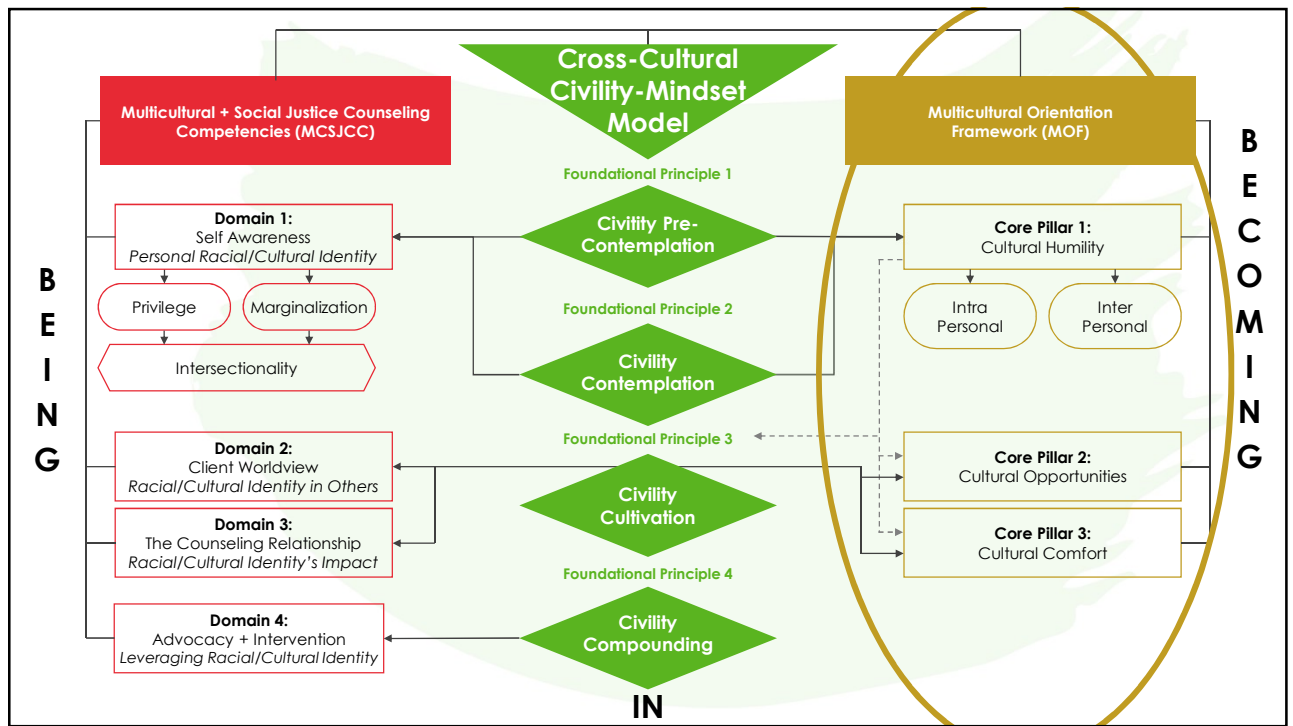
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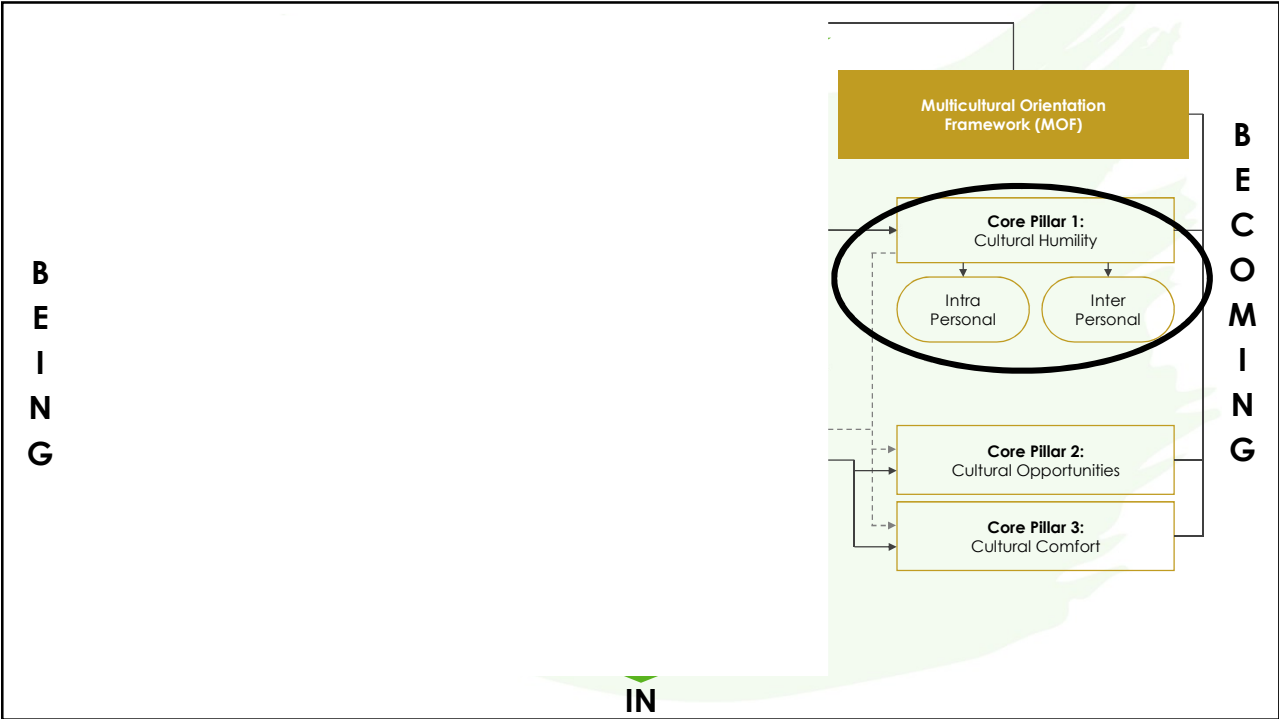
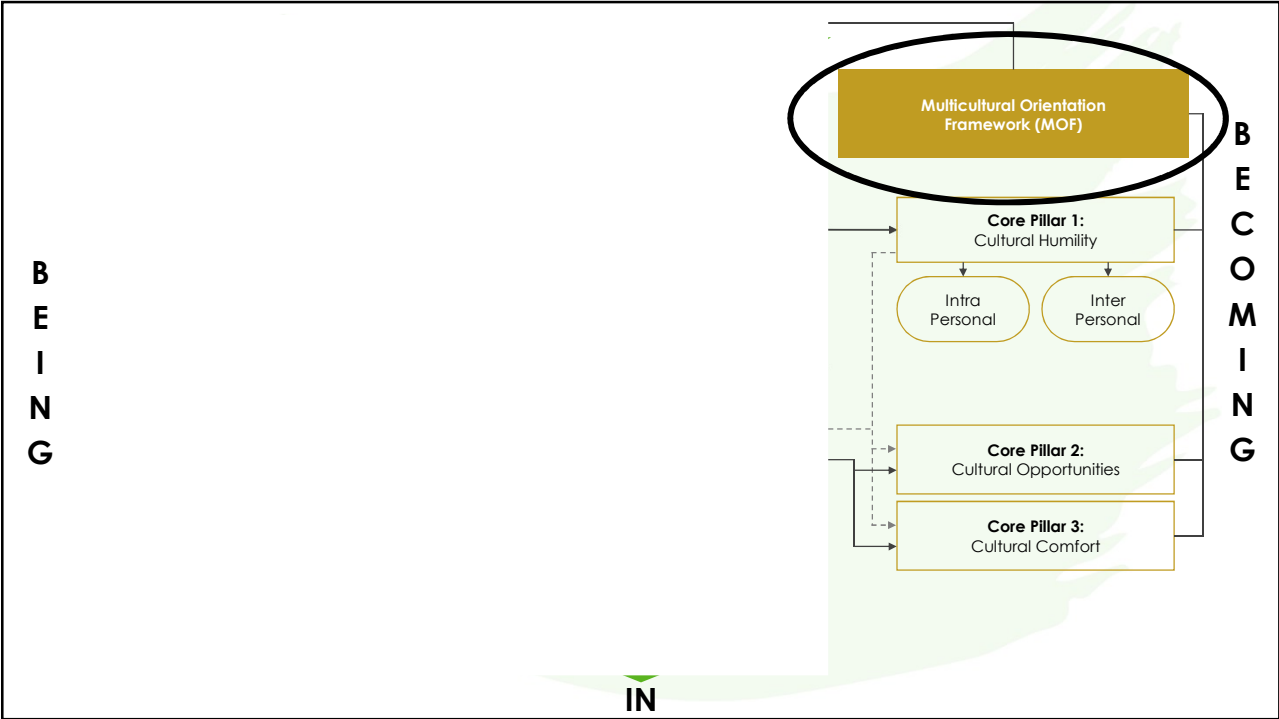


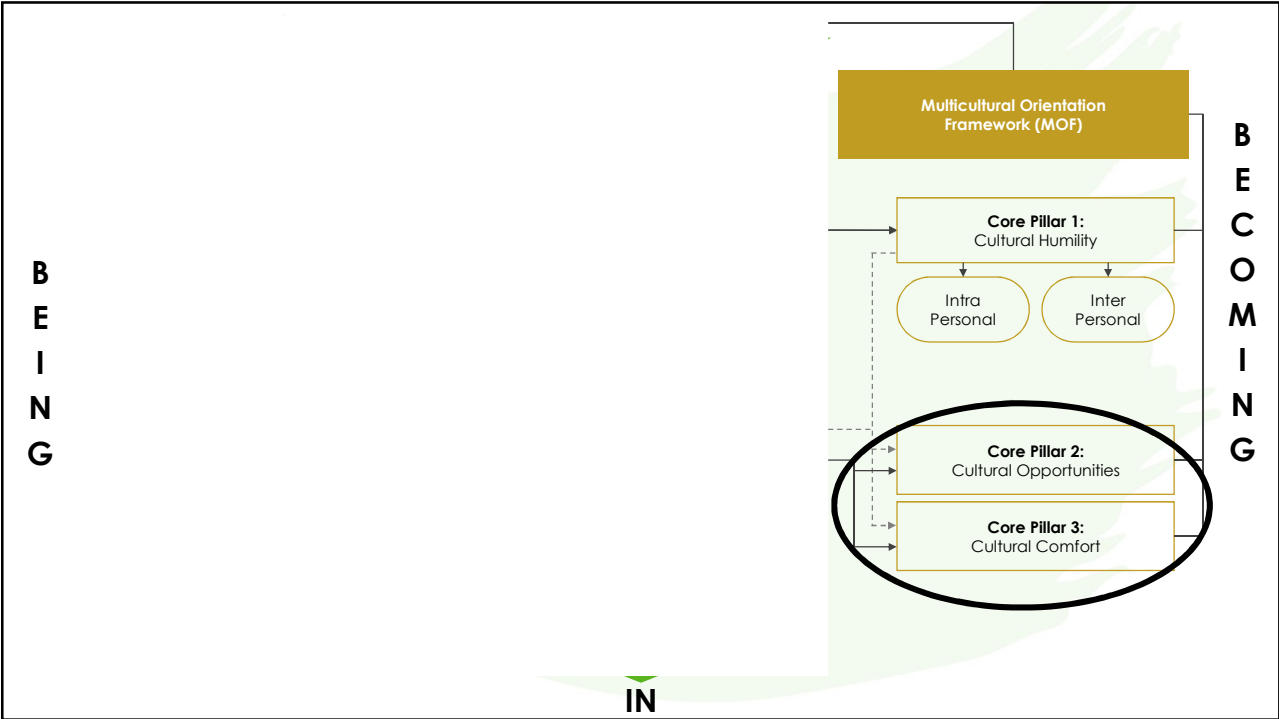
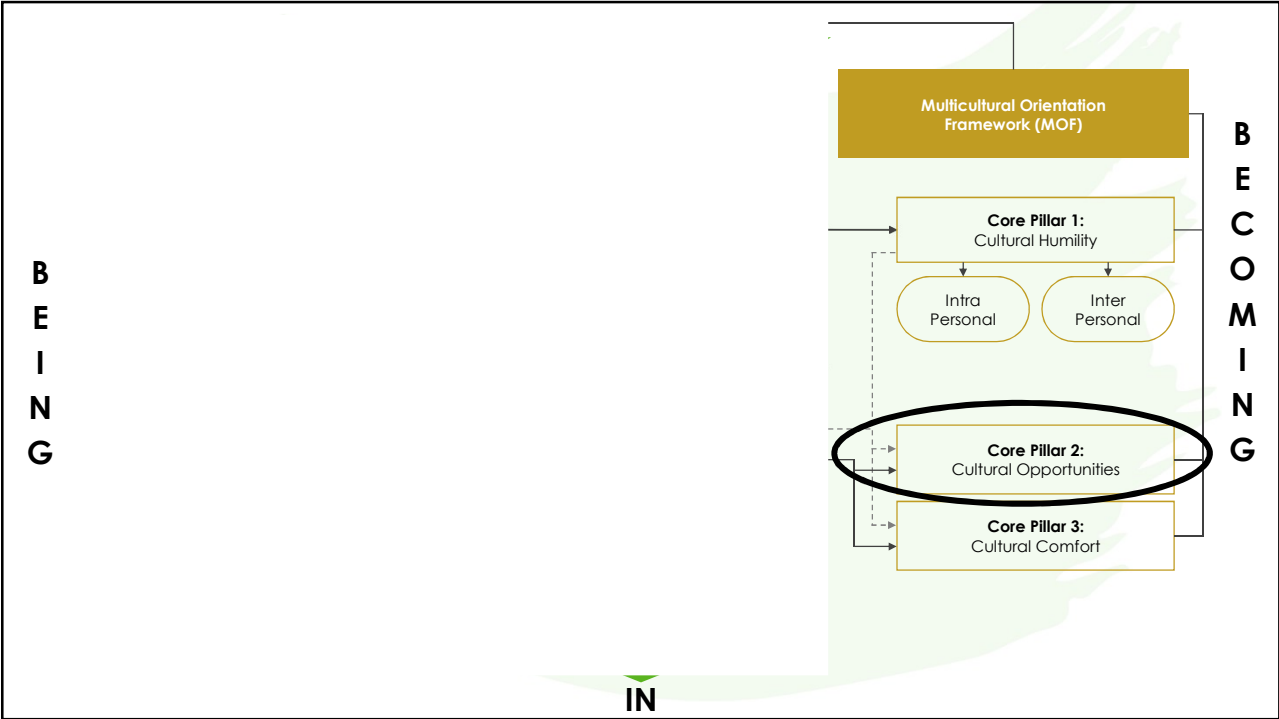




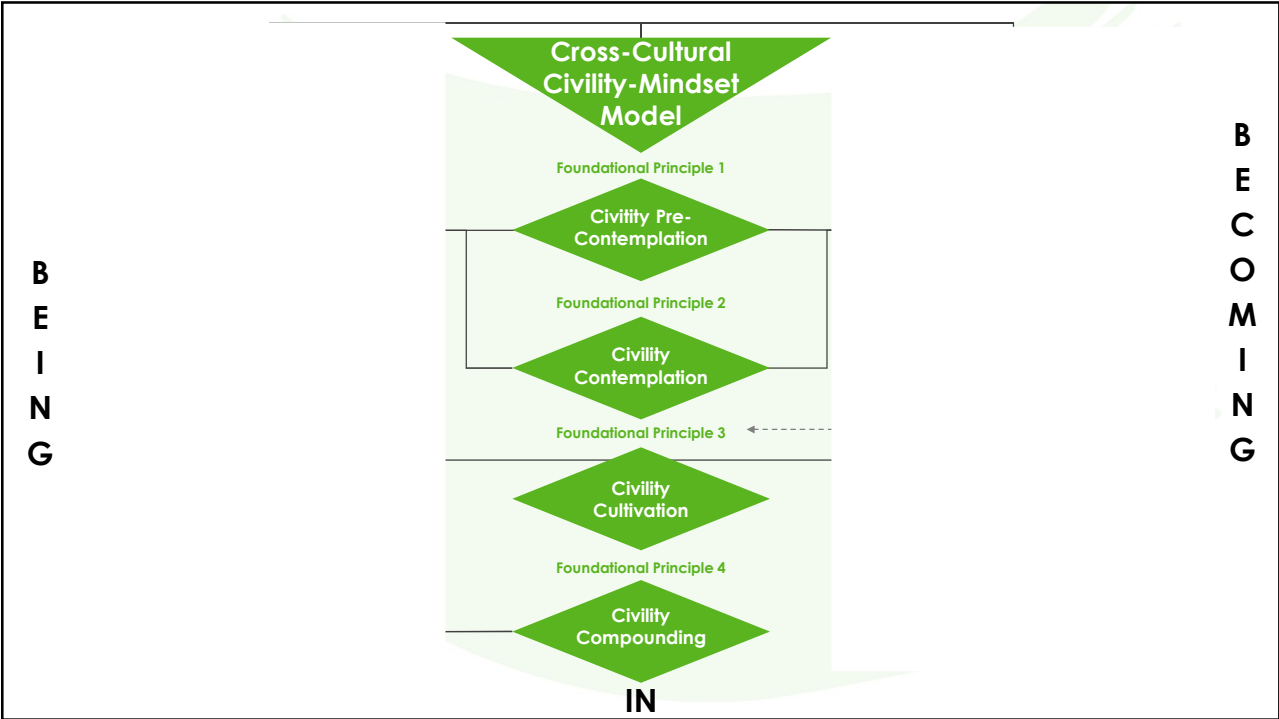
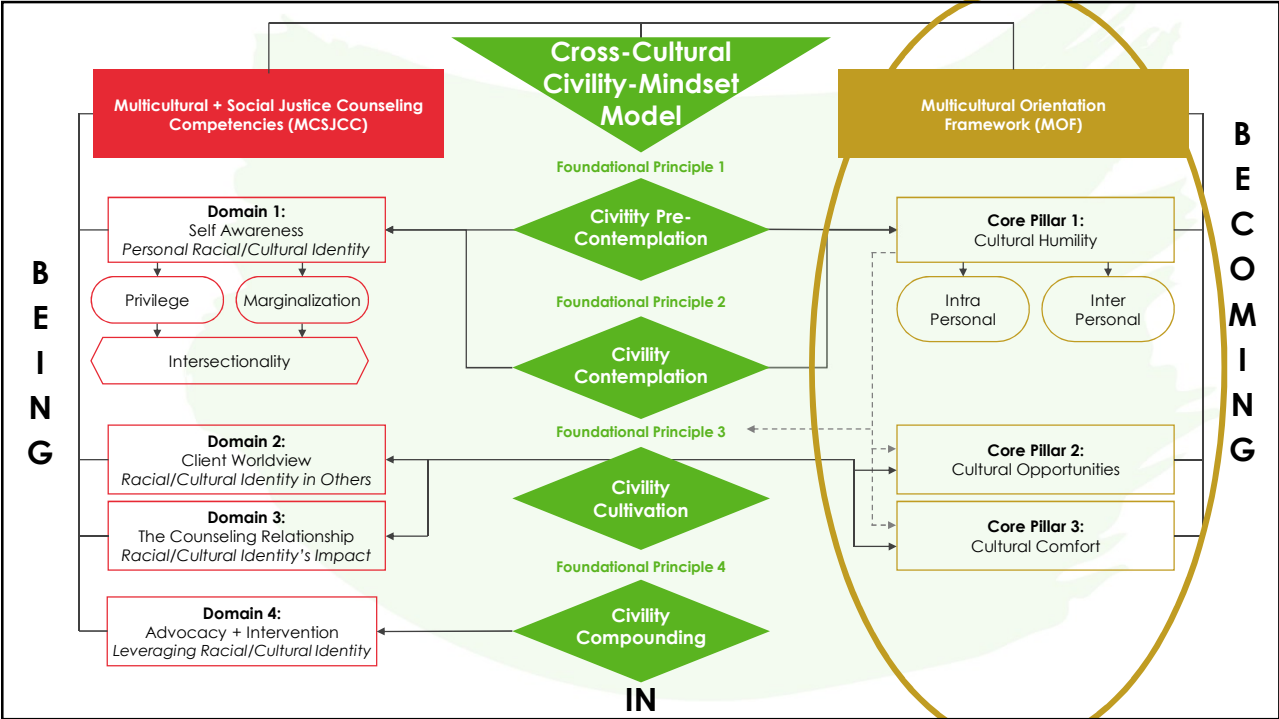


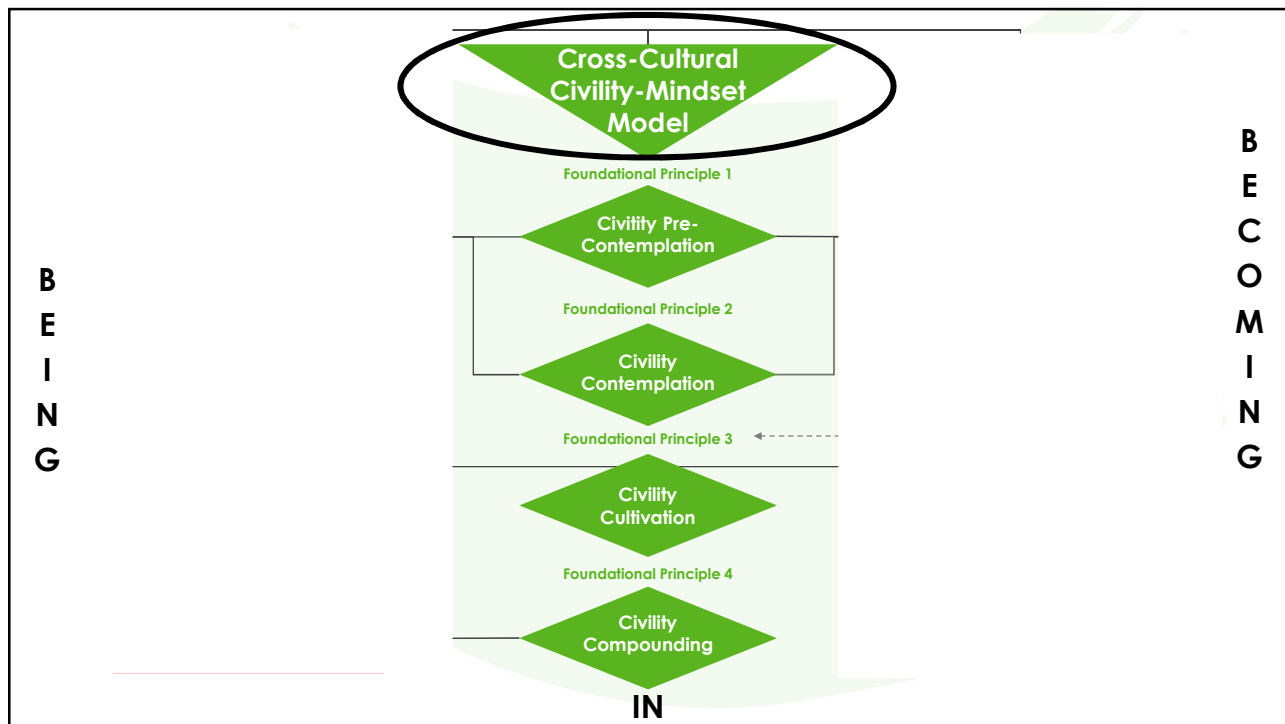








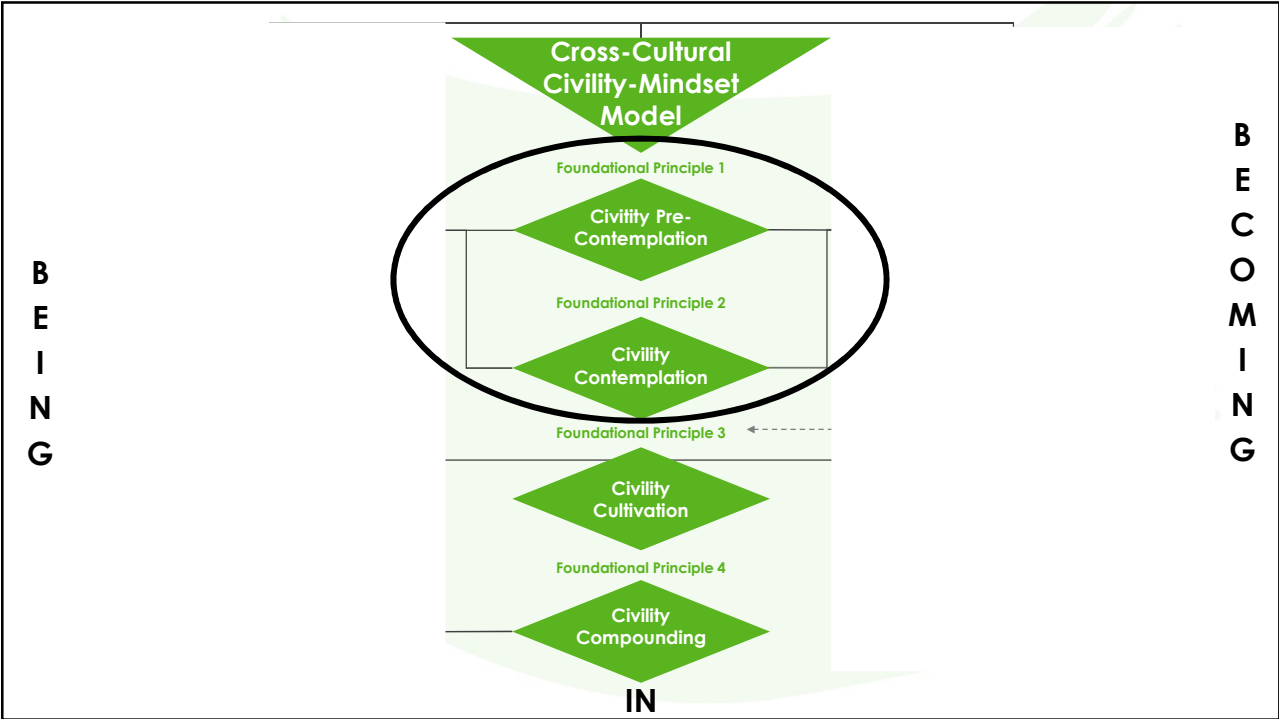
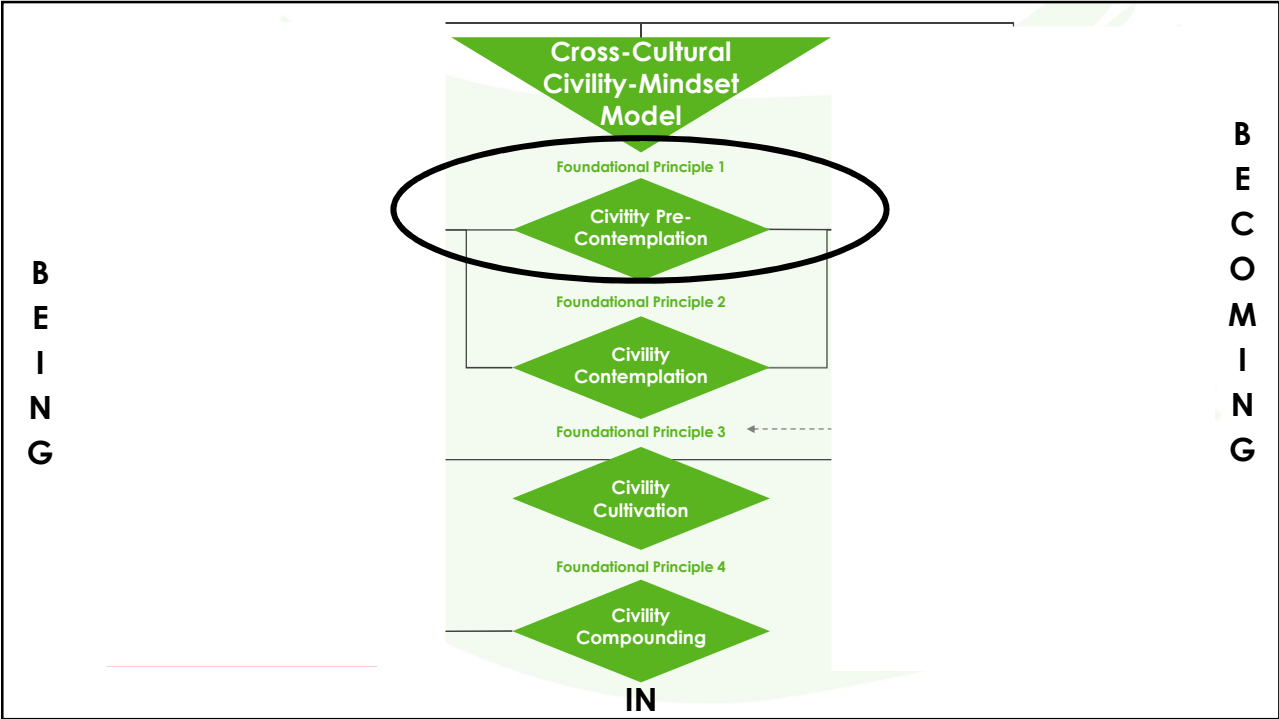




## Clinically-based Aspirational Civility

Within the context of the CCCMDM:

1. the inter and intra-personal stance for building bridges that heal relational divides (*self-and-other awareness, understanding of worldview development, strengthening of the clinical relationship*)
2. the...



## Clinically-based Aspirational Civility

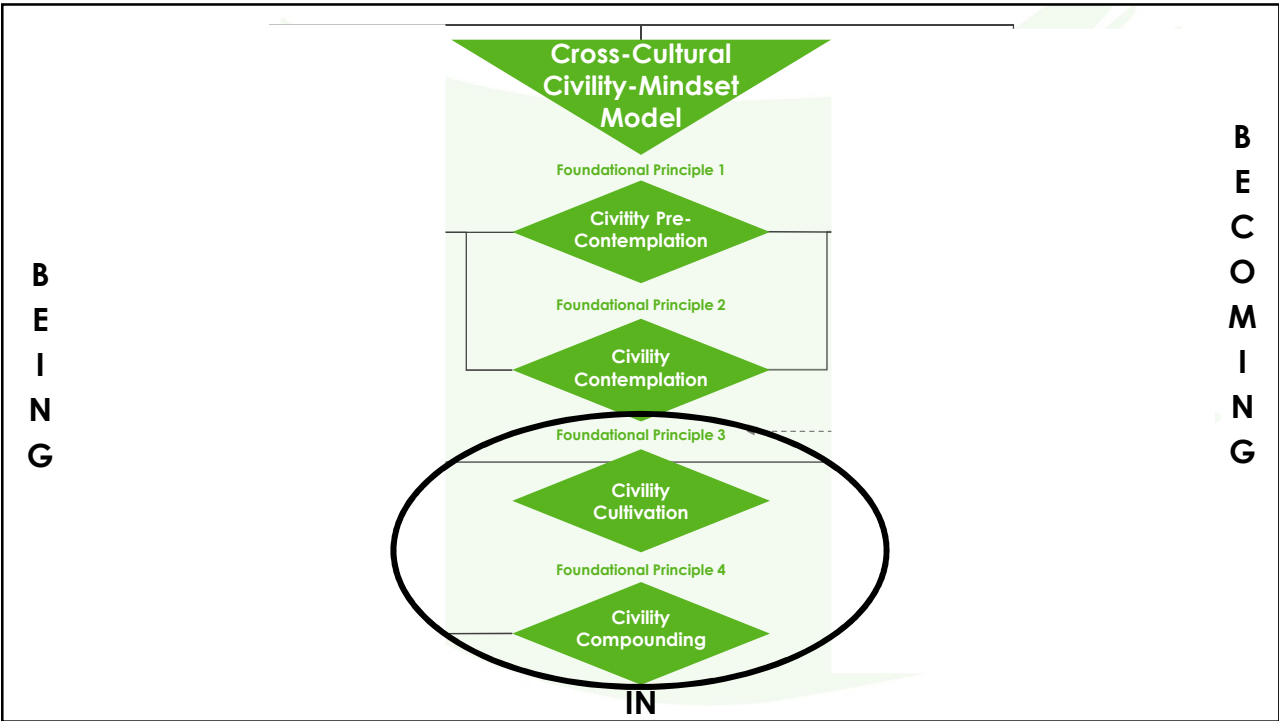
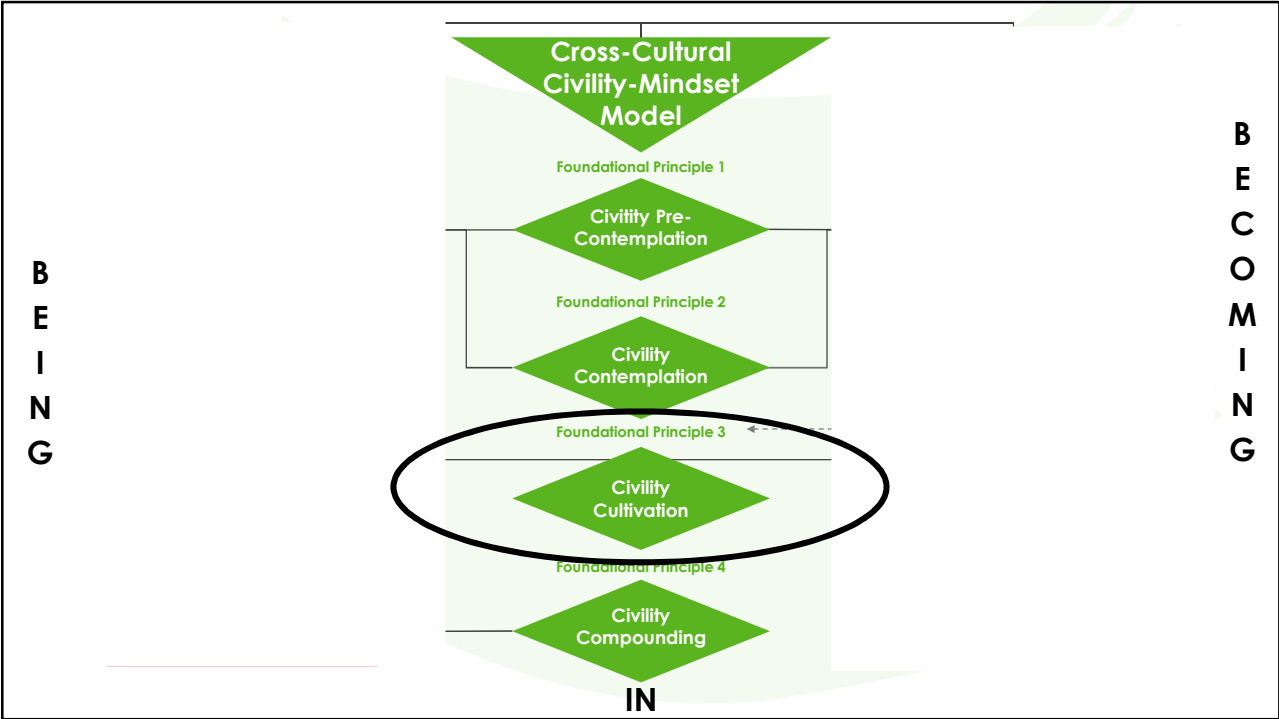
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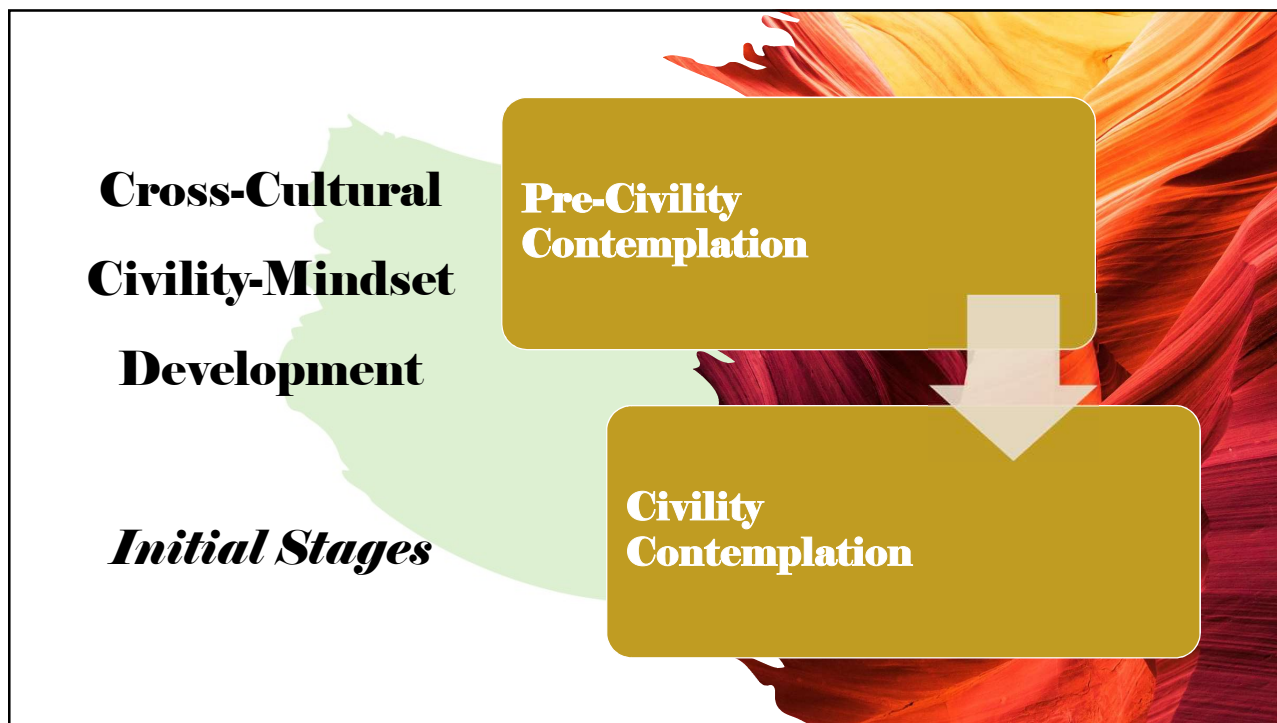
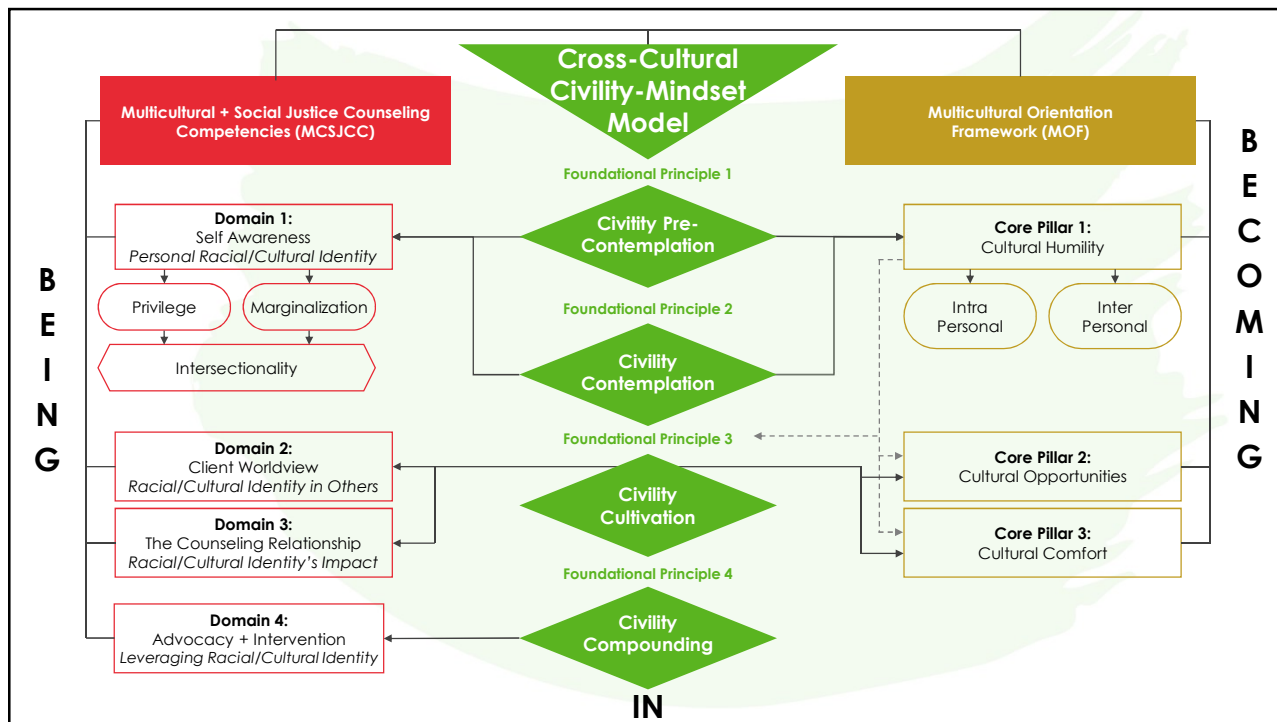
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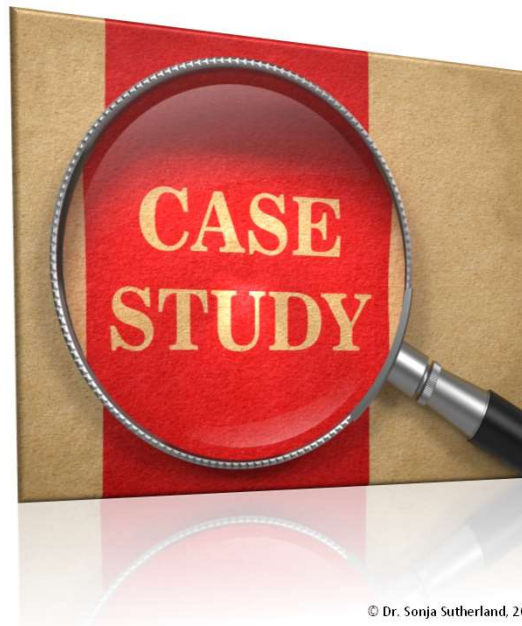
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## Part 1 : Counselor Self-Awareness & Cultural Humility



1. Read your assigned case study together. Right now you have the **clinician's description.**
2. Note of areas that might have clinical relevance based on demographics, family-of-origin information, mental status, etc.
3. ...



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## Case Study Part 1

### Counselor Self-Awareness & Cultural Humility

#### Case Study A Monica

**Monica** is an unmarried 30-year-old bi-racial female with no children. She has been a licensed mental health clinician for 5 years. Monica comes from a long line of educators. Her mother, a black woman, was a sociology professor and did research on the sociology of race, nationality and ethnicity.

#### Case Study B James

**James** is a 55-year-old Black male. Has been a licensed mental health clinician for 20 years. 10 years ago, his father, a long-time pastor, retired from the ministry, and gave the pastorate to his son, James. James has pastored the predominantly black church for the last 10 years, and also maintained his separate private practice. James has been married for 30 years. He and his wife have 2 adult sons (29 [married

#### Case Study C Christy

**Christy** is a 46-year-old white female. She is a divorced, single mother of 2 bi-racial daughters, ages 17 and 25. She is low – mid socioeconomic status. The girls' father is a black man she dated many years ago. During that time, she was estranged from her parents who did not approve of her dating a black man. The relationship ended when the girls

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## Case Study Part 1

### Counselor Self-Awareness & Cultural Humility

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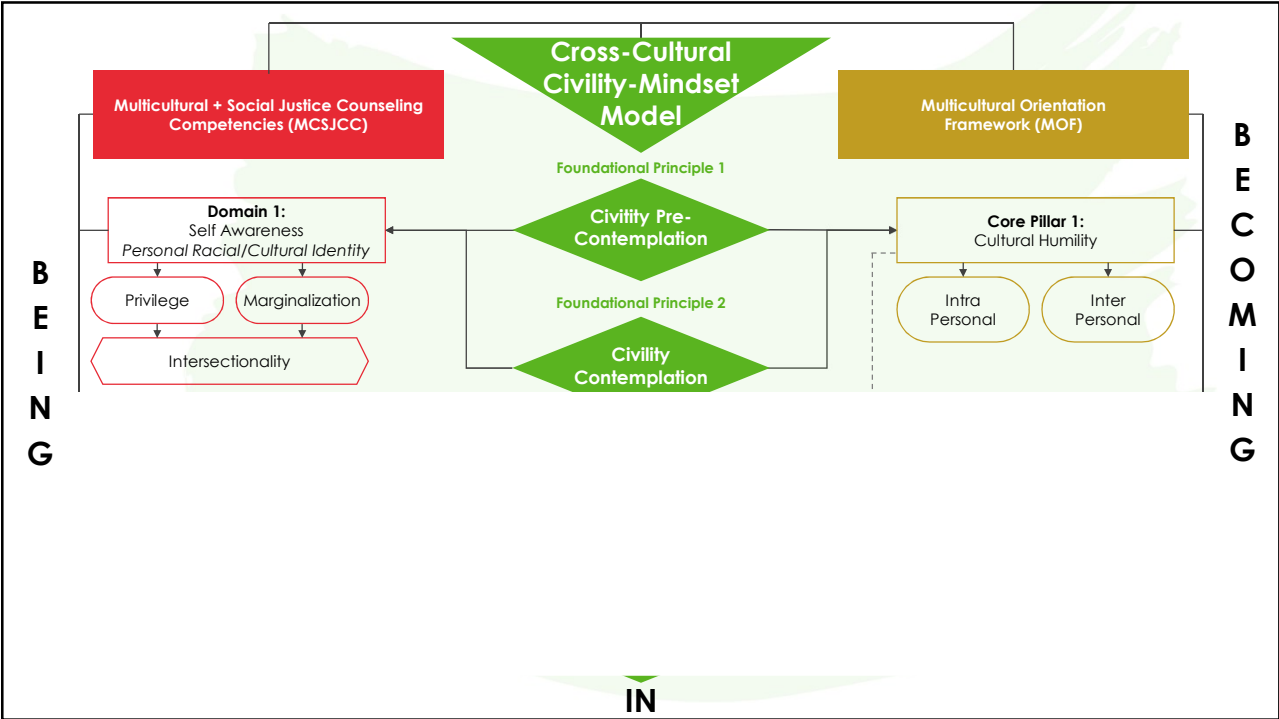
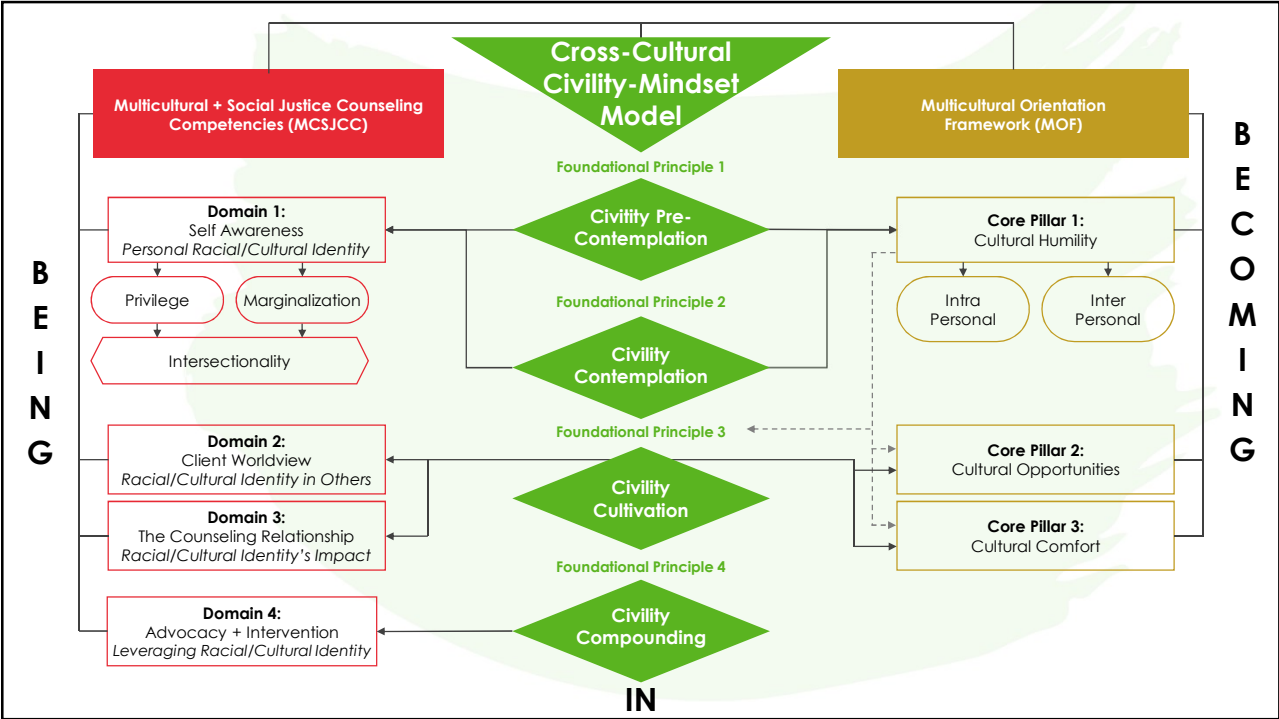
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3. Together develop a conceptualization of the clinician's functioning / needs, and include the relevance of each of the factors outlined by the **CCCMDM**.



## ***Cross-Cultural Pre-Civility Contemplation***

**Lack of awareness of behavior**

**Lack of awareness of impact**

**Overfocus on risk to self**

**Confirmation mindset**

## ***Cross-Cultural Civility Contemplation***

**Self-evaluative ambivalence**

**Privilege, marginalization, bias**

**On-going pre-contemplative struggle**

**Confirmation mindset decreasing, but still present**

## **Aspirational Civility**

Within the context of the CCCMDM:

1. the inter and intra-personal stance for building bridges that heal relational divides (*self-and-other awareness, understanding of worldview development, strengthening of the clinical relationship*)
2. The act of validating the right of culturally diverse others to be treated humanely and with dignity (*ongoing personal learning environments, social justice advocacy*)

# Cross-Cultural Civility Pre-Contemplation Mindset

**Lack of awareness of behavior**

**Lack of awareness of impact**

**Overfocus on risk to self**

**Confirmation mindset**

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# Cross-Cultural Civility Pre-Contemplation Mindset

Improving Cultural Competence

Exhibit 2-1: Stages of Racial and Cultural Identity Development

R/CID Model	WRID Model
<p><b>Conformity:</b> Has a positive attitude toward and preference for dominant cultural values; places considerable value on characteristics that represent dominant cultural groups; may devalue or hold negative views of own race or other racial/ethnic groups.</p> <p><b>Dissonance and Appreciating:</b> Begins to question identity; recognizes conflicting messages and observations that challenge beliefs/stereotypes of own cultural groups and value of mainstream cultural groups; develops growing sense of one's own cultural heritage and the existence of racism; moves away from seeing dominant cultural groups as all good.</p>	<p><b>Naiveté:</b> Had an early childhood developmental phase of curiosity or minimal awareness of race; may or may not receive overt or covert messages about other racial/cultural groups; possesses an ethnocentric view of culture.</p> <p><b>Conformity:</b> Has minimal awareness of self as a racial person; believes strongly in the universality of values and norms; perceives White American cultural groups as more highly developed; may justify disparity of treatment; may be unaware of beliefs that reflect this.</p> <p><b>Dissonance:</b> Experiences an opportunity to examine own prejudices and biases; moves toward the realization that dominant society</p>

**Lack of awareness of behavior**

**Lack of awareness of impact**

**Overfocus on risk to self**

**Confirmation mindset**

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# Cross-Cultural Civility Contemplation Mindset

Self-evaluative  
ambivalence

Privilege,  
marginalization,  
bias

On-going pre-  
contemplative  
struggle

Confirmation  
mindset  
decreasing, but  
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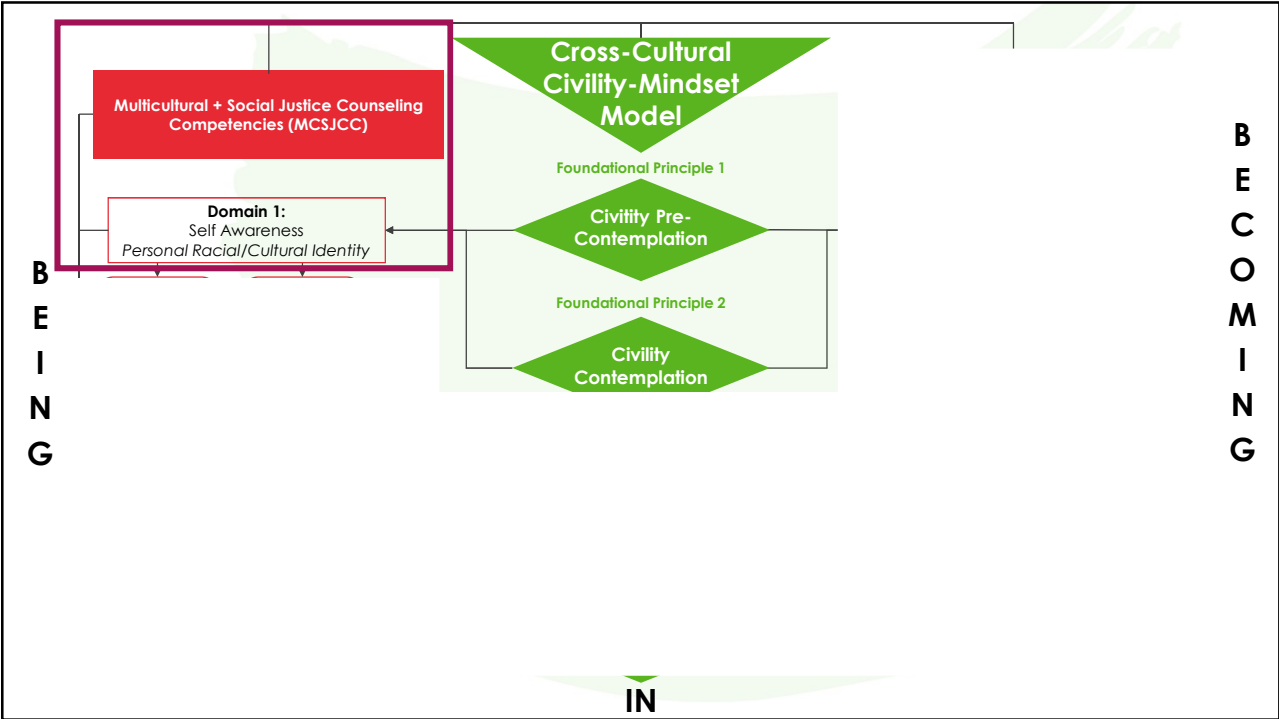
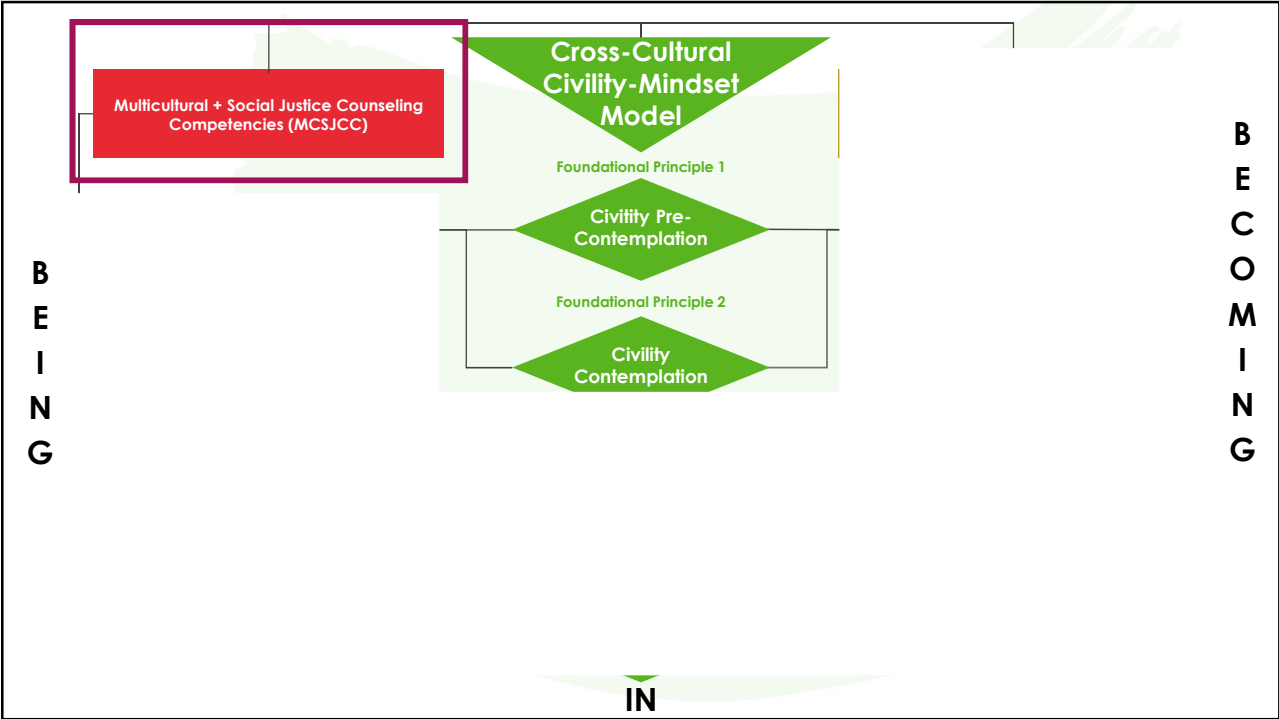
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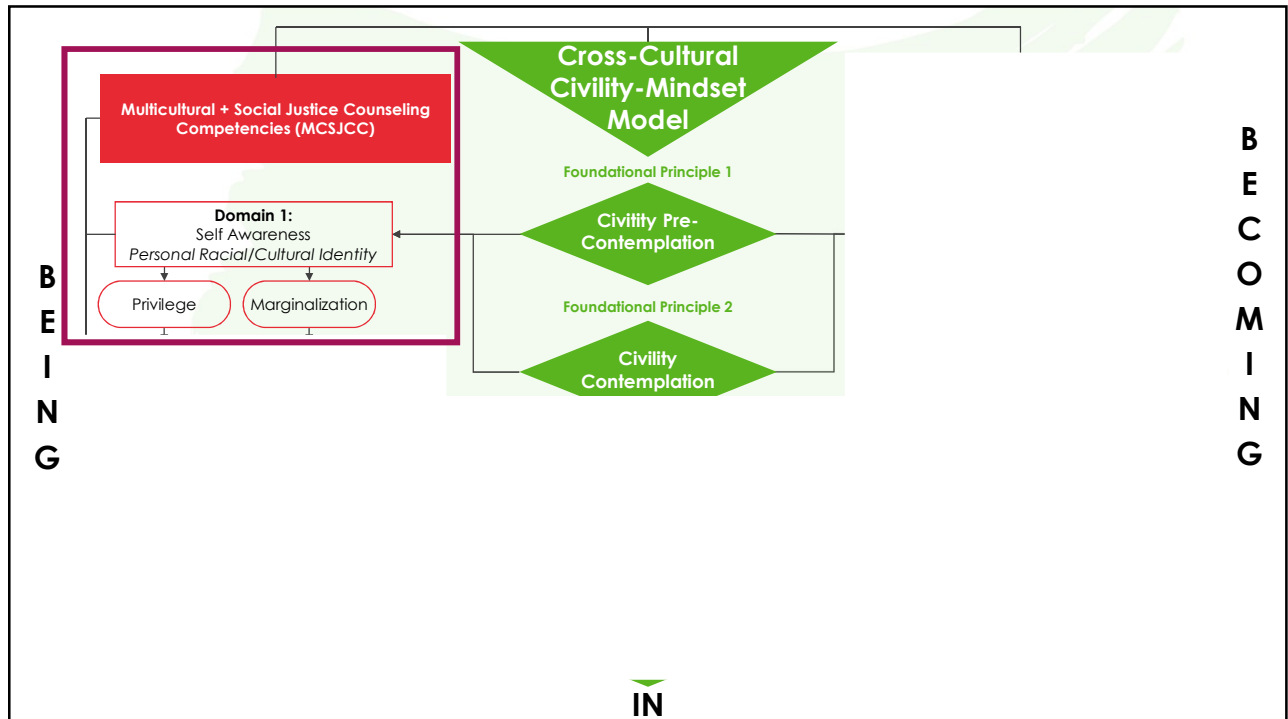


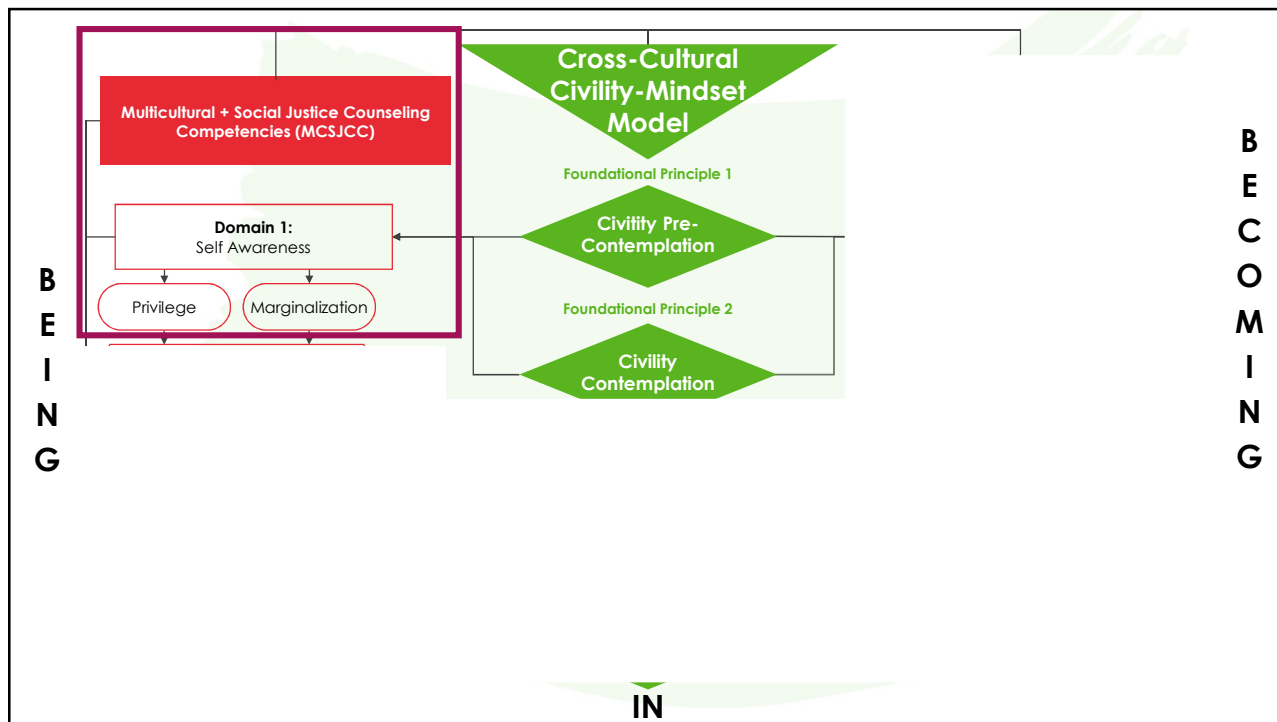
# Cross-Cultural Pre-Civility / Civility Contemplation

## MSJCC CLINICIAN SELF-AWARENESS:

Privileged and marginalized clinicians develop self-awareness, so that they can explore their attitudes and beliefs, and develop knowledge, skills, and action relative to their self-awareness and worldview.

*(RATTS, SINGH, NASSAR-MCMILLAN, BUTLER (2016).*





**MSJCC Domain 1:  
Clinician self-awareness**

**PRIVILEGE AND MARGINALIZATION**

**EQUITY & ACCESS**





# Privilege



- "...an identity in which belonging to a group or community affords you certain unearned benefits based on the power of that group to influence social institutions and social norms"

(Hook, Davis, Owen & DeBlaere, 2017)



- "an invisible package of unearned assets, which...can [be cashed] in every day...which ...[is] meant to remain..."  
unseen or is unnoticeable by those who automatically have it."

(McIntosh, 2003)



- I can go into a supermarket and find the staple foods which fit with my cultural traditions
- I can remain oblivious of the language and customs of persons of color without feeling in my culture any penalty for such oblivion.
- Because of where I live, I can be assured that my children will receive an equal level of quality publicly provided education afforded to anyone else in my city.

Adapted from: White Privilege: Unpacking the Invisible Knapsack (Peggy McIntosh, 1988)

- I am confident that I can easily find a counselor or psychologist of my race or religious background in my area, without having to inquire about it before scheduling an appointment.
- When I inquire about counseling services because of my depression, anxiety, trauma, or relationship problems, I don't really have to worry about being referred somewhere else because I'm not heterosexual.

Adapted from: White Privilege: Unpacking the Invisible Knapsack (Peggy McIntosh, 1988)

## **Privilege & Marginalization A Black Male Perspective**

As you watch the video jot down notes on how it personally impacts you.

- How does it clarify the concepts of privilege & marginalization for you?
- What biases and stereotypes within yourself are you willing to recognize?

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**What it's like to be  
Black...**

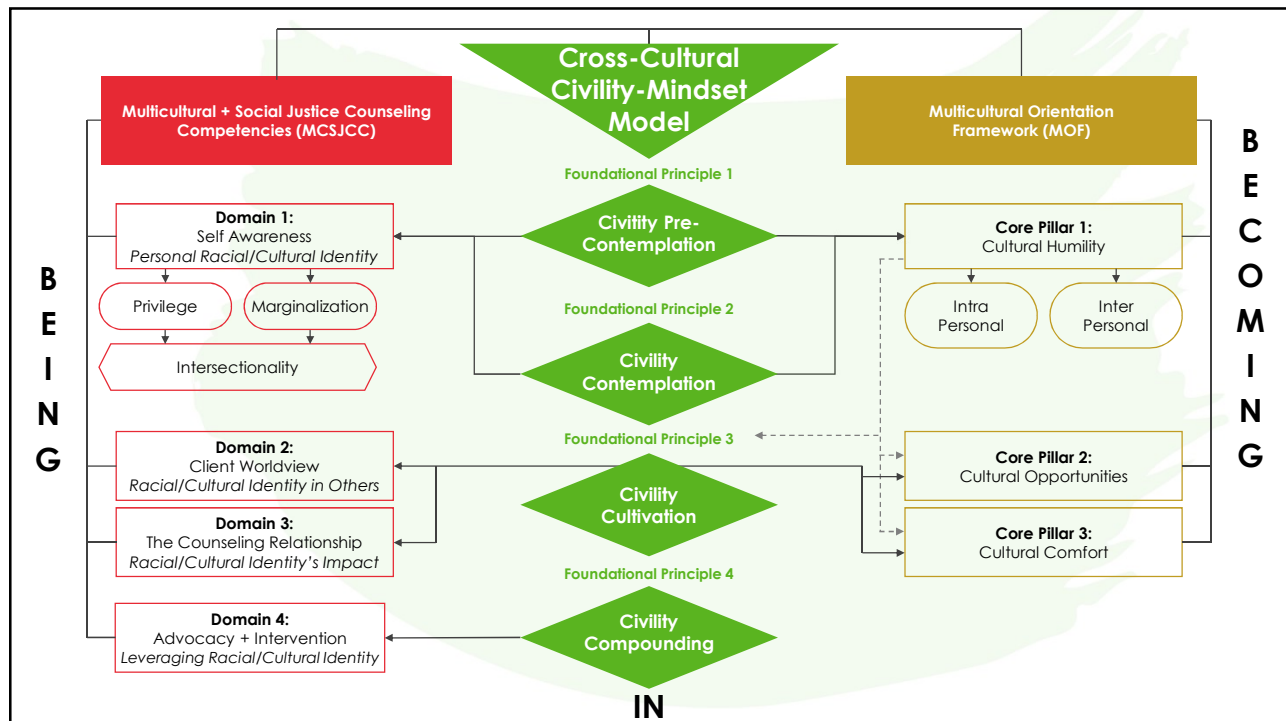


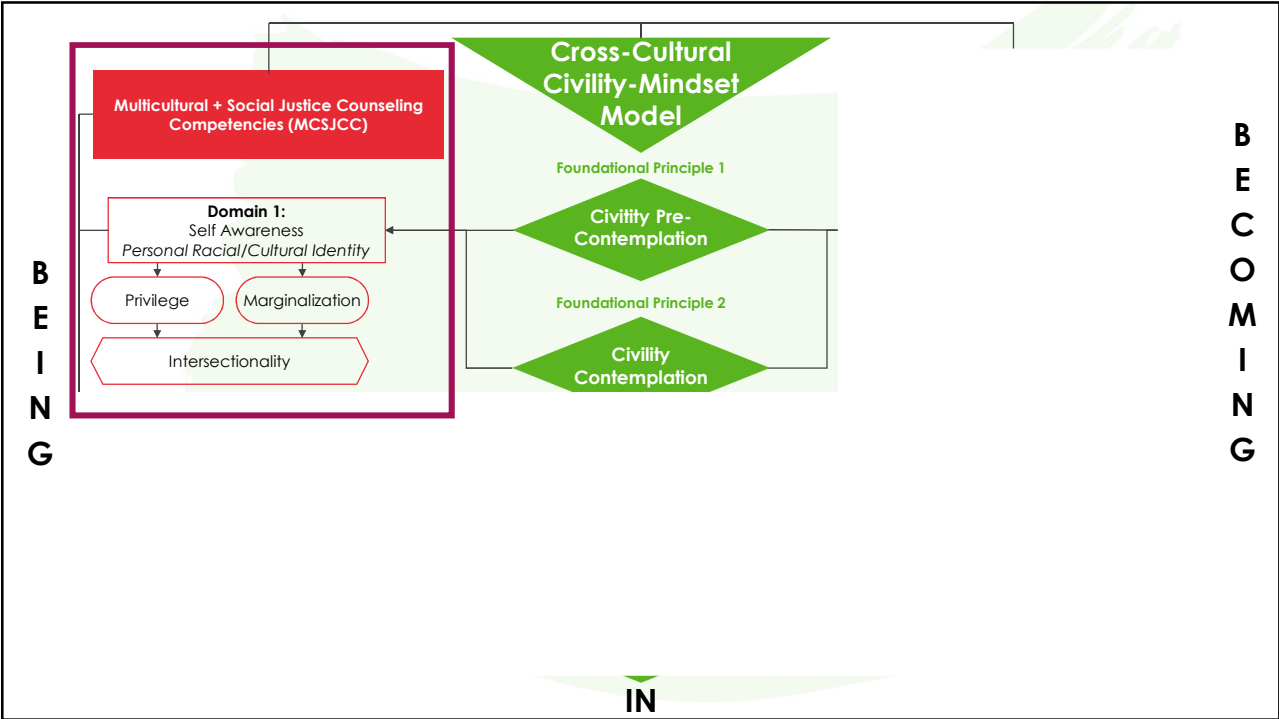
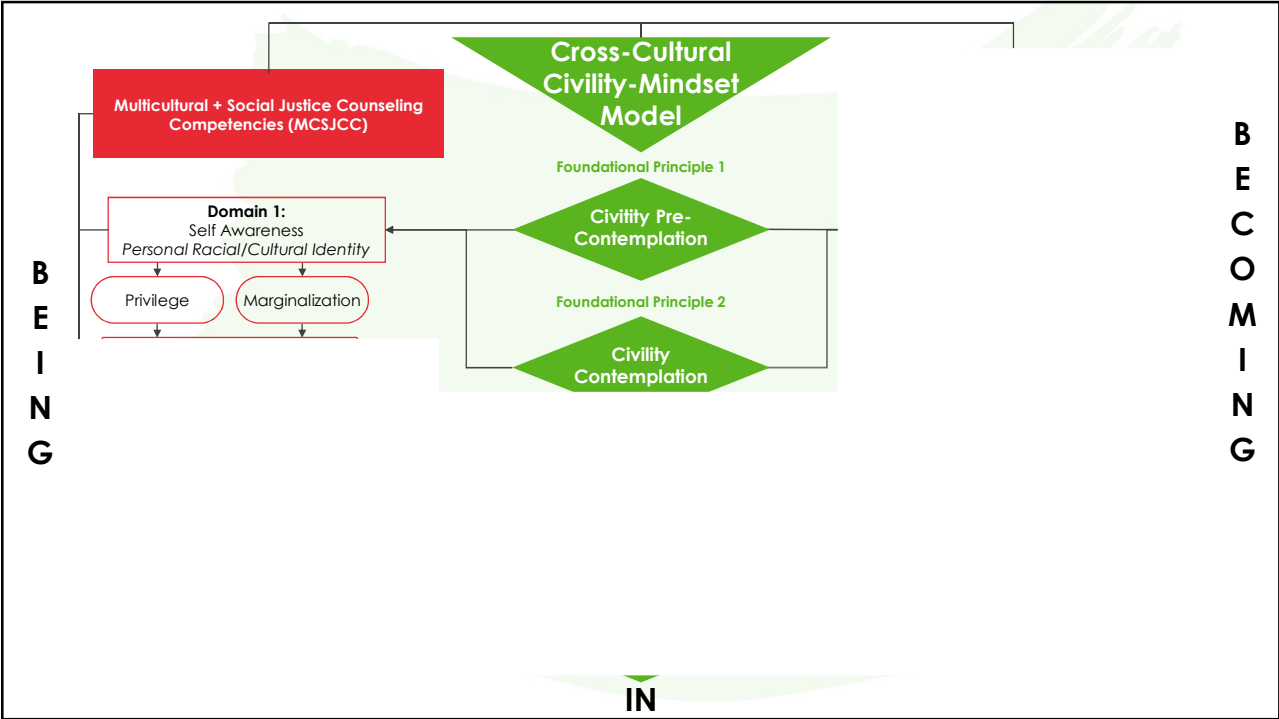
PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

## Group Discussion

- How does this video clarify the concepts of privilege & marginalization for you?
- What biases and stereotypes within yourself are you willing to recognize?
- What do you feel when you realize that the current President of the American Counseling Association (ACA) experiences some of the same realities of danger to his life as George Floyd and many other black males unjustly killed?

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## Intersection of Identities



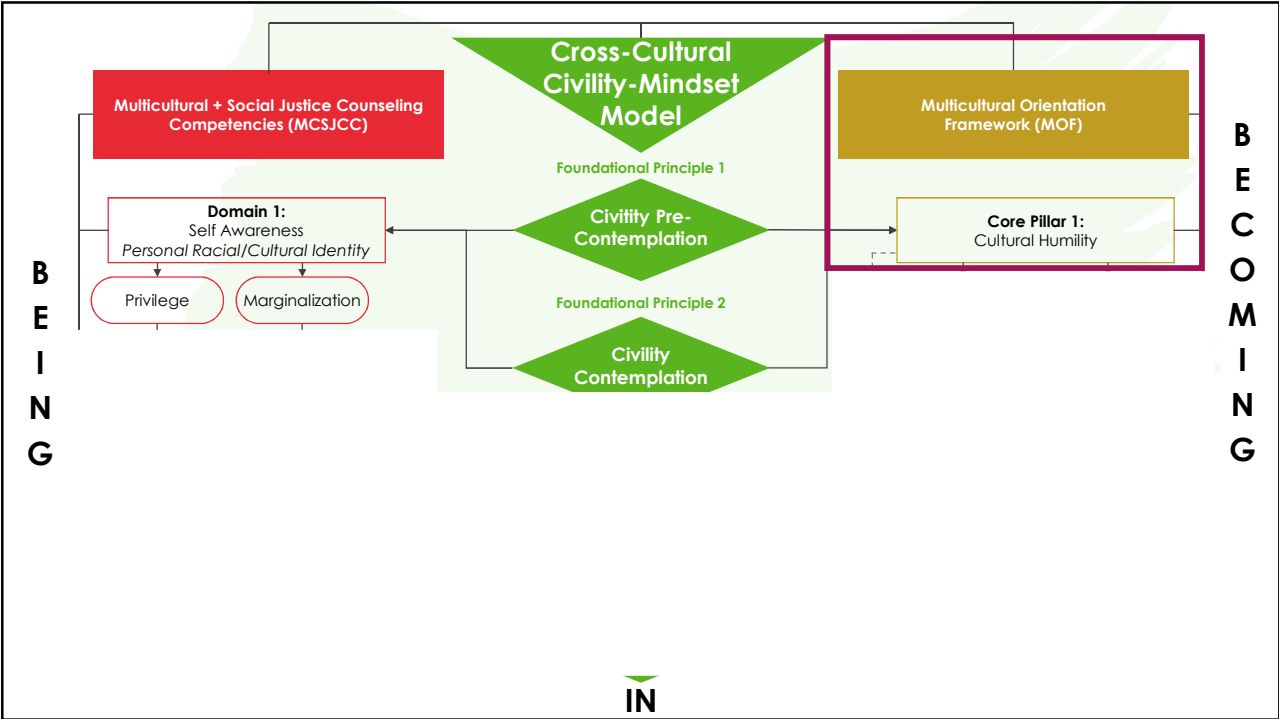
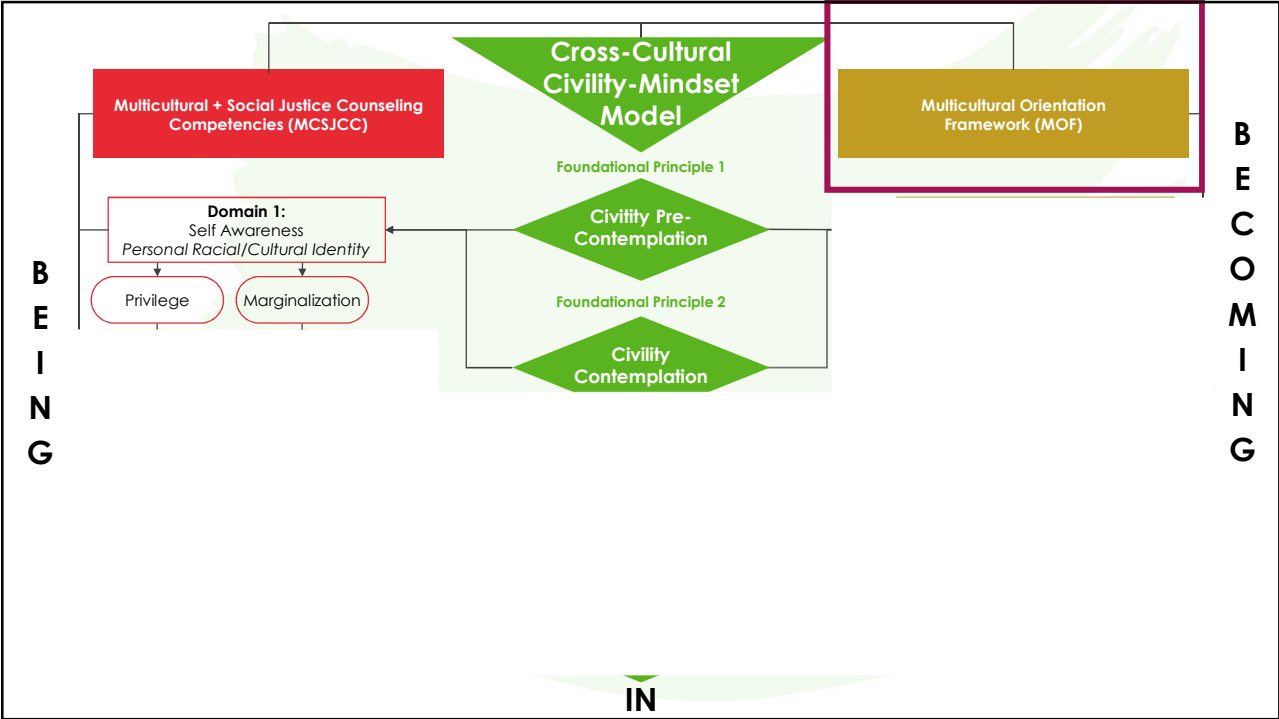
13  
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## Intersectionality

Privilege Marginalization

### ADDRESSING

1. Age
2. Disability
3. Race
4. Religion
5. Ethnicity
6. Sexual Orientation
7. Socioeconomic Status
8. Spirituality
9. Indigenous Heritage
10. National Origin
11. Gender

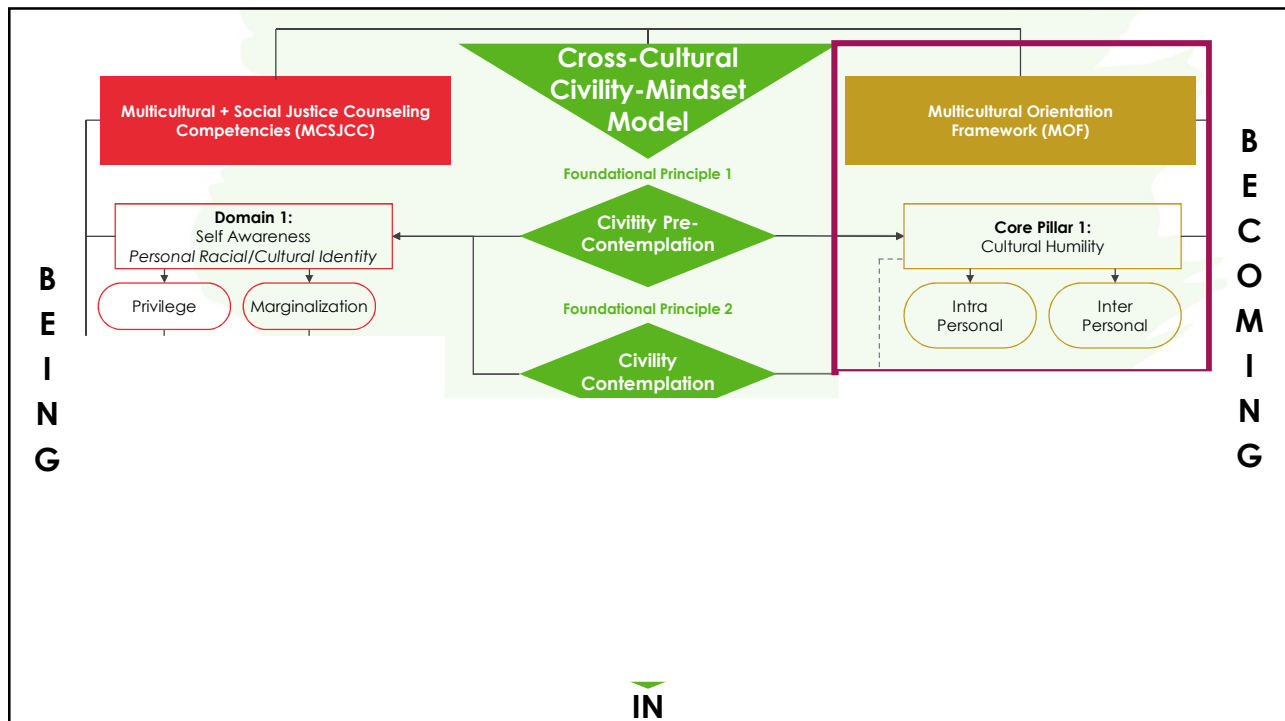


# Cross-Cultural Pre-Civility / Civility Contemplation

## MOF CULTURAL HUMILITY:

An awareness of one's limitations to understanding a client's cultural background and experience

(HOOK, DAVIS, OWEN & DEBLAERE, 2017, P. 9)



IN



***MOF Pillar 1***  
***Cultural Humility***



"allows space for clients to self-define what aspects of their cultural identity are most salient"



Therapists are motivated to learn new things about their own, and their client's cultural perspectives and worldviews.



"Clients who view their therapist as more culturally humble have better [working alliances] and [overall] therapy outcomes" (Hook, et al, 2017, p. 29).

***MOF Pillar 1***  
***Cultural Humility***



***Intrapersonal dimension*** –  
*aware of biases and limitations*



***Interpersonal dimension*** –  
*are we open and curious about others*

# Clinically-based Aspirational Civility

Within the context of the CCCMDM:

1. the inter and intra-personal stance for building bridges that heal relational divides (*self-and-other awareness, understanding of worldview development, strengthening of the clinical relationship*)
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## Part 1 : Counselor Self-Awareness & Cultural Humility



1. Read your assigned case study together. Right now you have the **clinician's description**.
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3. Together develop a conceptualization of the clinician's functioning / needs, and include the relevance of each of the factors outlined by the **CCCMDM**.

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### Cross-Cultural Civility-Mindset Development Model (CCCMDM)

#### Case Conceptualization Guide

#### Part 1 – Clinician Self-Awareness & Cultural Humility

Name of Counselor Assigned:  Monica  James  Christy

**What did you note about this clinician with reference to:**

**Self-Awareness**  
(of bias, values, worldview, privilege, marginalization, micro-aggressive beliefs or behaviors)

**Interpersonal Cultural Humility?**

**Intrapersonal Cultural Humility?**

**Clinical relevance of Intersection of Identities?**  
(age, disability, race, religion,



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3. Together develop a conceptualization of the clinician's functioning / needs, and include the relevance of each of the factors outlined by the **CCCMDM**.

## ***ETHICAL CODES & CULTURAL COMPETENCE***

- |  |   |   |  |   |
|--|---|---|--|---|
| <p>1) ACA (2014):</p> <ul style="list-style-type: none"> <li>a) A.2.c</li> <li>b) A.4.B</li> <li>c) A.11.b</li> <li>d) B.1.a</li> <li>e) E.5.b</li> <li>f) E.8</li> <li>g) F.2.b</li> <li>h) F.7.c</li> <li>i) F.11.a,b,c</li> <li>j) H.5.d</li> </ul> | <p>2) AACC:</p> <ul style="list-style-type: none"> <li>a) ES1: 500</li> </ul> | <p>3) AAMFT:</p> <ul style="list-style-type: none"> <li>a) a.1.1</li> <li>b) b.6.7</li> <li>c) c.7.5</li> </ul> | <p>5) NASW:</p> <ul style="list-style-type: none"> <li>a) 1.1.05</li> <li>b) 1.1.06</li> <li>c) 1.1.09</li> <li>d) 1.1.10</li> <li>e) 3.3.01b</li> <li>f) 6.6.01</li> <li>g) 6.6.04</li> </ul> | <p>6) ASERVIC:</p> <ul style="list-style-type: none"> <li>a) Culture and World Views</li> </ul> |
| <p>4) APA (2017):</p> <ul style="list-style-type: none"> <li>a) Principle E</li> <li>b) 2.01b</li> <li>c) 3.01</li> <li>d) 3.03</li> <li>e) 9.06</li> </ul>  |   |   |  |   |



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**LEGACY**  
*Professional Development*  
& Training

Continuing education & supervision for Helping Professionals  
serving today's multicultural world

The logo features the word "LEGACY" in a bold, green, sans-serif font. To its right is a circular emblem containing a stylized tree with green leaves and a brown trunk. Below the emblem, the words "Professional Development" are written in a green script font, and "& Training" is in a smaller, green, sans-serif font. Underneath the logo, the organization's mission statement is written in a small, black, sans-serif font.

**Cross-Cultural  
Civility-Mindset  
Development**

*Initial Stages*

**Pre-Civility  
Contemplation**

**Civility  
Contemplation**



### Stages of Change

### Multicultural & Social Justice Counseling Competencies

### Models of Identity Development

- **Racial/Cultural Identity Development Model**
  - ✓ Conformity, Dissonance, Resistance/Immersion, Introspection, Integrative Awareness
- **White Racial Identity Development Model**
  - ✓ Naivete, Conformity, Dissonance, Resistance/Immersion, Introspection, Integrative Awareness, Commitment to Antiracist Action
- **Multiple Heritage Identity Development Model**
  - ✓ Recognition, Transition, Experimentation, Awareness, Acceptance, Neutrality

### Multicultural Orientation Framework

- Cultural humility
  - The virtue that underlies the framework
- Cultural opportunities
  - Exploring culturally relevant path
- Cultural comfort
  - The ease and grace with which the conversation unfolds

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  - ✓ Recognition, Transition, Experimentation, Awareness, Acceptance, Neutrality

### Multicultural Orientation Framework

- Cultural humility
  - The virtue that underlies the framework
- Cultural opportunities
  - Exploring culturally relevant path
- Cultural comfort
  - The ease and grace with which the conversation unfolds

### Stages of Change

### Multicultural & Social Justice Counseling Competencies

### Models of Identity Development

- **Racial/Cultural Identity Development Model**
  - ✓ Conformity, Dissonance, Resistance/Immersion, Introspection, Integrative Awareness
- **White Racial Identity Development Model**
  - ✓ Naivete, Conformity, Dissonance, Resistance/Immersion, Introspection, Integrative Awareness, Commitment to Antiracist Action
- **Multiple Heritage Identity Development Model**
  - ✓ Recognition, Transition, Experimentation, Awareness, Acceptance, Neutrality

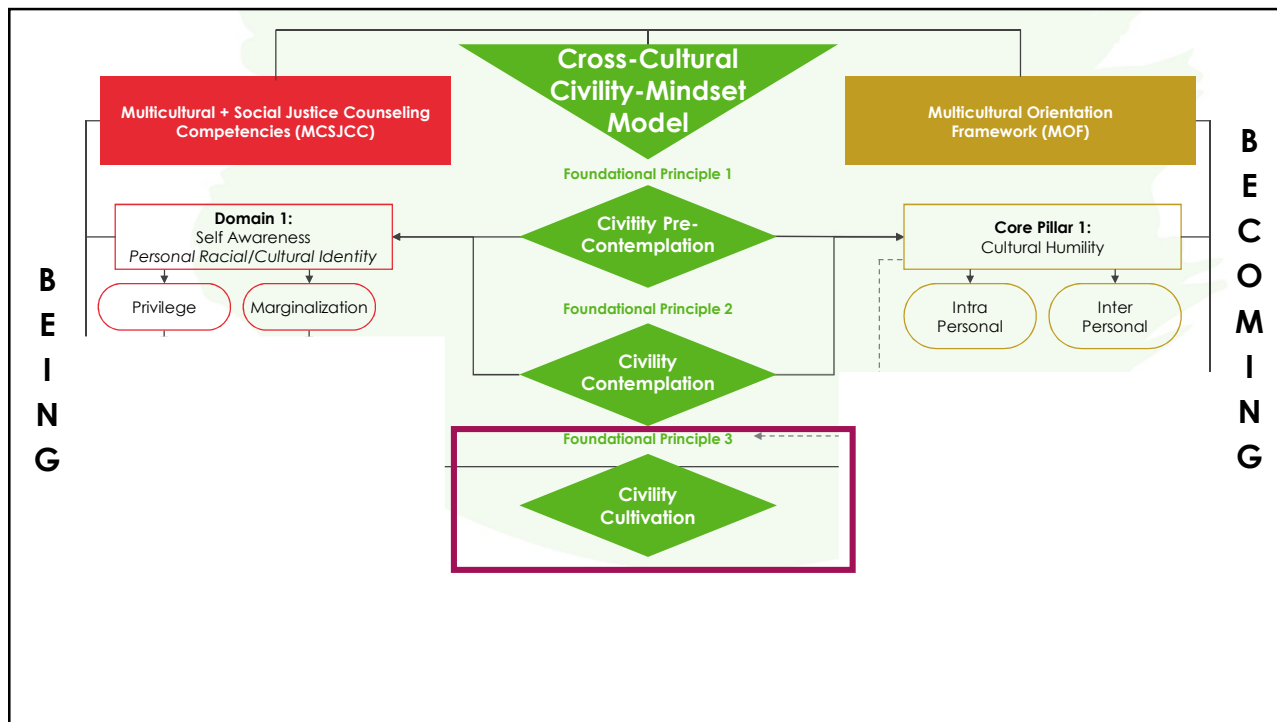
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  - The virtue that underlies the framework
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  - Exploring culturally relevant path
- Cultural comfort
  - The ease and grace with which the conversation unfolds

**Cross-Cultural Civility-Mindset Development**

*3rd Stage*





## Clinically-based Aspirational Civility

Within the context of the CCCMDM:

1. the inter and intra-personal stance for building bridges that heal relational divides (*self-and-other awareness, understanding of worldview development, strengthening of the clinical relationship*)
2. The act of validating the right of culturally diverse others to be treated humanely and with dignity (*ongoing personal learning environments, social justice advocacy*)

# Cross-Cultural Civility Cultivation Mindset

**Discovery  
mindset**

**Personal  
learning  
environments**

**Understanding  
of Client  
worldview**

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R/CID Model	WRID Model
<p><b>Discovery mindset</b></p> <p><b>Personal learning environments</b></p> <p><b>Understanding of Client worldview</b></p> <p><b>Resistance and Immersion:</b> Embraces and holds a positive attitude toward and preference for his or her own race and cultural heritage; rejects dominant values of society and culture; focuses on eliminating oppression within own racial/cultural group; likely to possess considerable feelings—including distrust and anger—toward dominant cultural groups and anything that may represent them; places considerable value on characteristics that represent one's own cultural groups without question; develops a growing appreciation for others from racially and culturally diverse groups.</p> <p><b>Introspection:</b> Begins to question the psychological cost of projecting strong feelings toward dominant cultural groups; desires to refocus more energy on personal identity</p>	<p><b>Understanding of Client worldview</b></p> <p><b>Understanding Relationship Impact</b></p> <p><b>Dissonance:</b> Experiences an opportunity to examine own prejudices and biases; moves toward the realization that dominant society oppresses racially and culturally diverse groups; may feel shame, anger, and depression about the perpetuation of racism by White American cultural groups; and may begin to question previously held beliefs or reify prior views.</p> <p><b>Resistance and Immersion:</b> Increases awareness of one's own racism and how racism is projected in society (e.g., media and language); likely feels angry about messages concerning other racial and cultural groups and guilty for being part of an oppressive system; may counteract feelings by assuming a paternalistic role (knowing what is best for clients without their involvement) or overidentifying with another racial/cultural group.</p> <p><b>Introspection:</b> Begins to redefine what it means to be a White American and to be a racial and cultural being; recognizes the inability to fully understand the experience of others from di-</p>

Sources: Sue 2001; Sue and Sue 1999b.



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## Part 2 : Conceptualizing from the Lens of Worldview Development



### Using the CCCMDM Case Conceptualization Guide :

1. In light of all we have discussed so far, once again review the **client's description**.
2. Use the **CCCMDM Case Conceptualization Guide** to note key areas of importance.



3. ...

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## Case Study Part 2

### Client Worldview

Part 2 Monica's Client, <u>Vank</u>	Part 3 James' client, <u>Marisa</u>	Part 2 Christy's client, <u>Malachi</u>
<p><b>Vank</b> is a 51-year-old Caucasian male police officer. He is a Lieutenant in a major US city and oversees the work of 25 police officers. A 25-year veteran on the force, Vank has a checkered history in the line of duty. While he has an impressive arrest history and has taken down many criminals over the years, he is known for going "off book" to get it done "by any means necessary".</p>	<p><b>Marisa</b> is a 38-year-old Caucasian female born in Minneapolis, Minnesota. She and her husband have resided in Atlanta, Georgia for the last 10 years. Her husband, a white male police officer, transferred from Minneapolis PD to Atlanta PD so that Marisa could attend school in Georgia. They have 3 sons under the age of 5. Marisa sought out counseling because</p>	<p>Malachi is a new client at the facility. He is a 20 year old African-American male. He was raised in Baltimore, Maryland, and has a history of gang-related activity. He has two young siblings (15 and 17). His father is incarcerated, and his mother died 4 years ago. She had high-blood pressure that led to a stroke. Somehow, Malachi was able to keep the situation quiet and was never flagged by DFCS. He has been</p>

## GROUP CASE CONCEPTUALIZATION

### PART 2 – CLIENT WORLDVIEW

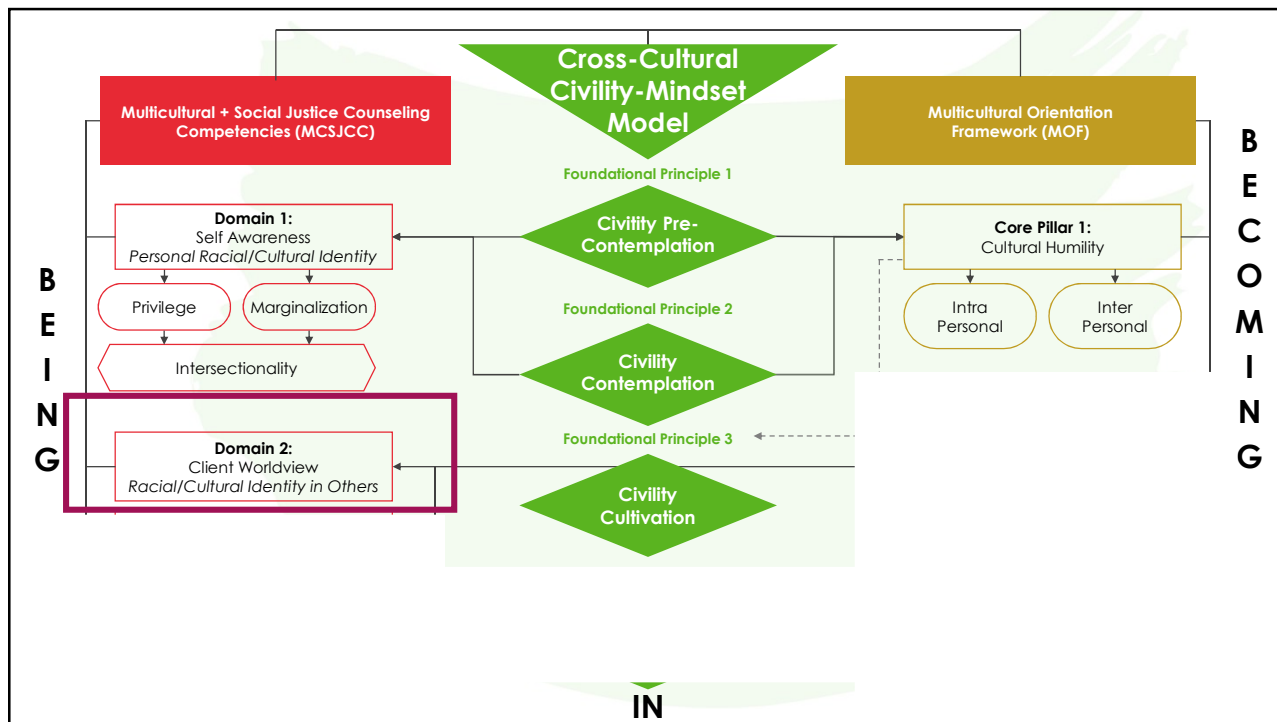


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2. Use the **CCCMDM Case Conceptualization Guide** to note key areas of importance.



3. ...



## Cross-Cultural Civility Cultivation

### **MSJCC DOMAIN 2** **CLIENT WORLDVIEW**

“Privileged and marginalized clinicians are aware, knowledgeable, skilled, and action-oriented in understanding client’s worldview...”

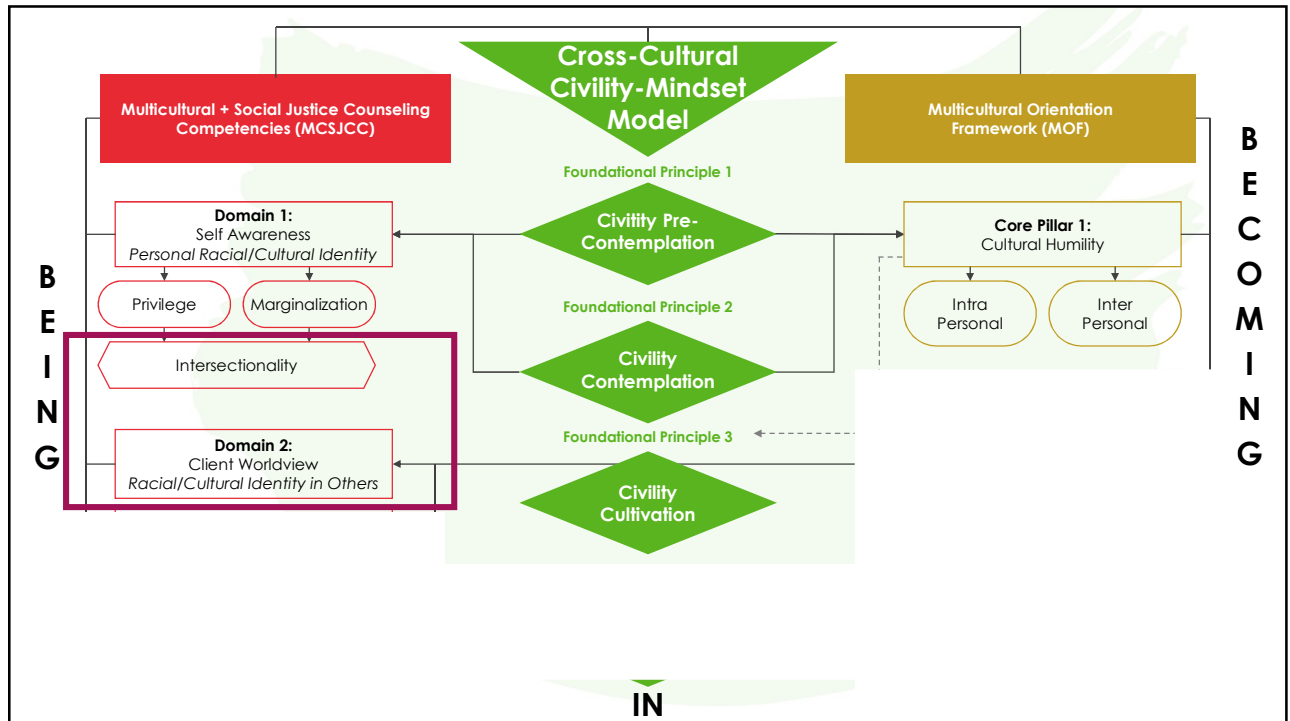






**Competency Domain 1:  
Clinician self-awareness**

INTERSECTIONALITY



## Intersectionality

Privilege Marginalization

### ADDRESSING

1. Age
2. Disability
3. Race
4. Religion
5. Ethnicity
6. Sexual Orientation
7. Socioeconomic Status
8. Spirituality
9. Indigenous Heritage
10. National Origin
11. Gender

## ***ETHICAL CODES & CULTURAL COMPETENCE***

### **AAMFT (2015) 1.1: Non-Discrimination**

- Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status.





## ***ETHICAL CODES & CULTURAL COMPETENCE***

### **APA (2017) Principle E: Respect for People's Rights and Dignity**

- Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors...



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## ***ETHICAL CODES & CULTURAL COMPETENCE***

### **C.5. Nondiscrimination**

- Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.



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# ***ETHICAL CODES & CULTURAL COMPETENCE***

## **4.02 Discrimination (NASW, 2018)**

- Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability.



## ***Intersection of Identities***

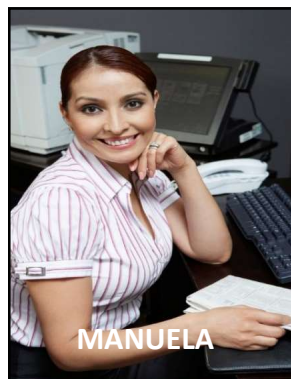


# Intersectionality

Privilege Marginalization

## ADDRESSING

1. Age
2. Disability
3. Race
4. Religion
5. Ethnicity
6. Sexual Orientation
7. Socioeconomic Status
8. Spirituality
9. Indigenous Heritage
10. National Origin
11. Gender



MANUELA

Hispanic  
Female  
40  
2 years  
Experience  
Guatemalan born  
Heavy accent

Black  
Male  
45  
15 years exp.  
Has been team lead  
Recent Islam convert  
– now needs to be *out*  
on *Friday when team*  
*mtg typically held*

# Intersectionality

Privilege Marginalization

White  
Female  
25  
2 years  
experience  
American  
born

White  
Male  
61  
25 years exp.  
Retiring in 1 year  
Up for team lead  
position  
Christian



CELINA



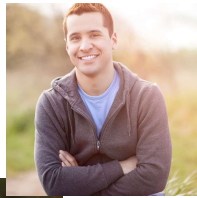
HECTOR



WILL

# Small Group Discussion

➤ Using the next 3 slides, consider each within the context of privilege and marginalization.



**Privilege**

**Marginalization**

1. Age
2. Disability
3. Race
4. Religion
5. Ethnicity
6. Sexual Orientation
7. Socio-economic Status
8. Spirituality
9. Indigenous Heritage
10. National Origin
11. Gender

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# Intersectionality

## Hector



Black (M) Male (P)  
 34 (P)  
 Recent Converted Muslim (M)  
 Can't work Friday (Sabbath) (M)

- *Team Meetings every Friday*
- *Has been team lead up to this point*

**Privilege**

**Marginalization**

## Will



White(P) Male (P)  
 59(M)  
 Christian (P)  
 Married (P/M)

- *Qualified to be team lead*
- *Nearing retirement*

### Group Discussion Question:

As Hector and Will compete for the same Team Leader position that is currently being re-evaluated, how might intersectionality influence their

1. experiences in the re-evaluation process?
2. overall worldview?

### Celina



White Female(P)  
25(P?)  
2 years experience (M?)  
American born (P)  
Wheelchair bound(M)  
• *Small doors, lots of stairs in building*  
• *Of 5 entry points around the building,*  
• *only 1 Ramp into bldg. on opposite side from her office*

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#### Group Discussion Question:

As Celina and Manuela compete for the same sales consultant position, how might intersectionality influence their

1. experiences in the vetting process?
2. overall worldview?

### Manuela



Hispanic Female(M)  
40(M?)  
2 years experience (M?)  
Born in Guatemala (M?)  
English speaking with Heavy accent (P/M?)  
Able bodied(P)

### Lena



Vietnamese (M)  
Female(P)  
57(P?)  
20 years' experience  
Bachelor's degree highest level earned

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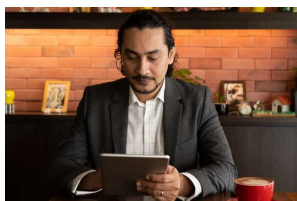
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#### Group Discussion Question:

As Lina and Sanjay face company downsizing, how might intersectionality influence their

1. experiences in the process?
2. overall worldview?

### Sanjay



Native American (M)  
Male(P)  
39(P)  
1 year experience  
Recent Graduate degree earned

***MOF Pillar 1***  
***Cultural Humility***



"allows space for clients to self-define what aspects of their cultural identity are most salient"



Therapists are motivated to learn new things about their own, and their client's cultural perspectives and worldviews.



"Clients who view their therapist as more culturally humble have better [working alliances] and [overall] therapy outcomes" (Hook, et al, 2017, p. 29).

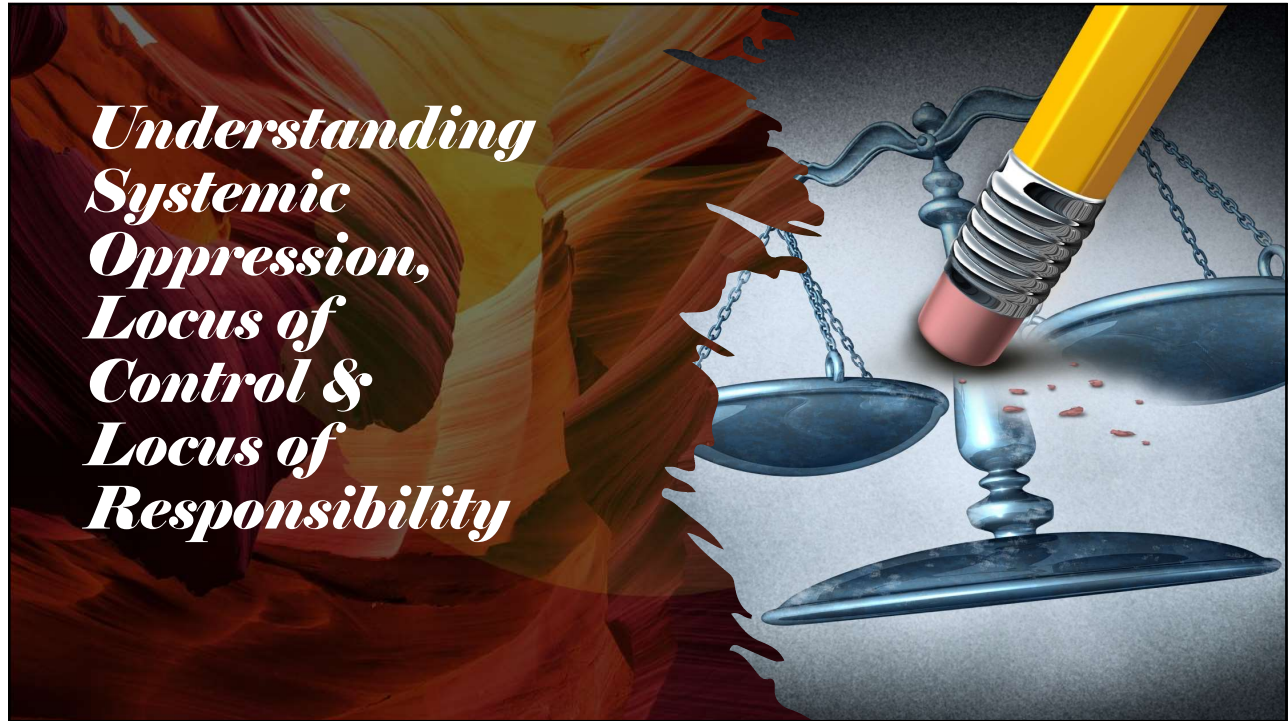
***MOF Pillar 1***  
***Cultural Humility***



***Intrapersonal dimension*** –  
*aware of biases and limitations*



***Interpersonal dimension*** –  
*are we open and curious about others*



*Understanding  
Systemic  
Oppression,  
Locus of  
Control &  
Locus of  
Responsibility*

***Locus of Control***

- ✓ Internal control (IC) refers to people’s beliefs that reinforcements are contingent on their own actions, and that they can shape their own fate
- ✓ External control (EC) refers to people’s beliefs that reinforcing events occur independently of their actions, and that the future is determined more by chance and luck.



## ***Internal Locus of Control***



## ***External Locus of Control***



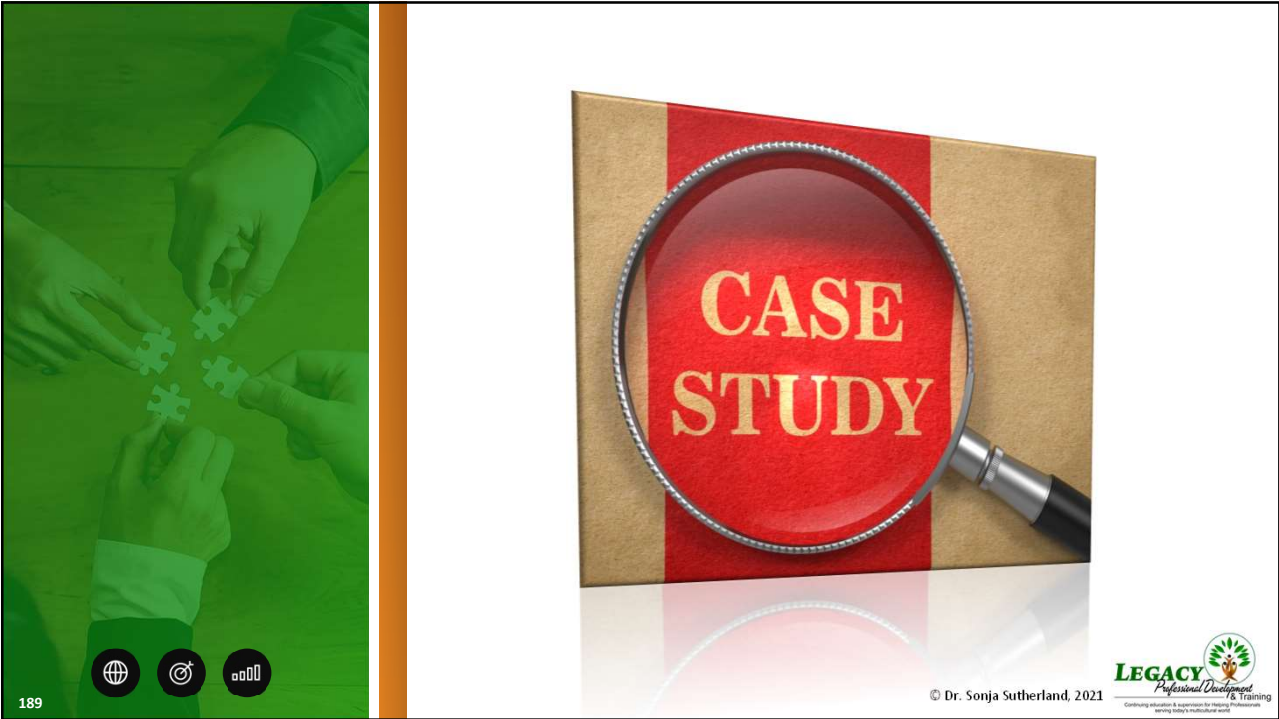
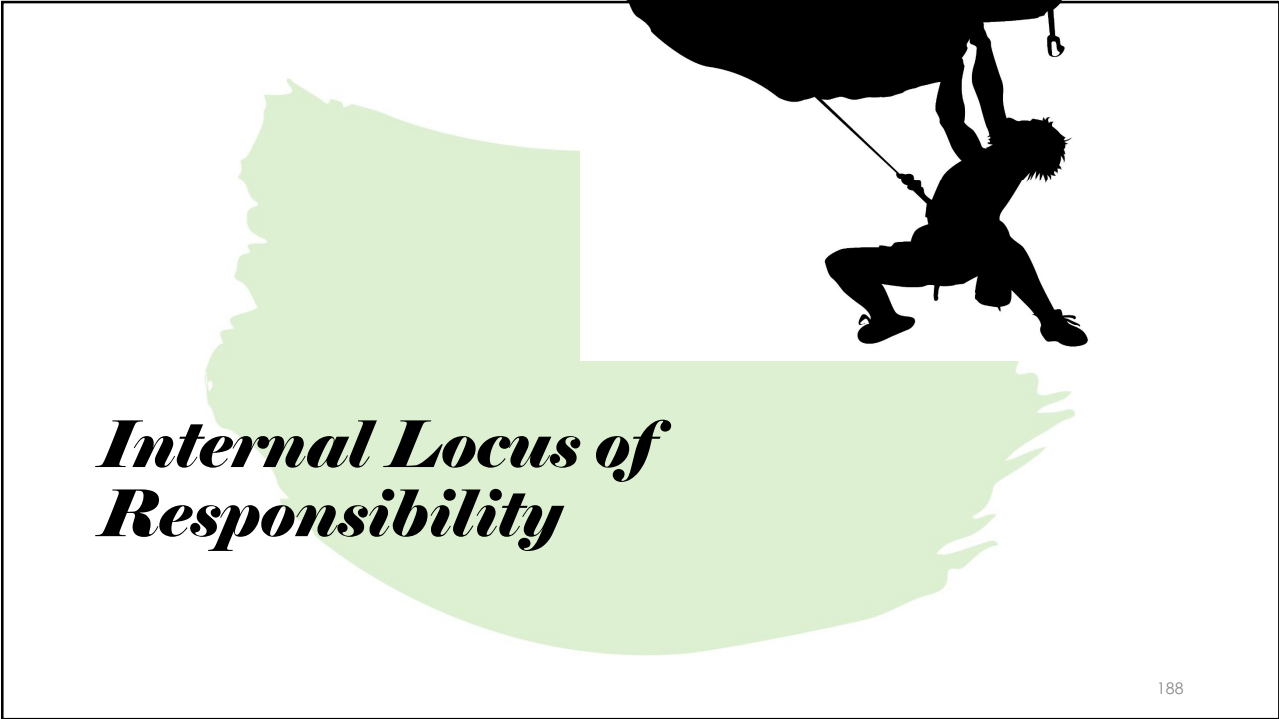


## *Locus of Responsibility*

- ✓ This dimension measures the degree of responsibility or blame placed on the individual or system.

An illustration showing two silhouetted figures on a boat. One figure is leaning over the side, reaching out towards the other figure who is also leaning over the side. The background is a light green wash.

## *External Locus of Responsibility*



# Part 2 : Conceptualizing from the Lens of Worldview Development



## Using the CCCMDM Case Conceptualization Guide :



1. In light of all we have discussed so far, once again review the **client's description**.
2. Use the **CCCMDM Case Conceptualization Guide** to note key areas of importance.



3. Together develop a conceptualization of the client's functioning / needs, and include the relevance of each of the factors outlined by the **CCCMDM**.

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## Cross-Cultural Civility-Mindset Development Model (CCCMDM)

### Case Conceptualization Guide

#### Part 2 – Client Worldview

Name of Client:  Vant  Marisa  Malachi

What did you note about this client with reference to:

Individual Worldview and what **has** influenced it (*intersection of identities, experiences, values, privilege, marginalization, etc*)

Influence of Experiences of Systemic Oppression on Locus of Control Perspective  
 Internal LOC  
 External LOC

Influence of Experiences of Systemic Oppression on Locus of Responsibility Perspective  
 Internal LOR  
 External LOR

## Part 2 : Conceptualizing from the Lens of Worldview Development



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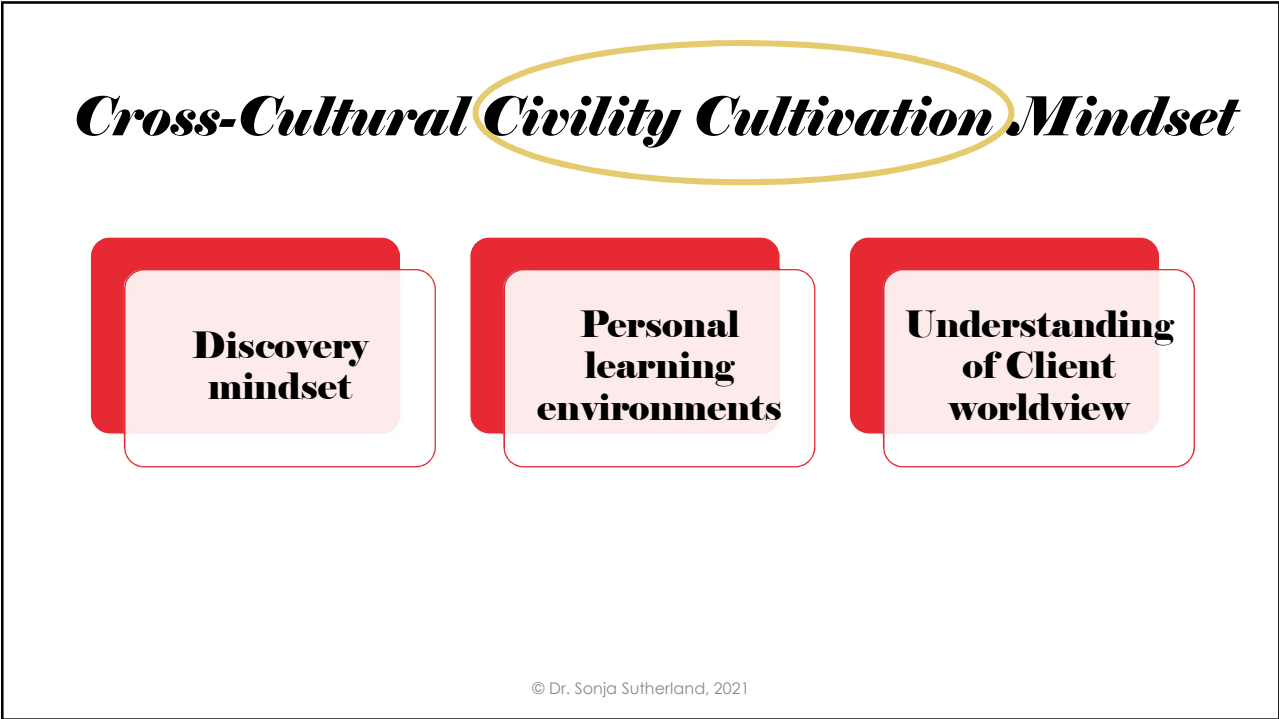
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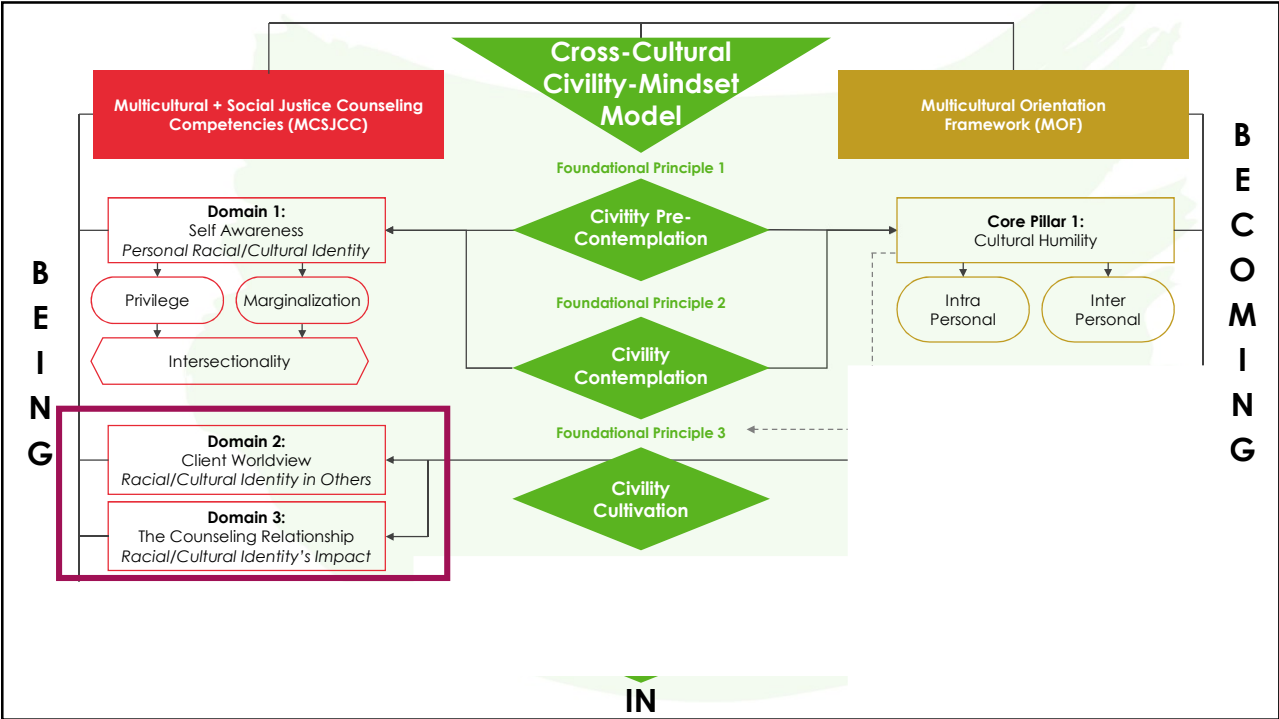
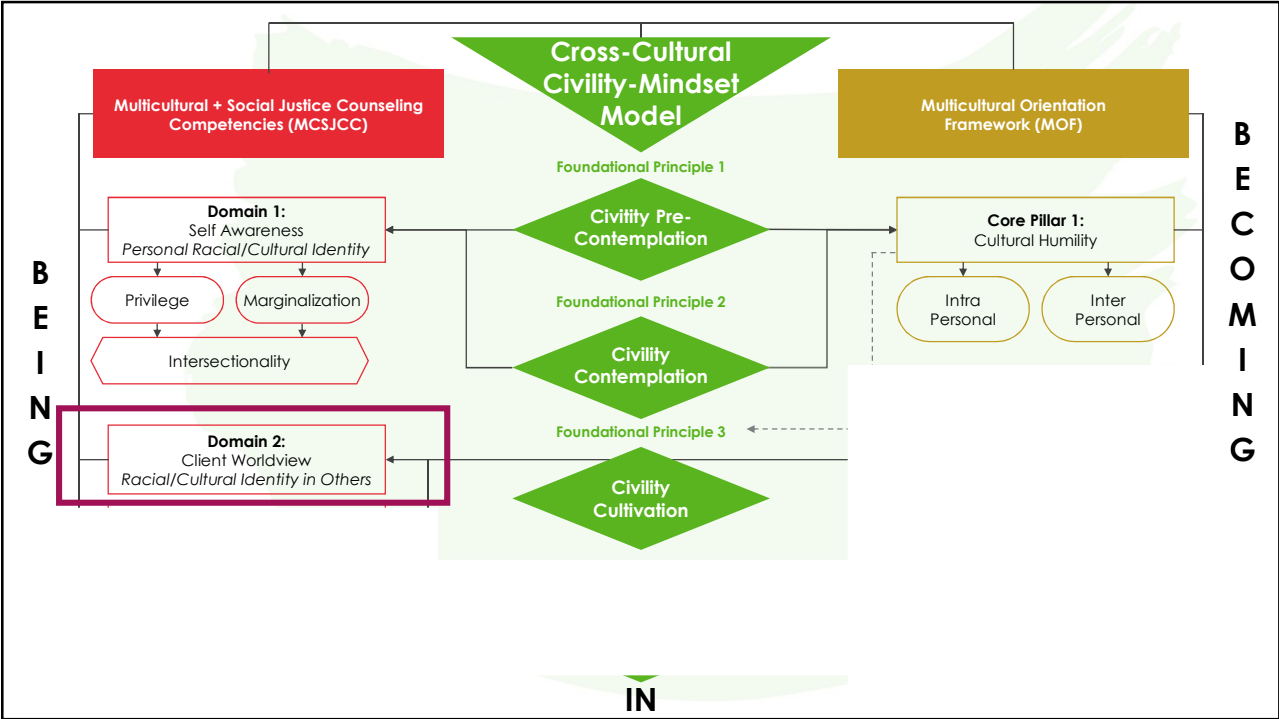
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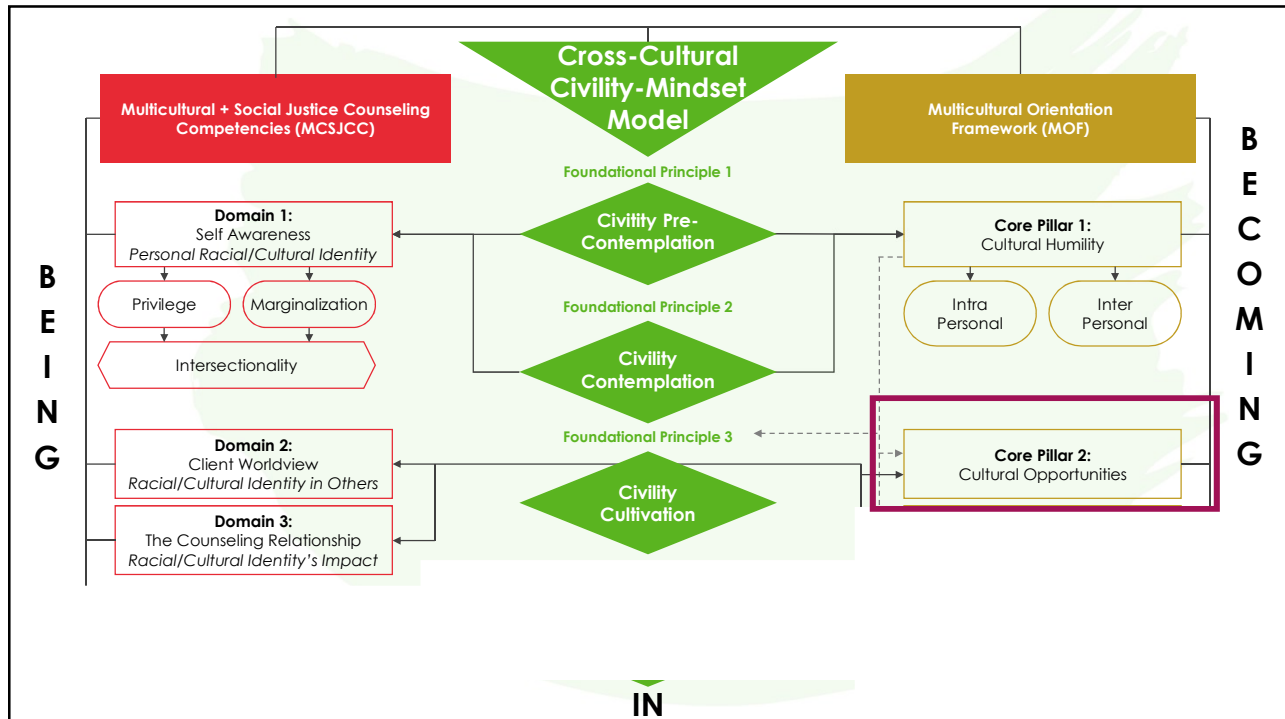




# Cross-Cultural Civility Cultivation

## MSJCC DOMAIN 3 THE COUNSELING RELATIONSHIP

Privileged and marginalized clinicians are aware, knowledgeable, skilled, and action-oriented in understanding how client and clinician privileged and marginalized statuses influence the counseling relationship.



# MOF Pillar 2



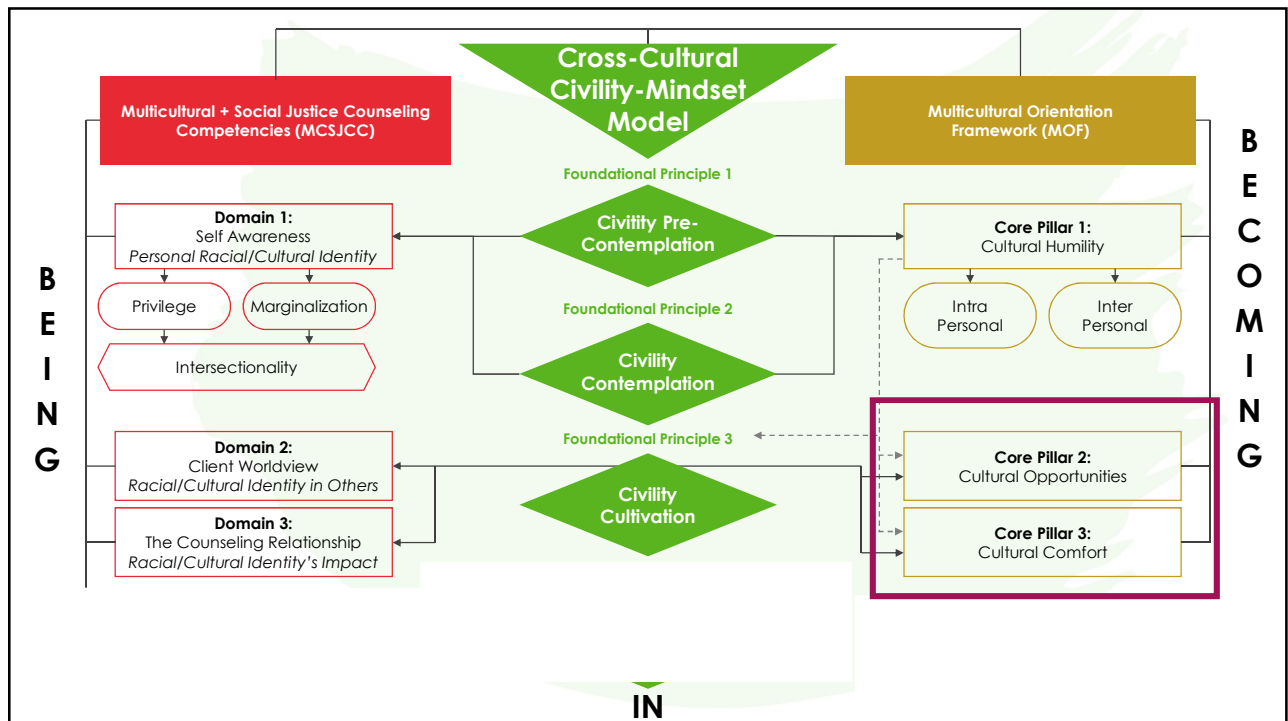
## Cultural Opportunities



"...markers that occur in therapy in which the client's cultural beliefs, values, or other aspects of the client's cultural identity could be explored" (Hook, Davis, Owen & DeBlaree, 2017, p. 32)



Clients and therapists co-create cultural expression





## ***MOF Pillar 3***



### Cultural Comfort



“...the therapist’s sense of ease when addressing cultural topics and engaging the client in cultural discussion (Hook, Davis, Owen & DeBlaere, 2017, p. 9)”

## **Part 3**

### **Using the Supervision Relationship for Cultural Competence Development**



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## **Supervisor Professional Growth**

- *Where am I in my process of cultural competence development?*
- *What do my supervisees need from me?*



***Knowledge***  
=  
***Power***

Perspectives from Supervisees

## **Supervisor Professional Growth**

- *Where am I in my process of cultural competence development?*
- *What do my supervisees need from me?*



How might the perspectives of these supervisees inform your future supervision practice?



## Part 3 : Supervising the Counseling Relationship



### Using the CCCMDM Case Conceptualization Guide :

1. Review what you previously assessed about **your supervisee and their client**.
2. Use the **CCCMDM Case Conceptualization Guide** to note key areas of importance.
3. Together develop a conceptualization of how the supervisor/supervisee relationship can be used to foster greater cultural awareness in your supervisee (self, others, the counseling relationship).
4. Include the relevance of each of the factors outlined by the **CCCMDM**.
5. Factor in the perspectives from the supervisees we listened to.

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## Cross-Cultural Civility-Mindset Development Model (CCCMDM)

### Case Conceptualization Guide

#### Part 3 – Supervising the Counseling Relationship

Name of Supervisee:  Monica (Vant)  James (Marissa)  Christy (Malachi)

**Review what you assessed previously about your supervisee and their client. Given what you understand:**

What concerns do you have about factors that may impact how the clinical relationship evolves?

Identify 1 - 2 critical areas to address with your supervisee in the next few supervision sessions (i.e. What's impacting their clinical work)

How would you discuss these 1 - 2 areas if you approached them from the focus of:

Remember to reference your previously completed

Self-Awareness

Intra / Interpersonal cultural humility



### Using the CCCMDM Case Conceptualization Guide :

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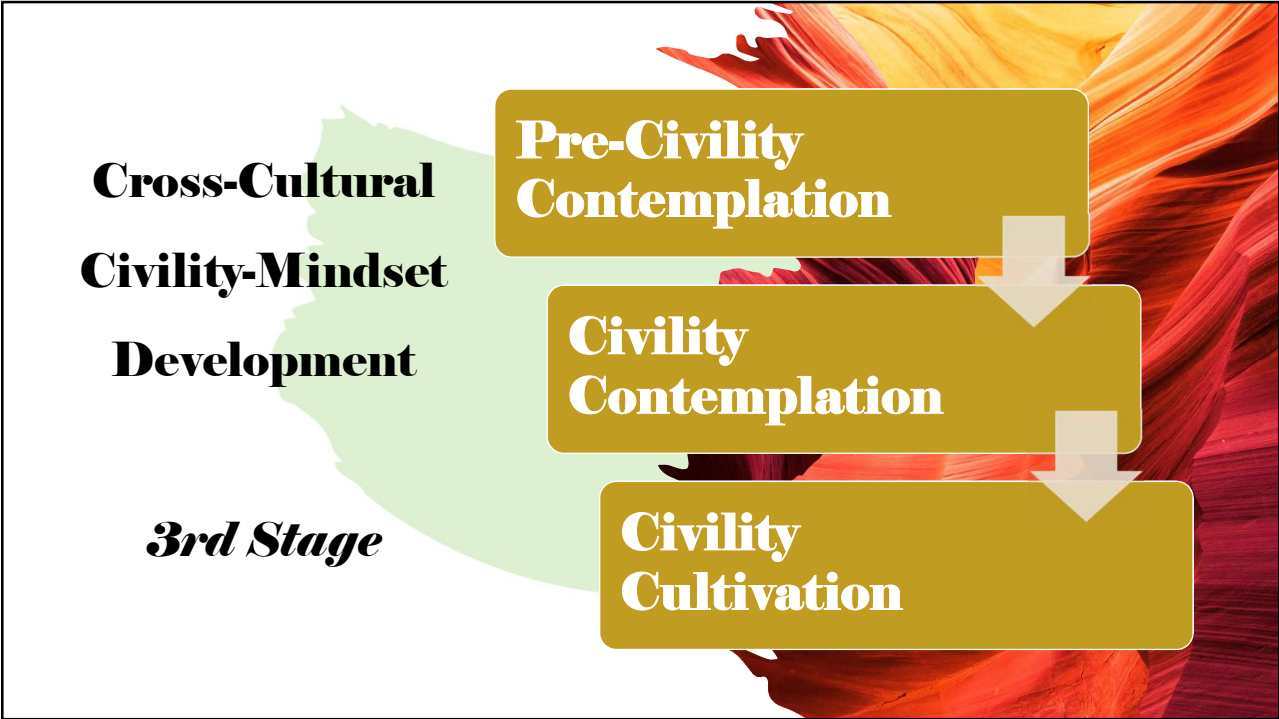
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### Stages of Change

### Multicultural & Social Justice Counseling Competencies

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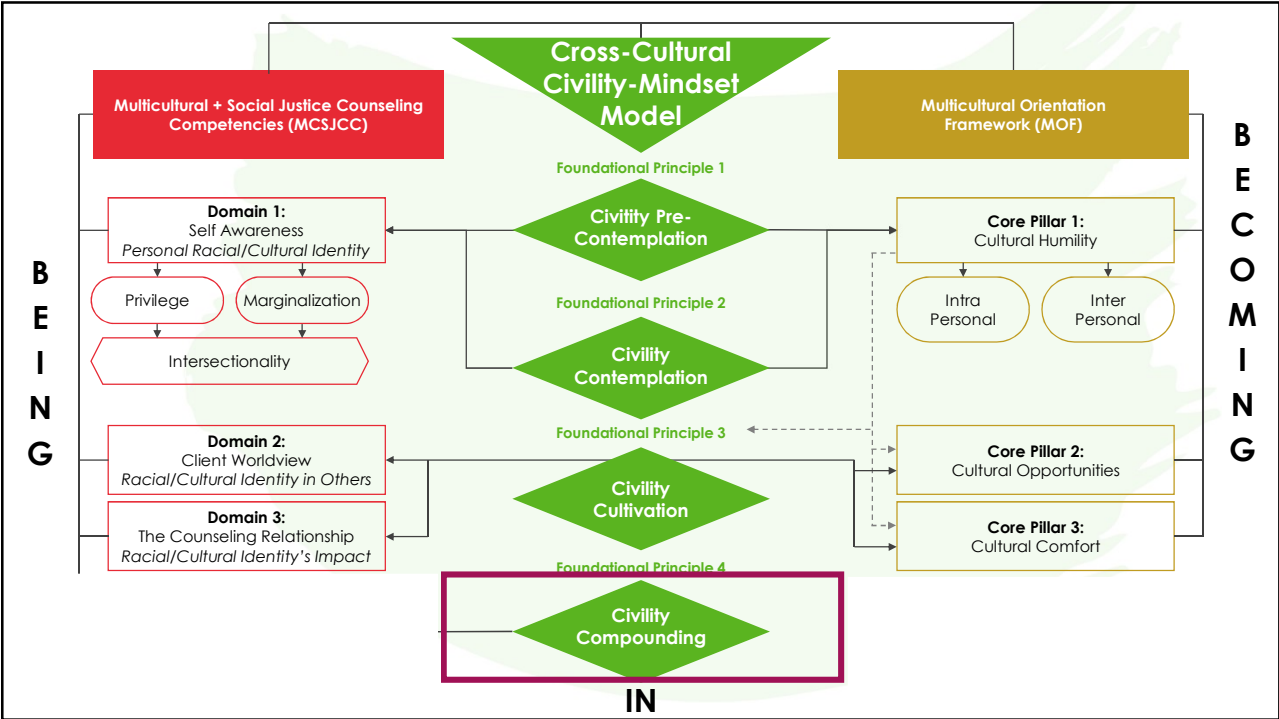
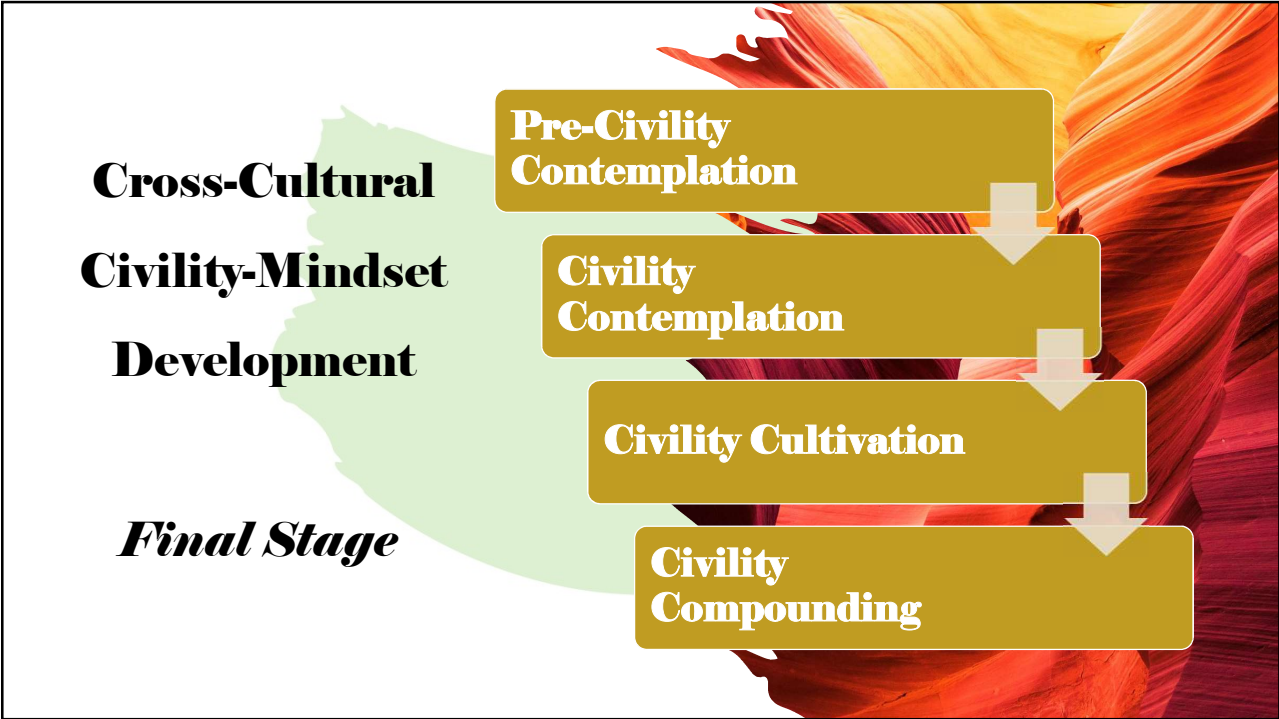
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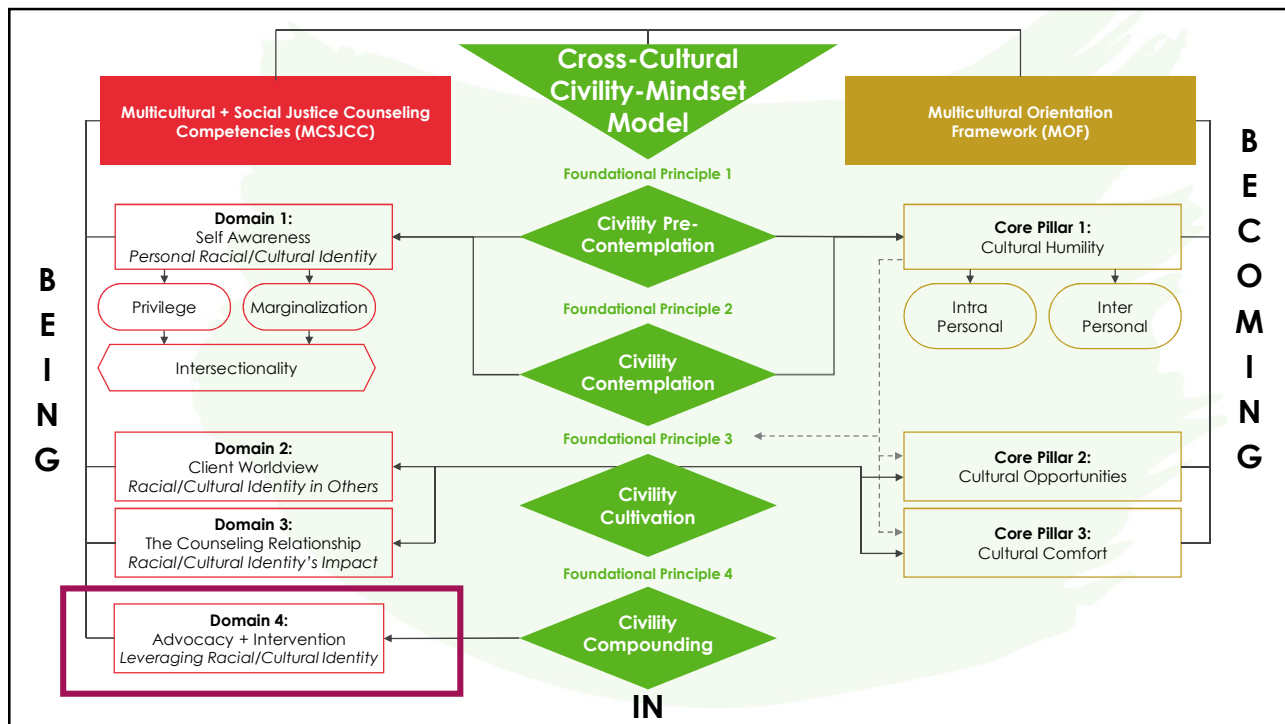


# Aspirational Civility

Within the context of the CCCMDM:

1. the inter and intra-personal stance for building bridges that heal relational divides (*self-and-other awareness, understanding of worldview development, strengthening of the clinical relationship*)
2. The act of validating the right of culturally diverse others to be treated humanely and with dignity (*ongoing personal learning environments, social justice advocacy*)





## Cross-Cultural Civility Cultivation

### MSJCC DOMAIN 4 ADVOCACY & INTERVENTION

“Privileged and marginalized clinicians intervene with, and on behalf, of clients at the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels”



## ***ETHICAL CODES & CULTURAL COMPETENCE***

### **2014 ACA : A.7.a. Advocacy**

- When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.



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## ***ETHICAL CODES & CULTURAL COMPETENCE***

### **2014 ACA: A.7.b. Confidentiality and Advocacy**

- Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.



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## ***ETHICAL CODES & CULTURAL COMPETENCE***

### **6.04 (a-d) Social and Political Action (NASW, 2018)**

- (d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability.



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## ***ETHICAL CODES & CULTURAL COMPETENCE***

### **2018 NASW: Preamble**

- Social workers promote social justice and social change with and on behalf of clients... "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation.



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# Cultural Civility Compounding

R/CID Model	WRID Model
<p><b>Resistance and Immersion:</b> Embraces and holds a positive attitude toward and preference for his or her own race and cultural heritage; rejects dominant values of society and culture; focuses on eliminating oppression within own racial/cultural group; likely to possess considerable feelings—including distrust and anger—toward dominant cultural groups and anything that may represent them; places considerable value on characteristics that represent one's own cultural groups without question; develops a growing appreciation for others from racially and culturally diverse groups.</p> <p><b>Introspection:</b> Begins to question the psychological cost of projecting strong feelings toward dominant cultural groups; desires to refocus more energy on personal identity while respecting own cultural groups; realigns perspective to note that not all aspects of dominant cultural groups—one's own racial/cultural group or other diverse groups—are good or bad; may struggle with and experience conflicts of loyalty as perspective broadens.</p> <p><b>Integrative Awareness:</b> Has developed a secure, confident sense of racial/cultural identity; becomes multicultural; maintains pride in racial identity and cultural heritage; commits to supporting and appreciating all oppressed and diverse groups; tends to recognize racism as a societal illness by which all can be victimized.</p>	<p>oppresses racially and culturally diverse groups; may feel shame, anger, and depression about the perpetuation of racism by White American cultural groups; and may begin to question previously held beliefs or reify prior views.</p> <p><b>Resistance and Immersion:</b> Increases awareness of one's own racism and how racism is projected in society (e.g., media and language); likely feels angry about messages concerning other racial and cultural groups and guilty for being part of an oppressive system; may counteract feelings by assuming a paternalistic role (knowing what is best for clients without their involvement) or overidentifying with another racial/cultural group.</p> <p><b>Introspection:</b> Begins to redefine what it means to be a White American and to be a racial and cultural being; recognizes the inability to fully understand the experience of others from diverse racial and cultural backgrounds; may feel disconnected from the White American group.</p> <p><b>Integrative Awareness:</b> Appreciates racial, ethnic, and cultural diversity; is aware of and understands self as a racial and cultural being; is aware of sociopolitical influences of racism; internalizes a nonracist identity.</p> <p><b>Commitment to Antiracist Action:</b> Commits to social action to eliminate oppression and disparity (e.g., voicing objection to racist jokes, taking steps to eradicate racism in institutions and public policies); likely to be pressured to suppress efforts and conform rather than build alliances with people of color.</p>

Sources: Sue 2001; Sue and Sue 1999b.

**Personal Growth**

**Staying on the Path to Being-In-Becoming**



## *Seeing Others Through Reconciliatory Eyes*



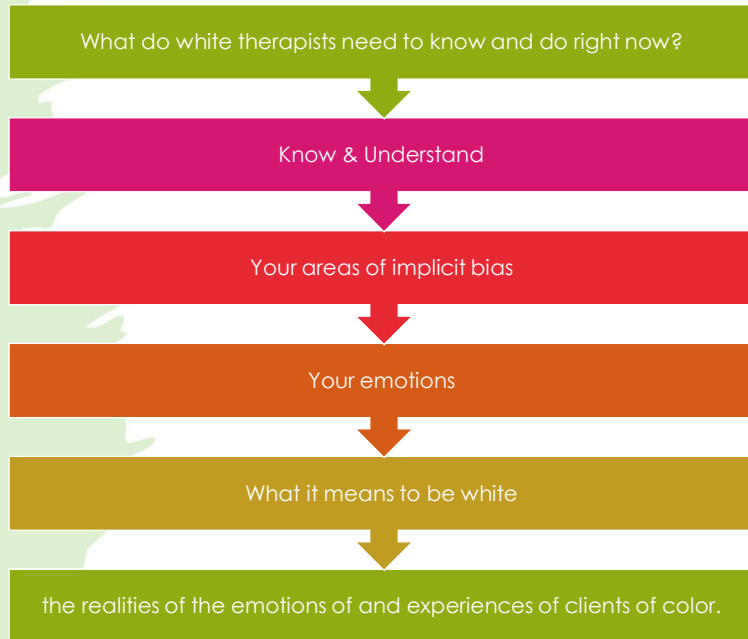
PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

## *What Can I Do?*

Make	Make a commitment to ongoing, lifelong growth and change.
Do	Do the inner work.
Take	Take an inventory of your inner circle.
Allow	Allow yourself to be vulnerable and understand that you don't know it all.
Even	Even if you're not actively trying to be a racist, talk about when racism has benefited you.
Learn	Learn from people of color. Consult experts or organizations and ask how you can support the people they are serving

PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

***Knowledge***  
=  
***Power***



PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

***Self-Care***

Dial in	Dial in to and accept what you are experiencing.
Learn	Learn about yourself – don't be afraid of it
Allow	Allow moments to care for yourself as you figure it all out
Struggle	Struggle with like-minded people
Press through	Press through to be more than just aware – work to move into social justice action in the space where you are.

PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)



## ***Becoming an Ally***

*"...No one can call themselves an ally. The people you ally yourself with call you an ally. That's when you know you're an ally. It's not a class you took...or a sticker you put on your door." Monica Williams, PhD*

---

Create relationships and build community

---

See life as community, rather than individualistic

---

Become part of the community

---

Be an ally (not a white savior)

---

Patronize business in those communities

---

Develop close, intimate, mutually reciprocal relationships.

PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

## **Part 2 Agenda**

1. Anti-racist lens development
2. Historical & Intergenerational Trauma
3. Epigenetics
4. Clinical Considerations for Treatment
5. Assessment Instruments
6. Case Examples



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## CCCMDM Clinician Self Assessment



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Counselors are in a constant state of “being-in-becoming” relative to developing multicultural and social justice competence. It should be regarded as a lifelong process, in which counselors aspire to continuously further their understanding and commitment to multicultural and social justice competence and practice cultural humility in their work.

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(Ratts, Singh, Nassar-McMillan, Butler (2016). IN

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## Ethical Practice



### ACA (2014) Core Professional Values:

- ...
- *honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;*
- *Promoting social justice...*



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### Professional Impairment

#### ACA 2014 Code of Ethics

##### A.4.b. Personal Values

*Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.*



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#### APA (2017) Principle E: Respect for People's Rights and Dignity

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors...



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# Developing an Antiracist Lens

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## Clinician Self-Assessment

Where Are You Now?

- Civility Pre-Contemplation?
- Civility Contemplation?
- Civility Cultivation?
- Civility Compounding?



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## CCCMDM Clinician Self Assessment



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# CCCMDM Clinician Self Assessment

**Don't Start Yet!**



## Cross-Cultural Civility-Mindset Developmental Model (CCCMDM)

### Clinician Self-Assessment

Using the rating scale below, as we cover the overview of the CCCMDM, give yourself some honest personal feedback on where you really sit with regard to your antiracist development. **This is a 2-page assessment.**

	<ol style="list-style-type: none"> <li>1) Not including today, in the last 60 days I have read books or articles or listened to podcasts about things like privilege, marginalization, antiracism/racism, social justice, etc.</li> <li>2) I think privilege benefits white people in America.</li> <li>3) I think BIPOC experience marginalization.</li> <li>4) I think racism is real.</li> <li>5) I think institutions like schools, social service agencies and government have racist policies that keep BIPOC from advancing in this society.</li> <li>6) My opinions about BIPOC has to do with what I see, not any bias I have.</li> <li>7) It's my responsibility to fight for antiracism.</li> </ol>	If YES, enter 2 If NO, enter 1
<b>SCORE TOTAL</b>		
Your thoughts about your score		
	<ol style="list-style-type: none"> <li>1) Not including today, in the last 30 days I have read books or articles or listened to podcasts about things like privilege, marginalization, antiracism/racism, social justice, etc.</li> <li>2) In the last 60 days I have talked to 1, but not more than 2 BIPOC about race and social justice issues.</li> <li>3) I believe that if I can change my social circumstances by my own efforts (e.g. SES) BIPOC/other BIPOC can do it too.</li> <li>4) If someone there are unfair social policies and practices. We can</li> </ol>	If YES, enter 2 If NO, enter 1

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Where Do You See Yourself?

**Pre-Civility Contemplation**

**Civility Contemplation**

**Civility Cultivation**

**Civility Compounding**

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1. As we continue to review the model, make note of key assessment components within the model.
2. Reflect on them from your own personal space of development.

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**Conceptualizing  
from the Lens of  
Counselor  
Self-Awareness  
& Cultural  
Humility**

**Pre-Civility Contemplation**

**Civility Contemplation**

**Civility Cultivation**

**Civility Compounding**

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## **Cross-Cultural Pre-Civility / Civility Contemplation**

WHERE DO YOU SEE YOURSELF?

### **MOF CULTURAL HUMILITY:**

An awareness of one's limitations...

*(HOOK, DAVIS, OWEN & DEBLAERE, 2017, P. 9)*

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## **Cross-Cultural Pre-Civility / Civility Contemplation**

WHERE DO YOU SEE YOURSELF?

### **MSJCC CLINICIAN SELF-AWARENESS:**

“... develop self-awareness, so that they can explore their attitudes and beliefs, and develop knowledge, skills, and action relative to their self-awareness and worldview.”

*(RATTS, SINGH, NASSAR-MCMILLAN, BUTLER (2016).*

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# Pre-Civility Contemplation

*WHERE DO  
YOU SEE  
YOURSELF?*

What is there to know?  
Racism & discrimination aren't real.  
They bring this all on themselves.  
I don't have anything to do with it.  
What about me and my rights?  
Everything I see says I'm right about "them".

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# Civility Contemplation

*WHERE DO  
YOU SEE  
YOURSELF?*

Maybe there's a little bit to what "they're"  
saying, but it's not my job to fix it.  
But it still doesn't mean I'm racist.  
I see your point but I didn't cause it.  
What about me and my rights?  
If I can do it, "they" can do it.

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# Civility Cultivation

WHERE DO  
YOU SEE  
YOURSELF?

What don't I know?  
Pursuit of knowledge  
Racism & discrimination are real  
Client worldview focus  
Relationship focus

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# Civility Compounding

WHERE DO  
YOU SEE  
YOURSELF?

Cross-Cultural Civility Influencer  
More than just aware  
Working to contribute to change  
It's my responsibility  
I need to make a difference in the  
world

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# Intersectionality

Privilege **Marginalization**

## ADDRESSING-GSA

1. Age
2. Disability
3. Race
4. Religion
5. Ethnicity
6. Sexual Orientation
7. Socioeconomic Status
8. Spirituality
9. Indigenous Heritage
10. National Origin
11. Gender Identity
12. Gender Expression
13. Size
14. Assigned Sex at Birth

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## CCCMDM Clinician Self Assessment



1. So we have reviewed the model, and you have made note of key assessment components within the model.
2. Now, on your personal assessment, provide a self-rating for each subcomponent.

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# CCCMDM Clinician Self Assessment


Don't Start Yet!



## Cross-Cultural Civility-Mindset Developmental Model (CCCMDM)

### Clinician Self-Assessment

Using the rating scale below as we cover the overview of the CCCMDM, give yourself some honest personal feedback on where you really sit with regard to your anti-racist development. Combine your understanding of each concept of the model and incorporate the magnifying glass of the unfiltered thoughts you had when reading the initial case study.

	<ol style="list-style-type: none"> <li>1) I understand and can talk about my social identity.</li> <li>2) I can name at least 1 area of my privilege.</li> <li>3) I can name at least 2 areas of my privilege.</li> <li>4) I can readily talk about the history that shapes my privilege.</li> <li>5) I can readily talk about how my privilege impacts me.</li> <li>6) I can talk about how my privilege impacts others.</li> <li>7) I can name at least 1 area of my marginalization.</li> <li>8) I can name at least 2 areas of my marginalization.</li> <li>9) I can readily talk about the history that shapes my marginalization.</li> <li>10) I can readily talk about how my marginalization impacts me.</li> <li>11) I can readily talk about how my marginalization impacts others.</li> <li>12) I can name and talk about at least 1 area where I have bias.</li> <li>13) I can name and talk about at least 2 areas where I have bias.</li> <li>14) When I get uncomfortable talking about privilege, marginalization or</li> </ol>	
---	---	--



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# CCCMDM Clinician Self Assessment



1. So we have reviewed the model, and you have made note of key assessment components within the model.
2. Now, on your personal assessment, provide a self-rating for each subcomponent.
3. Once completed, add the sub-scores in each section to find your overall score for the domain.
4. Discuss your findings with your group and answer the questions on the next slide.



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**Discuss your results in your group.**

- Where did you see yourself?
- What made sense based on what you know about yourself?
- What surprised you?

**Pre-Civility Contemplation**

**Civility Contemplation**

**Civility Cultivation**

**Civility Compounding**

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QUESTIONS?



LEGACY

Professional Development  
& Training

---

Continuing education & supervision for Helping Professionals  
serving today's multicultural world



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**Conceptualizing  
from the Lens of  
Counselor  
Self-Awareness  
& Cultural  
Humility**



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**Pre-Civility Contemplation**

**Civility Contemplation**

**Civility Cultivation**

**Civility Compounding**

**Conceptualizing  
from the Lens of  
Client  
Worldview  
Development**



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**Pre-Civility Contemplation**

**Civility Contemplation**

**Civility Cultivation**

**Civility Compounding**

## **Cross-Cultural Pre-Civility / Civility Contemplation**

*WHERE DO YOU SEE YOURSELF?*

### **MOF CULTURAL HUMILITY:**

An awareness of one's limitations to understanding a client's cultural background and experience

*(HOOK, DAVIS, OWEN & DEBLAERE, 2017, P. 9)*



## **Cross-Cultural Civility Cultivation**

### **MSJCC DOMAIN 2**

#### **CLIENT WORLDVIEW**

“Privileged and marginalized clinicians are aware, knowledgeable, skilled, and action-oriented in understanding client's worldview...”





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- **Racial Trauma & Mental Health**
- **Historical Trauma**
- **Intergenerational Trauma**
- **A Deeper Dive Into Intergenerational Trauma**



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- **Racial Trauma & Mental Health**
- ....
- ....
- ....



## What is Trauma?



**“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” (p. 7)**



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Trauma and Justice Strategic Initiative. (2014). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.



## What is the impact of Trauma?



**“Traumatic experiences complicate a child’s or an adult’s capacity to make sense of their lives and to create meaningful consistent relationships in their families and communities” (p. 5)**



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Trauma and Justice Strategic Initiative. (2014). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.





# What is the impact of Race-Based Trauma?



**Race-based** traumatic experiences complicate a child's or an adult's capacity to make sense of their lives **in relation to interpersonal and institutional racial bias, discrimination and incivility, and the impact on their life outcomes. It complicates the ability** to create meaningful consistent relationships in their families, cultural communities, and society at large.



Adapted from Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.

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## Cross-Cultural Civility THE RACE – TRAUMA CONNECTION



**Systems Built  
on Racist  
Institutional  
Policies**

Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.

Amadeo, K. (2021, June 25). *What is a welfare program?* Retrieved from The Balance: <https://www.thebalance.com/welfare-programs-definition-and-list-3305759>

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# Chronic Psychological Distress As An Outcome Of Micro Aggressive Experiences

## Microaggressions

Commonplace verbal or behavioral indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults towards marginalized individuals.

### Microinsult (Often Unconscious)

Behavioral/verbal remarks or comments that convey rudeness or insensitivity and demean a person's marginalized heritage or identity.

#### Example

When a white couple (man and woman) passes a black man on the sidewalk, the woman automatically clutches her purse more tightly, while the *white man* checks for his wallet in the back pocket.

### Microassault (Often Conscious)

Explicit derogations characterized primarily by a violent verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions

#### Examples

Calling Mexican immigrants  
"Racists and criminals"

### Microinvalidation (Often Unconscious)

Verbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color

#### Example:

"You seem hyper-focused on race and racism. People are all the same in God's eyes. He loves everyone."

Sue, 2010; Nadal et al., 2014; Sue & Sue, 2019

## What is Trauma?



**"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (p. 7)**



Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.



## A DEEPER DIVE INTO INTERGENERATIONAL TRAUMA



### Events

- ✓ Stressful
- ✓ Impacts development

Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.



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## A DEEPER DIVE INTO INTERGENERATIONAL TRAUMA



### Events

### Experiencing

- ✓ Stressful
- ✓ Impacts development
- ✓ Impact
- ✓ Worldview
- ✓ Locus of control
- ✓ Locus of responsibility
- ✓ Physical / psychological disruption
- ✓ Intersectionality
- ✓ Cultural identity

Trauma and Justice Strategic Initiative. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Substance Abuse and Mental Health Services Administration.



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## A DEEPER DIVE INTO INTERGENERATIONAL TRAUMA



### Events

- ✓ Stressful
- ✓ Impacts development

### Experiencing

- ✓ Impact
- ✓ Worldview
- ✓ Locus of control
- ✓ Locus of responsibility
- ✓ Physical / psychological disruption
- ✓ Intersectionality
- ✓ Cultural identity

### Effects

- ✓ Long lasting
- ✓ Immediate
- ✓ Delayed
- ✓ Recognized
- ✓ unrecognized

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Trauma and Justice Strategic Initiative. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Substance Abuse and Mental Health Services Administration.



## A DEEPER DIVE INTO INTERGENERATIONAL TRAUMA



### Events

- ✓ Stressful
- ✓ Impacts development

### Experiencing

- ✓ Impact
- ✓ Worldview
- ✓ Locus of control
- ✓ Locus of responsibility
- ✓ Physical / psychological disruption
- ✓ Intersectionality
- ✓ Cultural identity

### Effects

- ✓ Long lasting
- ✓ Immediate
- ✓ Delayed
- ✓ Recognized
- ✓ unrecognized

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Trauma and Justice Strategic Initiative. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Substance Abuse and Mental Health Services Administration.





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## Identify the Trauma Histories



1. In your group read Thomas' case history. He is your new client. His overview can be found in your coursepack.
2. Identify his traumatic experiences; specifically, the *events, experiences, and effects*.
3. **BE SURE TO STOP WHERE IT SAYS STOP.** We will add on to your conceptualization as we move through the workshop.

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# Conceptualizing Trauma Histories

## Part 1



### Conceptualizing Trauma Histories

(PART 1)



Thomas is a 20-year-old single, cisgender gay male. He identifies as bi-racial; his father is of African-American and Vietnamese descent and his mother is of Native American descent. He presented for counseling in June 2021. He reported that he is having trouble concentrating, feels anxious, and is worried about his ability to function in school and in his part-time job that he uses to fund his education. He also feels unsupported by peers, and reports frequent fights with friends.

In exploring the client's background further, you identify that Thomas has several salient factors that might be impacting or exacerbating his presentation. Thomas reported that one of his best friends, and Asian American male, lived around the corner from the where the Atlanta Spa shootings occurred in March 2021. Thomas frequently spends time with his friend's family and they have been shaken up since that time. When exploring his thoughts about this further, Thomas talks about fighting back, and referenced his presence at Atlanta riots last May 2020 that resulted in that resulted in damage to the CNN building. The riots were in response to the killing of George Floyd which had occurred a few days earlier. He denies involvement in violent activity, indicating he was only there to show support for protests of George Floyd's murder. His mother Renee, and his paternal grandmother Mary, asked him not to attend, but to find other ways to protest; however, that was not what he wanted. His maternal grandfather Wayne, despite their somewhat distant relationship, offered unsolicited advice that Thomas should do whatever he wanted.

Thomas also reported that several years ago, his father, Thomas, Jr., experienced a long (5 years) struggle with depression and serious physical illness, which doctors expected to be fatal, but was not. Wayne, his wife's father, attributes his son-in-law's mental and physical health problems to weakness of character and lack of spiritual connection. Thomas noted that his mother's family had never been accepting of his father, and made disparaging comments about his father's (Thomas, Jr's) very fair skin and white ancestry. Thomas also noted that his father, who has always struggled with "self-hatred and low self-esteem", has sometimes (though not always) chosen to "pass" as white in the past. While Thomas' mother maintained her ancestral cultural traditions, Thomas does not consider himself to be spiritual.



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# Conceptualizing Trauma Histories

## Part 1



When discussing his experiences, Thomas became agitated and angry. His emotional reactivity, was congruent with his history of experiences and ongoing conflict with both his father and his maternal grandfather. The only insight he said he had surrounding the sources of these conflicts was related to his father's "passing incidents" and illnesses, and the hurtful things that his grandfather has historically said about his being a "mongrel" and his not belonging to their native Cherokee tribe.

After reading the case study above, describe your client Thomas' trauma in the spaces below.

Event(s)	Experiencing	Effect(s)



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# Conceptualizing Trauma Histories

## Part 1



1. In your group read the brief history for Thomas, your new client.
2. Identify the spaces of trauma; specifically, the *events, experiences, and effects*.  
**Choose a reporter for your group.**
3. **BE SURE TO STOP WHERE IT SAYS STOP.**  
We will add on to your conceptualization as we move through the workshop.



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## Trauma

- Racial Trauma & Mental Health
- Historical Trauma
- ...
- ...



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## Understanding Historical Racial Trauma



### Historical Trauma

“The cumulative experiences with racially traumatic events [that lead to]...long-lasting psychological consequences...[for] individuals, families and communities...”

“massacres, forced relocation and removal from traditional homelands, forced removal and separation of children from parents, and medical experimentation, among others.”



Thompson-Miller, Feagin, & Picca (2015)

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## Understanding Historical Trauma



### Historical Trauma

“any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: killing members of the group; causing serious bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life, calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; [and] forcibly transferring children of the group to another group.”



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UN.org Convention on the Prevention and Punishment of the Crime of Genocide

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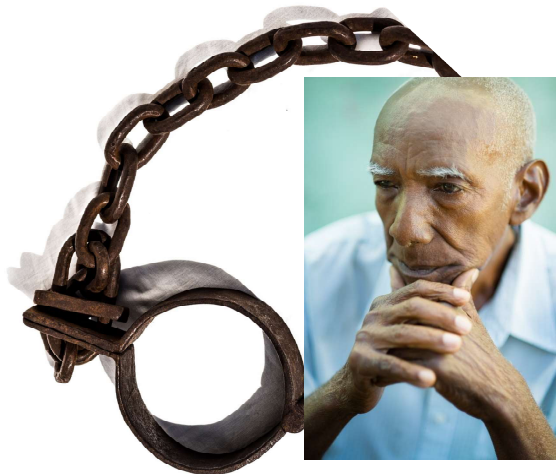
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- Racial Trauma & Mental Health
- Historical ~~Trauma~~ **Genocide** & Communities of Color
- ....
- ....



Historical **Genocidal** Trauma of the Black People in America   



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## Historical Genocidal Trauma of the Black People in America 1619 - Today



### AMERICAN CHATTEL SLAVERY(1619-1865)

- personal property, bought and sold as commodities or like cattle

### JIM CROWISM (1865-1965)

- Sharecropping
- Ku Klux Klan
- Lynching & castration

### "GREAT MIGRATION" AND Urbanizing Blacks(1915-68)

- segregated housing and employment.
- 1919"Red Summer"

### GHETTO AND WELFARE (1968-1975)

- Welfare rules "no adult men in the home.
- The exodus of jobs and middle class
- Drugs, crime and family disintegration

### GHETTO AND PRISON (1975-1990)

- extreme concentration of poverty
- blacks are 20 times more likely than whites going to jail for same crime

### The New Jim Crow (1990 – Present)

- Mass Incarceration
- **Orange** is the New Black

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## Historical Genocidal Trauma of Native Americans 1491 ---



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## Historical **Genocidal** Trauma of Native Americans 1491 ---



### TRIBAL INDEPENDENCE ERA PRE-1491

- Tribal societies flourishing

### EPIDEMICS, SLAVERY, MASSACRES, AND INDIGENOUS RESISTANCE 1492-1599

- Spain establishes dominance & subjugation
- Christopher Columbus

### INVASION FROM ALL DIRECTIONS—STOLEN LANDS, STOLEN PEOPLES 1600-1699

- Spain from the South
- French from the North
- English on Atlantic Coast

### SOVEREIGN NATION ERA ENDS 1800-1827

- US “civilization campaign to eradicate Native identities, presence and dispossess lands

### INDIAN REMOVAL ERA (from desired lands) 1850-1878

#### RESERVATION ERA (moved to undesirable lands)

- traditional practices and ceremonies outlawed

#### BOARDING SCHOOL AND LAND ALLOTMENT ERAS 1879-1933

- children removed from families to boarding schools
- Forced Christianity; native language and customs forbidden/punished
- Land holdings reduced with “surplus” sold to non-Indians

#### INDIAN NEW DEAL, TRIBAL TERMINATION, AND URBAN RELOCATION 1934-1967

- Tribes lose more land for states to capture coal and uranium found. Tribes relocated.

#### INDIAN SELF-DETERMINATION & GOVERNANCE ERA 1968 – PRESENT

- ✓ Re-energized fight for Native rights and land

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<https://nativephilanthropy.candid.org/timeline/>

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## Examples of Historical **Genocidal** Trauma of Native Americans



### SPANISH TARGET APACHES FOR SLAVE TRADE ENSLAVEMENT & FORCED CONVERSION TO CHRISTIANITY

- Kidnapped and sold

#### SLAVE TRADE BEGINS

- as 13 colonies evolve

#### POWHATAN INDIANS ENSLAVED

- Virginia colonists steal land

#### MASSAQEUQ MASSACRE (now New York)

#### STAMFORMD MASSACRE (Connecticut)

#### NEW AMSTERDAM (Manhattan)

- ✓ Campaign to exterminate Natives

- By Spanish & English - to develop missions - Indian children forced into schools

#### “THANKSGIVING DAY” MASSACRES

- Puritans/English colonists celebrate massacre of Pequot village. Later named Thanksgiving Day to honor “victories” ordained by God over Native communities

#### Georgia creates laws to take Cherokee land

#### +++HUNDREDS MORE - \_\_\_

- In every state in the US

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## Historical Genocidal Trauma of Native Americans



“These participants were generations removed from many of the historical traumas that had been inflicted on the Native American people. However, 36% had daily thoughts about the loss of traditional language in their community and 34% experienced daily thoughts about the loss of culture. Additionally, 24% reported feeling angry regarding historical losses, and 49% provided they had disturbing thoughts related to these losses. Almost half (46%) of the participants had daily thoughts about alcohol dependency and its impact on their community. Further, 22% of the respondents indicated they felt discomfort with White people, and 35% were distrustful of the intentions of the dominant White culture due to the historical losses the Native American people had suffered”. (Whitbeck et al., 2004)



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## Historical Genocidal Trauma of Asian American Refugees



### Southeast – Cambodia, Laos, Vietnam

#### Pre- and Post-Migration History

- French Military Occupation (1887-1941)
- Japanese (1941-1945) military occupation
- French Military Occupation (1945-1954)
- World War II (1939-1945)
- First Indochina War (1946-1954)
- Secret War in Laos (1955-1974)
- U.S. Vietnam War (1955- 1975)
- Cambodian Genocide (1975-1979)



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# Trauma

- Racial Trauma & Mental Health
- Historical Trauma
- Intergenerational Trauma
- ....



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## Understanding Historical & Intergenerational Racial Trauma



### Intergenerational Trauma

When we are discussing intergenerational trauma related to historical trauma (which is what we are discussing) we are talking about in many cases, the psychological, physical, and spiritual aftermath can be carried into subsequent generations — whether these events are known or conscious among subsequent generations.



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Thompson-Miller, Feagin, & Picca (2015)

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## Understanding Intergenerational Racial Trauma



**“...the intergenerational transmission of racial oppression within one family, and its countering strategies that are built into the fabric of...everyday life...The original trauma can often be traced back decades...where there is trauma in their parents, grand-parents, and great-grand parents, and so on...”**



Thompson-Miller, Feagin, & Picca (2015)  
Hanes-Collins (2020)

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## Understanding Intergenerational Racial Trauma



**“...the intergenerational transmission of racial oppression within one family, and its countering strategies that are built into the fabric of...everyday life...The original trauma can often be traced back decades...where there is trauma in their parents, grand-parents, and great-grand parents, and so on...”**



Thompson-Miller, Feagin, & Picca (2015)  
Hanes-Collins (2020)

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## Understanding Intergenerational Racial Trauma



“Where trauma has been untreated, what is fairly common is that the untreated trauma in the parent is transmitted [to] the child through the attachment bond and through the messaging about self and the world, safety and danger.”



Hanes-Collins (2020)

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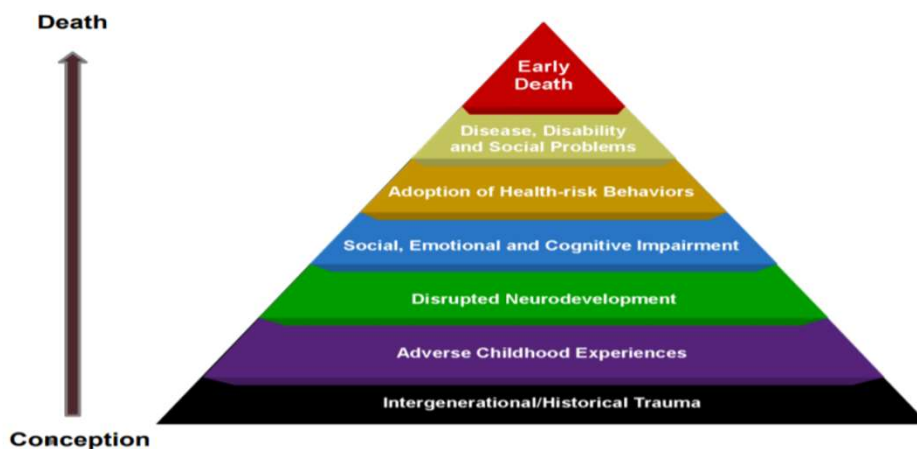


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## Understanding Historical & Intergenerational Racial Trauma



### ACEs + Historical Trauma



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Jones, B. (n.d.). Legacy of Trauma: Context in the African American Existence.

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# Understanding Historical & Intergenerational Racial Trauma



10 ACEs, as identified by the CDC-Kaiser study:

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother Treated Violently	 Substance Abuse
 Sexual		 Divorce	

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Joining Forces for children (2021). What are ACEs.

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## Cross-Cultural Civility

# THE RACE – INTERGENERATIONAL TRAUMA CONNECTION



Historical & Intergenerational Trauma

Race-Based Traumatic Stress Injury

Individual & Family Health Outcomes



- Bias, stereotypes, bigotry, ignoring social privilege, hate groups, structural racism, discrimination, microaggressions...



- Depression, anxiety, chronic physical illness, secondary traumatic stress, racial battle fatigue...



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**QUESTIONS?**

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**Epigenetics  
&  
Generational  
Trauma  
Connections**

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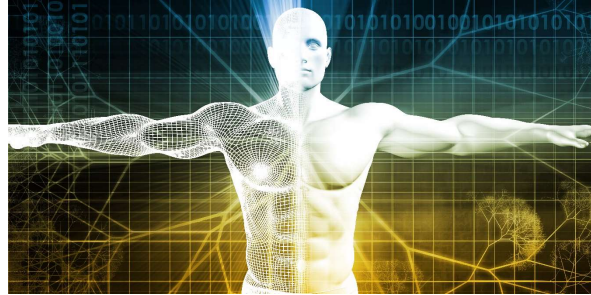
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## The Body Keeps The Score



“...trauma is stored in somatic memory and expressed as changes in the biological stress response...”



324

Van der Kolk, B. (1994). The Body Keeps the Score: Memory and the Evolving Psychobiology of Post Traumatic Stress. *Harvard Review of Psychiatry*, 1(5), 253-265.

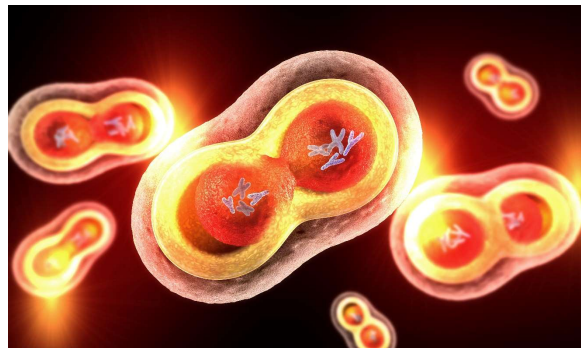
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## Epigenetics: The Body Keeps The Score +++



“Epigenetics is typically defined as the study of heritable changes in gene expression that... often occur as a result of environmental stress or major emotional trauma and would then leave certain marks on the chemical coating... of the chromosomes” (p. 3)



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Kellermann, N. (2013). Epigenetic transmission of Holocaust Trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33-42.

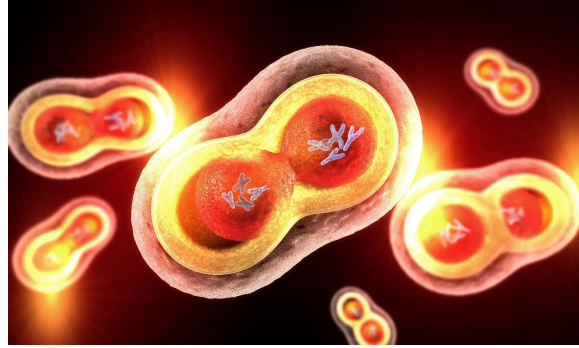
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## Epigenetics: The Body Keeps The Score +++



“The coating becomes a sort of „memory” of the cell and since all cells in our body carry this kind of memory, it becomes a constant physical reminder of past events; our own and those of our parents, grandparents and beyond... This kind of epigenetic cell memory can possibly explain how „elements of experience may be carried across generations”



Kellermann, N. (2013). Epigenetic transmission of Holocaust Trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33-42.

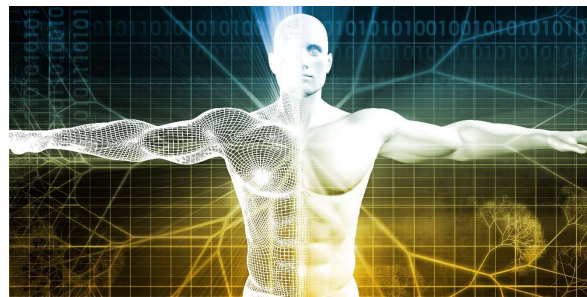
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## Epigenetics: The Body Keeps The Score



“Memory -- the capacity to bring elements of an experience from one moment in time to another... To some degree, all of the organ systems in the human body have “memory.”...



Kellermann, N. (2013). Epigenetic transmission of Holocaust Trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33-42

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## Intergenerational Epigenetic Transmission



Trauma can be “(epi)genetically transmitted to...children...[and that]... transmission may continue beyond the second generation and also include the grandchildren, great grandchildren... as if they have actually inherited the unconscious minds of their parents” (p. 1)



Kellermann, N. (2013). Epigenetic transmission of Holocaust Trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33-42

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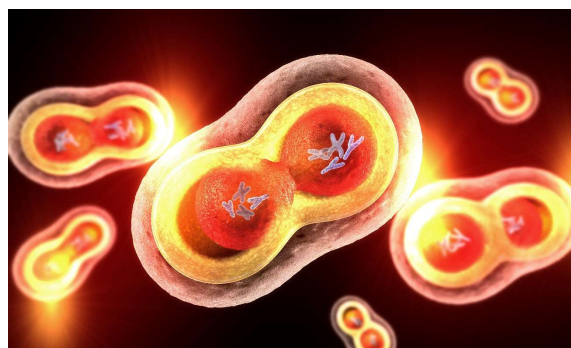
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## Intergenerational Epigenetic Transmission



### Descendants of

- Holocaust
- War Veterans
- Abuse Survivors
- Refugees
- Torture Victims



Kellermann, N. (2013). Epigenetic transmission of Holocaust Trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33-42

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# Transgenerational Transmission of Trauma (TTT)



Kellermann, N. (2013). Epigenetic transmission of Holocaust Trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences*, 50(1), 33-42

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# Conceptualizing Trauma Histories

## Part 1



### Conceptualizing Trauma Histories

(PART 1)



Thomas is a 20-year-old single, cisgender gay male. He identifies as bi-racial; his father is of African-American and Vietnamese descent and his mother is of Native American descent. He presented for counseling in June 2021. He reported that he is having trouble concentrating, feels anxious, and is worried about his ability to function in school and in his part-time job that he uses to fund his education. He also feels unsupported by peers, and reports frequent fights with friends.

In exploring the client's background further, you identify that Thomas has several salient factors that might be impacting or exacerbating his presentation. Thomas reported that one of his best friends, and Asian American male, lived around the corner from the where the Atlanta Spa shootings occurred in March 2021. Thomas frequently spends time with his friend's family and they have been shaken up since that time. When exploring his thoughts about this further, Thomas talks about fighting back, and referenced his presence at Atlanta riots last May 2020 that resulted in that resulted in damage to the CNN building. The riots were in response to the killing of George Floyd which had occurred a few days earlier. He denies involvement in violent activity, indicating he was only there to show support for protests of George Floyd's murder. His mother Renee, and his paternal grandmother Mary, asked him not to attend, but to find other ways to protest; however, that was not what he wanted. His maternal grandfather Wayne, despite their somewhat distant relationship, offered unsolicited advice that Thomas should do whatever he wanted.

Thomas also reported that several years ago, his father, Thomas, Jr., experienced a long (5 years) struggle with depression and serious physical illness, which doctors expected to be fatal, but was not. Wayne, his wife's father, attributes his son-in-law's mental and physical health problems to weakness of character and lack of spiritual connection. Thomas noted that his mother's family had never been accepting of his father, and made disparaging comments about his father's (Thomas, Jr's) very fair skin and white ancestry. Thomas also noted that his father, who has always struggled with "self-hatred and low self-esteem", has sometimes (though not always) chosen to "pass" as white in the past. While Thomas' mother maintained her ancestral cultural traditions, Thomas does not consider himself to be spiritual.



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# Conceptualizing Trauma Histories

## Part 1



When discussing his experiences, Thomas became agitated and angry. His emotional reactivity, was congruent with his history of experiences and ongoing conflict with both his father and his maternal grandfather. The only insight he said he had surrounding the sources of these conflicts was related to his father's "passing incidents" and illnesses, and the hurtful things that his grandfather has historically said about his being a "mongrel" and his not belonging to their native Cherokee tribe.

After reading the case study above, describe your client Thomas' trauma in the spaces below.

Event(s)	Experiencing	Effect(s)



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# Conceptualizing Trauma through Historical Context – Part 2



1. You will now be grouped to review additional case related context.
2. Each group will review one specific section assigned.
3. You are working with the sections that look like this...

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# Conceptualize the Trauma Histories through Historical Context



## Conceptualizing Trauma through Historical Context

(PART 2- Reference slides on Historical Genocidal Trauma)

1971 – current	1941 - 1990	1911 - 1965	1896 - 1935
<ul style="list-style-type: none"> <li>Thomas (your client)</li> <li>Thomas, Jr. (father)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Bi-racial (very light skin)</li> <li><input type="checkbox"/> Raised by both parents (Thomas, Sr. and Mary)</li> <li><input type="checkbox"/> College educated</li> <li><input type="checkbox"/> Computer systems analyst</li> </ul> </li> <li>Renee (mother)                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised by mother's (Renee) family on the reservation</li> <li><input type="checkbox"/> Educated on reservation</li> <li><input type="checkbox"/> Father (Wayne) not present due to substance addiction</li> <li><input type="checkbox"/> Met future husband (Thomas, Jr.) at community college (did not finish due to lack of funds)</li> <li><input type="checkbox"/> Rejected traditional Native American values during college and early to mid-twenties.</li> <li><input type="checkbox"/> Married Thomas, Jr.</li> <li><input type="checkbox"/> Returned to traditional beliefs in mid-30's after the birth of son (Thomas, III).</li> <li><input type="checkbox"/> At home mom</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Thomas, Sr.                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Bi-racial (brown skin)</li> <li><input type="checkbox"/> "knew of" is father (John)</li> <li><input type="checkbox"/> Raised in the South by his mother Renee until her death. Then raised for a time by his MGM, a former slave</li> <li><input type="checkbox"/> WW II Veteran</li> <li><input type="checkbox"/> Met Mary during WW II in Vietnam, brought her to the US after the war and married her</li> </ul> </li> <li>Mary                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Bi-racial descent</li> <li><input type="checkbox"/> Never knew her father (Richard)</li> <li><input type="checkbox"/> Raised in Vietnam by mother and mother's (Han's) family, but always felt different</li> <li><input type="checkbox"/> Immigrated to US after WW II</li> </ul> </li> <li>Wayne                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised and lives on reservation</li> <li><input type="checkbox"/> Severe addiction, 20 years sober</li> </ul> </li> <li>Renee                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Died during childbirth due to poor medical care on reservation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>John                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Caucasian male</li> <li><input type="checkbox"/> Father was a southern slave owner</li> <li><input type="checkbox"/> Their family had "indentured workers"</li> <li><input type="checkbox"/> Married to a Caucasian-American woman</li> </ul> </li> <li>Anne                             <ul style="list-style-type: none"> <li><input type="checkbox"/> African descent</li> <li><input type="checkbox"/> Born free</li> <li><input type="checkbox"/> Married to Marcus (not shown on genogram)</li> <li><input type="checkbox"/> Victim of sexual assault</li> <li><input type="checkbox"/> Husband (Marcus) found dead post-assault</li> <li><input type="checkbox"/> Mother was slave to John's father, and then remained post 1865 as "indentured worker"</li> </ul> </li> <li>Wawa                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised on reservation</li> <li><input type="checkbox"/> Married Dakota and brought her back to live on the reservation</li> </ul> </li> <li>Dakota                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Removed from family and sent to boarding school.</li> <li><input type="checkbox"/> Converted to Christianity</li> <li><input type="checkbox"/> As an adult did not remember Native American language, nor traditional spiritual customs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Richard                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Caucasian male born in South Carolina</li> <li><input type="checkbox"/> Business man in import/export business</li> <li><input type="checkbox"/> Married to Caucasian-American woman – 3 children – residing in America</li> <li><input type="checkbox"/> Travelled overseas related to business</li> <li><input type="checkbox"/> Father was Southern slave owner</li> </ul> </li> <li>Han                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Born and raised in Vietnam</li> <li><input type="checkbox"/> Victim of sexual assault</li> <li><input type="checkbox"/> Never married</li> </ul> </li> <li>Dyke                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Observed traditional Native American customs and values specific to their tribe</li> </ul> </li> <li>Ootlog                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Observed traditional Native American customs and values specific to their tribe</li> </ul> </li> </ul>

Conceptualize your assigned individuals through the lens of Historical Community Trauma

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# Conceptualize the Trauma Histories through Historical Context



## Conceptualizing Trauma through Historical Context

(PART 2 - Reference slides on Historical Genocidal Trauma)

1971 – current	1941 - 1990	1911 - 1965	1896 - 1935
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# Conceptualize the Trauma Histories through Historical Context



## Conceptualizing Trauma through Historical Context

(PART 2 - Reference slides on Historical Genocidal Trauma)

1971 – current	1941 - 1990	1911 - 1965	1896 - 1935
<p>Thomas (your client)</p> <p>Thomas, Jr. (father)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biracial (very light skin)</li> <li><input type="checkbox"/> Raised by both parents (Thomas, Sr. and Mary)</li> <li><input type="checkbox"/> College educated</li> <li><input type="checkbox"/> Computer systems analyst</li> </ul> <p>Renee (mother)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised by mother's (Renee) family on the reservation</li> <li><input type="checkbox"/> Educated on reservation</li> <li><input type="checkbox"/> Father (Wayne) not present due to substance addiction</li> <li><input type="checkbox"/> Met future husband (Thomas, Jr.) at community college (did not finish due to lack of funds)</li> <li><input type="checkbox"/> Rejected traditional Native American values during college and early to mid-twenties.</li> <li><input type="checkbox"/> Married Thomas, Jr.</li> <li><input type="checkbox"/> Returned to traditional beliefs in mid-30's after the birth of son (Thomas, III).</li> <li><input type="checkbox"/> At home mom</li> </ul>	<p>Thomas, Sr.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bi-racial (brown skin)</li> <li><input type="checkbox"/> "knew of" is father (John)</li> <li><input type="checkbox"/> Raised in the South by his mother Renee until her death. Then raised for a time by his MGM, a former slave.</li> <li><input type="checkbox"/> WW II Veteran</li> <li><input type="checkbox"/> Met Mary during WW II in Vietnam, brought her to the US after the war and married her</li> </ul> <p>Mary</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bi-racial descent</li> <li><input type="checkbox"/> Never knew her father (Richard)</li> <li><input type="checkbox"/> Raised in Vietnam by mother and mother's (Han's) family, but always felt different</li> <li><input type="checkbox"/> Immigrated to US after WW II</li> </ul> <p>Wayne</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised and lives on reservation</li> <li><input type="checkbox"/> Severe addition, 20 years sober</li> </ul> <p>Renee</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Died during childbirth due to poor medical care on reservation</li> </ul>	<p>John</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caucasian male</li> <li><input type="checkbox"/> Father was a southern slave owner</li> <li><input type="checkbox"/> Their family had "indentured workers"</li> <li><input type="checkbox"/> Married to a Caucasian-American woman</li> </ul> <p>Anne</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> African descent</li> <li><input type="checkbox"/> Born free</li> <li><input type="checkbox"/> Married to Marcus (not shown on genogram)</li> <li><input type="checkbox"/> Victim of sexual assault</li> <li><input type="checkbox"/> Husband (Marcus) found dead post-assault</li> <li><input type="checkbox"/> Mother was slave to John's father, and then remained post 1865 as "indentured worker"</li> </ul> <p>Wayne</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised on reservation</li> <li><input type="checkbox"/> Married Dakota and brought her back to live on the reservation</li> </ul> <p>Dakota</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Removed from family and sent to boarding school</li> <li><input type="checkbox"/> Converted to Christianity</li> <li><input type="checkbox"/> As an adult did not remember Native American language, nor traditional spiritual customs</li> </ul>	<p>Richard</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caucasian male born in South Carolina</li> <li><input type="checkbox"/> Business man in import/export business</li> <li><input type="checkbox"/> Married to Caucasian-American woman – 3 children – residing in America</li> <li><input type="checkbox"/> Travelled overseas related to business</li> <li><input type="checkbox"/> Father was Southern slave owner</li> </ul> <p>Han</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Born and raised in Vietnam</li> <li><input type="checkbox"/> Victim of sexual assault</li> <li><input type="checkbox"/> Never married</li> </ul> <p>Iyee</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Observed traditional Native American customs and values specific to their tribe</li> </ul> <p>Ootoba</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Observed traditional Native American customs and values specific to their tribe</li> </ul>

Conceptualize your assigned individuals through the lens of Historical Community Trauma

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# Conceptualize the Trauma Histories through Historical Context



## Conceptualizing Trauma through Historical Context

(PART 2 - Reference slides on Historical Genocidal Trauma)

1971 – current	1941 - 1990	1911 - 1965	1896 - 1935
<p>Thomas (your client)</p> <p>Thomas, Jr. (father)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Biracial (very light skin)</li> <li><input type="checkbox"/> Raised by both parents (Thomas, Sr. and Mary)</li> <li><input type="checkbox"/> College educated</li> <li><input type="checkbox"/> Computer systems analyst</li> </ul> <p>Renee (mother)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised by mother's (Renee) family on the reservation</li> <li><input type="checkbox"/> Educated on reservation</li> <li><input type="checkbox"/> Father (Wayne) not present due to substance addiction</li> <li><input type="checkbox"/> Met future husband (Thomas, Jr.) at community college (did not finish due to lack of funds)</li> <li><input type="checkbox"/> Rejected traditional Native American values during college and early to mid-twenties</li> <li><input type="checkbox"/> Married Thomas, Jr.</li> <li><input type="checkbox"/> Returned to traditional beliefs in mid-30's after the birth of son (Thomas, III).</li> <li><input type="checkbox"/> At home mom</li> </ul>	<p>Thomas, Sr.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bi-racial (brown skin)</li> <li><input type="checkbox"/> "knew of" is father (John)</li> <li><input type="checkbox"/> Raised in the South by his mother Renee until her death. Then raised for a time by his MGM, a former slave.</li> <li><input type="checkbox"/> WW II Veteran</li> <li><input type="checkbox"/> Met Mary during WW II in Vietnam, brought her to the US after the war and married her</li> </ul> <p>Mary</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bi-racial descent</li> <li><input type="checkbox"/> Never knew her father (Richard)</li> <li><input type="checkbox"/> Raised in Vietnam by mother and mother's (Han's) family, but always felt different</li> <li><input type="checkbox"/> Immigrated to US after WW II</li> </ul> <p>Wayne</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised and lives on reservation</li> <li><input type="checkbox"/> Severe addiction, 20 years sober</li> </ul> <p>Renee</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Died during childbirth due to poor medical care on reservation</li> </ul>	<p>John</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caucasian male</li> <li><input type="checkbox"/> Father was a southern slave owner</li> <li><input type="checkbox"/> Their family had "indentured workers"</li> <li><input type="checkbox"/> Married to a Caucasian American woman</li> </ul> <p>Anne</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> African descent</li> <li><input type="checkbox"/> Born free</li> <li><input type="checkbox"/> Married to Marcus (not shown on genogram)</li> <li><input type="checkbox"/> Victim of sexual assault</li> <li><input type="checkbox"/> Husband (Marcus) found dead post assault</li> <li><input type="checkbox"/> Mother was slave to John's father, and then remained post 1865 as "indentured worker"</li> </ul> <p>Wawa</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Raised on reservation</li> <li><input type="checkbox"/> Married Dakota and brought her back to live on the reservation</li> </ul> <p>Dakota</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Removed from family and sent to boarding school</li> <li><input type="checkbox"/> Converted to Christianity</li> <li><input type="checkbox"/> As an adult did not remember Native American language, nor traditional spiritual customs</li> </ul>	<p>Richard</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Caucasian male born in South Carolina</li> <li><input type="checkbox"/> Business man in import/export business</li> <li><input type="checkbox"/> Married to Caucasian-American woman – 3 children – residing in America</li> <li><input type="checkbox"/> Travelled overseas related to business</li> <li><input type="checkbox"/> Father was Southern slave owner</li> </ul> <p>Han</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Born and raised in Vietnam</li> <li><input type="checkbox"/> Victim of sexual assault</li> <li><input type="checkbox"/> Never married</li> </ul> <p>Ivée</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Observed traditional Native American customs and values specific to their tribe</li> </ul> <p>Ojioia</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Native American</li> <li><input type="checkbox"/> Observed traditional Native American customs and values specific to their tribe</li> </ul>

Conceptualize your assigned individuals through the lens of Historical Community Trauma



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# Conceptualizing Trauma through Historical Context – Part 2



1. You will now be grouped to review additional case related context.
2. Each group will review one specific section assigned.
3. As you review your assigned section, consider, and make notes in the gray section underneath about each person within their historical context. **Reference slides we previously reviewed on Historical Genocidal Trauma to assist you.**
  - what trauma was their community experiencing at the time they were alive?
  - How might it have influenced their functioning?



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## Conceptualize the Trauma Histories through Historical Context



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Conceptualize <u>your assigned individuals</u> through the lens of Historical Community Trauma			

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## Historical **Genocidal** Trauma of the Black People in America 1619 - Today



### AMERICAN CHATTEL SLAVERY(1619-1865)

- personal property, bought and sold as commodities or like cattle

### JIM CROWism (1865-1965)

- Sharecropping
- Ku Klux Klan
- Lynching & castration

### "GREAT MIGRATION" AND Urbanizing Blacks(1915-68)

- segregated housing and employment.

343 ■ 1919 "Red Summer"

### GHETTO AND WELFARE (1968-1975)

- Welfare rules "no adult men in the home."
- The exodus of jobs and middle class
- Drugs, crime and family disintegration

### GHETTO AND PRISON (1975-1990)

- extreme concentration of poverty
- blacks are 20 times more likely than whites going to jail for same crime

### The New Jim Crow (1990 – Present)

- Mass Incarceration
- Orange is the New Black**

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## Historical **Genocidal** Trauma of Native Americans 1491 ---



### TRIBAL INDEPENDENCE ERA PRE-1491

- Tribal societies flourishing

### EPIDEMICS, SLAVERY, MASSACRES, AND INDIGENOUS RESISTANCE 1492-1599

- Spain establishes dominance & subjugation
- Christopher Columbus

### INVASION FROM ALL DIRECTIONS—STOLEN LANDS, STOLEN PEOPLES 1600-1699

- Spain from the South
- French from the North
- English on Atlantic Coast

### SOVEREIGN NATION ERA ENDS 1800-1827

- US "civilization campaign to eradicate Native identities, presence and disposes lands

### INDIAN REMOVAL ERA (from desired lands) 1850-1878

### RESERVATION ERA (moved to undesirable lands)

- traditional practices and ceremonies outlawed

### BOARDING SCHOOL AND LAND ALLOTMENT ERAS 1879-1933

- children removed from families to boarding schools
- Forced Christianity; native language and customs forbidden/punished
- Land holdings reduced with "surplus" sold to non-Indians

### INDIAN NEW DEAL, TRIBAL TERMINATION, AND URBAN RELOCATION 1934-1967

- Tribes lose more land for states to capture coal and uranium found. Tribes relocated.

### INDIAN SELF-DETERMINATION & GOVERNANCE ERA 1968 – PRESENT

- ✓ Re-energized fight for Native rights and land

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<https://nativephilanthropy.candid.org/timeline/>

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## Examples of Historical **Genocidal** Trauma of Native Americans



### SPANISH TARGET APACHES FOR SLAVE TRADE

- Kidnapped and sold

### SLAVE TRADE BEGINS

- as 13 colonies evolve

### POWHATAN INDIANS ENSLAVED

- Virginia colonists steal land

### MASSAQUEQU MASSACRE (now New York)

### STAMFORD MASSACRE (Connecticut)

### NEW AMSTERDAM (Manhattan)

- ✓ Campaign to exterminate Natives

### ENSLAVEMENT & FORCED CONVERSION TO CHRISTIANITY

- By Spanish & English - to develop missions - Indian children forced into schools

### “THANKSGIVING DAY” MASSACRES

- Puritans/English colonists celebrate massacre of Pequot village. Later named Thanksgiving Day to honor “victories” ordained by God over Native communities

### Georgia creates laws to take Cherokee land

### +++HUNDREDS MORE - \_\_\_

- In every state in the US

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## Historical **Genocidal** Trauma of Asian American Refugees



### Southeast – Cambodia, Laos, Vietnam

#### Pre- and Post-Migration History

- French Military Occupation (1887-1941)
- Japanese (1941-1945) military occupation
- French Military Occupation (1945-1954)
- World War II (1939-1945)
- First Indochina War (1946-1954)
- Secret War in Laos (1955-1974)
- U.S. Vietnam War (1955- 1975)
- Cambodian Genocide (1975-1979)



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## Conceptualizing Trauma through Historical Context – Part 2



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## The Johnson Family



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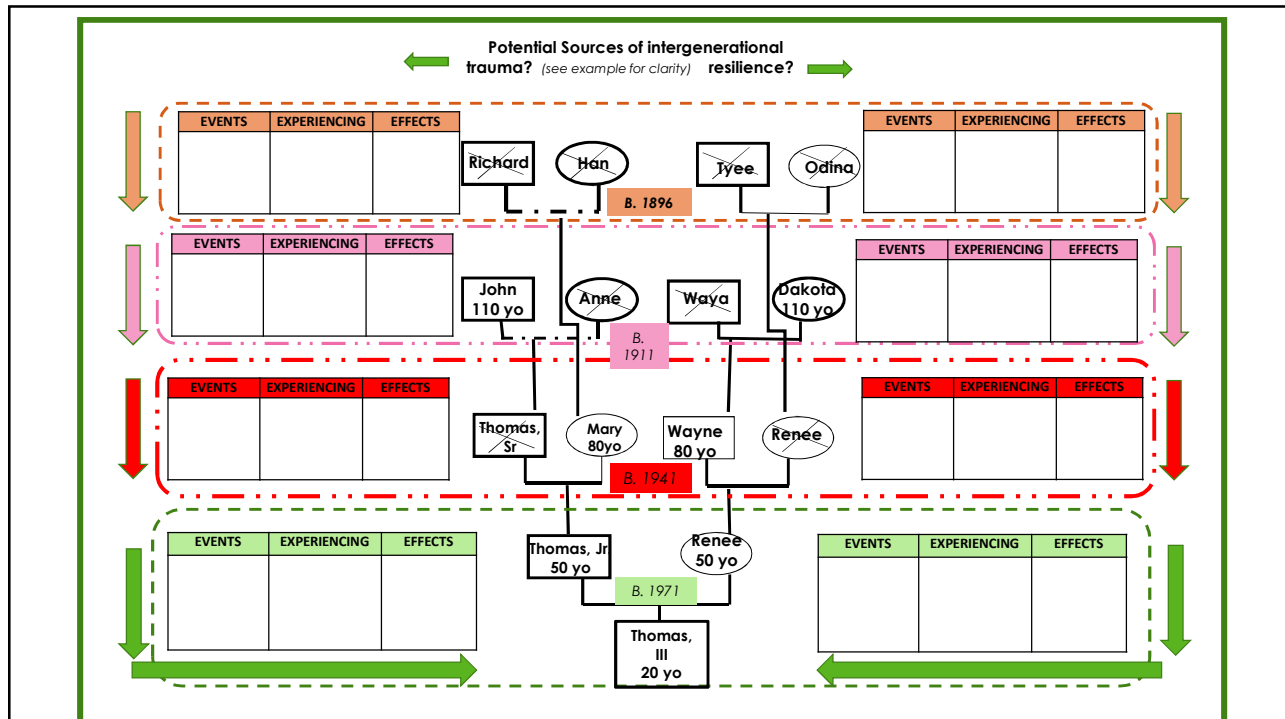
# The Johnson Family Intergenerational Trauma Genogram



1. The histories you read previously represent the generational family histories of Johnson Family. Each group had a different generation.
2. You will now be regrouped with others who reviewed generations other than yours.
3. Begin to conceptualize how each generational trauma may have influenced another. See what connections you can make regarding worldview, values, illnesses, and behaviors throughout the generations.
4. Then, together your group will create one larger Intergenerational Trauma Genogram. **Choose a reporter for your group.**
5. ...

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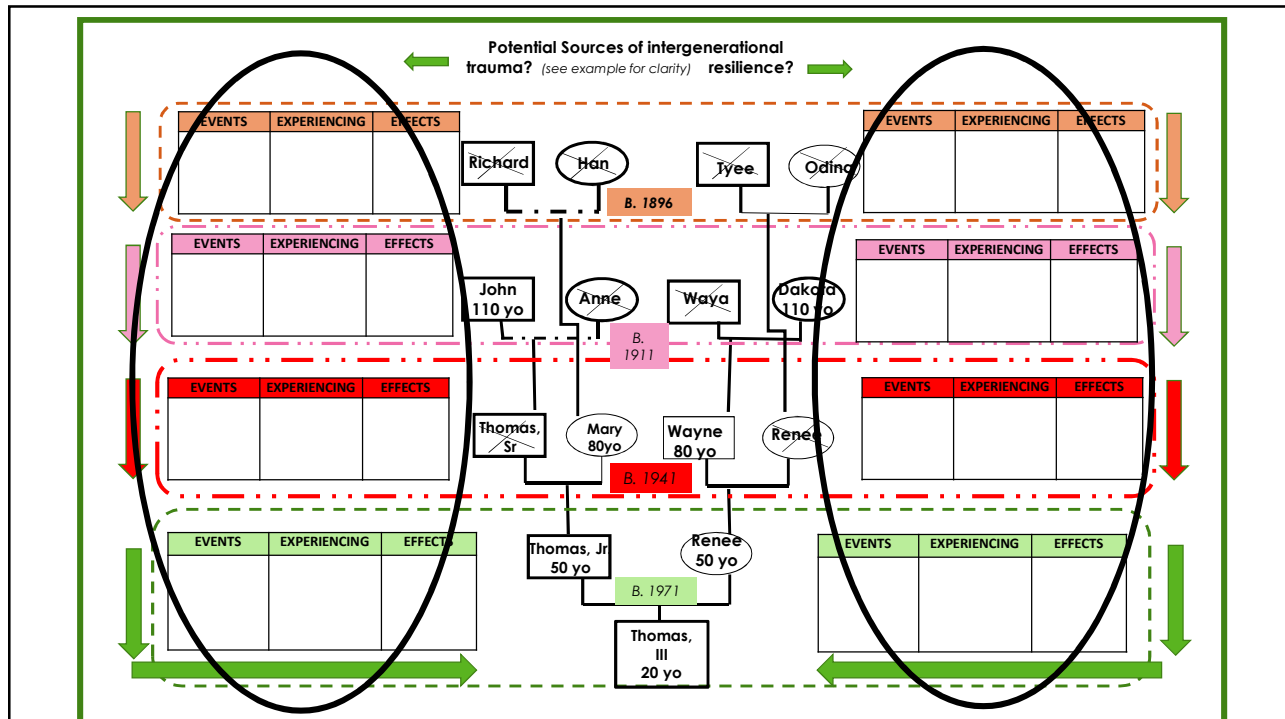
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5. Given your understanding of intergenerational trauma, epigenetics, and the historical context of each generation of the family, discuss additional thoughts on your understanding of Thomas' trauma.

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# The Johnson Family Intergenerational Trauma Genogram



### Genogram Labels

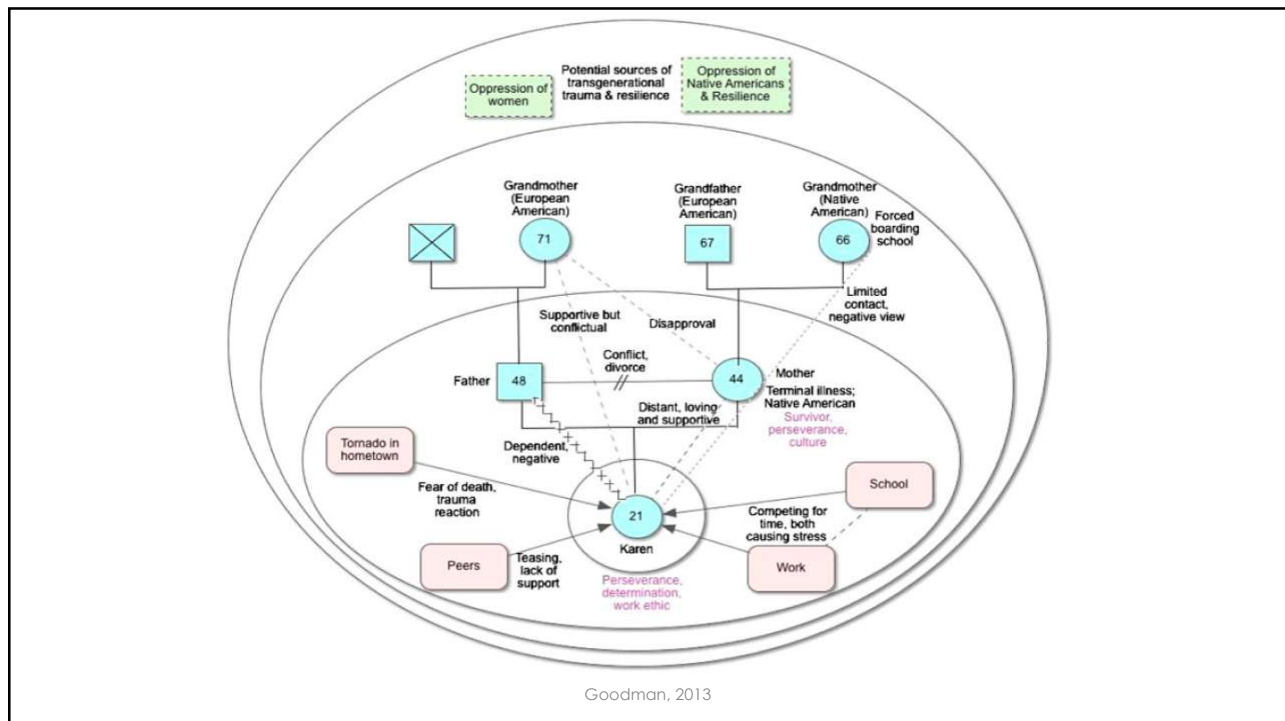
<ul style="list-style-type: none"> <li><input type="checkbox"/> Traditional genogram labels &amp; connections</li> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Disability</li> <li><input type="checkbox"/> Race / Ethnicity</li> <li><input type="checkbox"/> Affectional Orientation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Resiliency Factors</li> <li><input type="checkbox"/> Indigenous heritage</li> <li><input type="checkbox"/> National origin</li> <li><input type="checkbox"/> SES</li> <li><input type="checkbox"/> Self-image</li> <li><input type="checkbox"/> Illnesses</li> <li><input type="checkbox"/> Stressors Fears</li> <li><input type="checkbox"/> Religion/ Spirituality</li> </ul>
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**See example on next slide for guidance.**

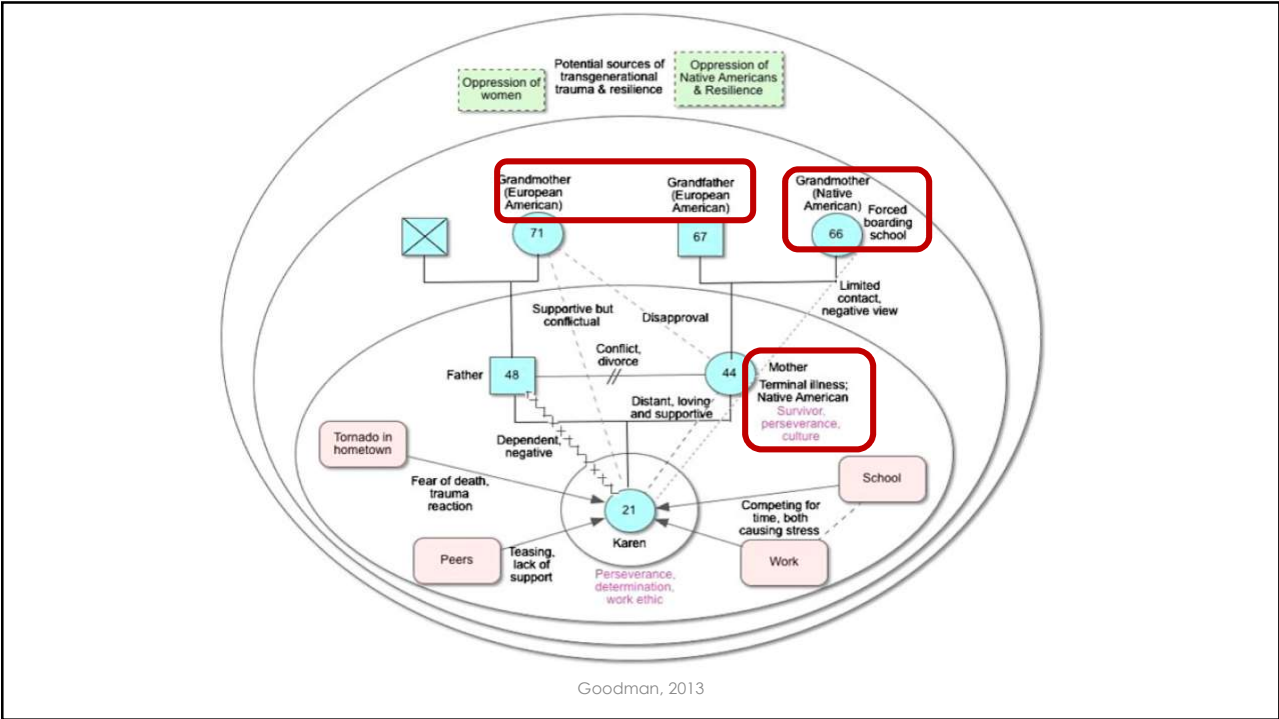
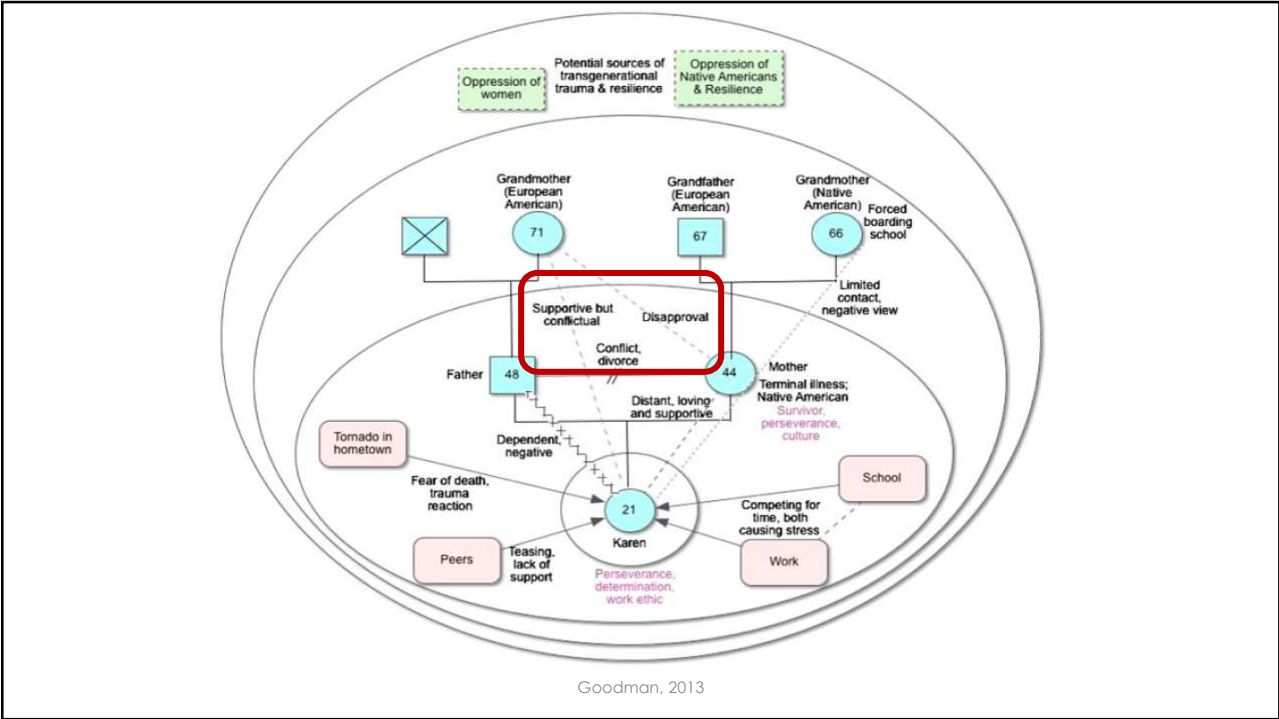
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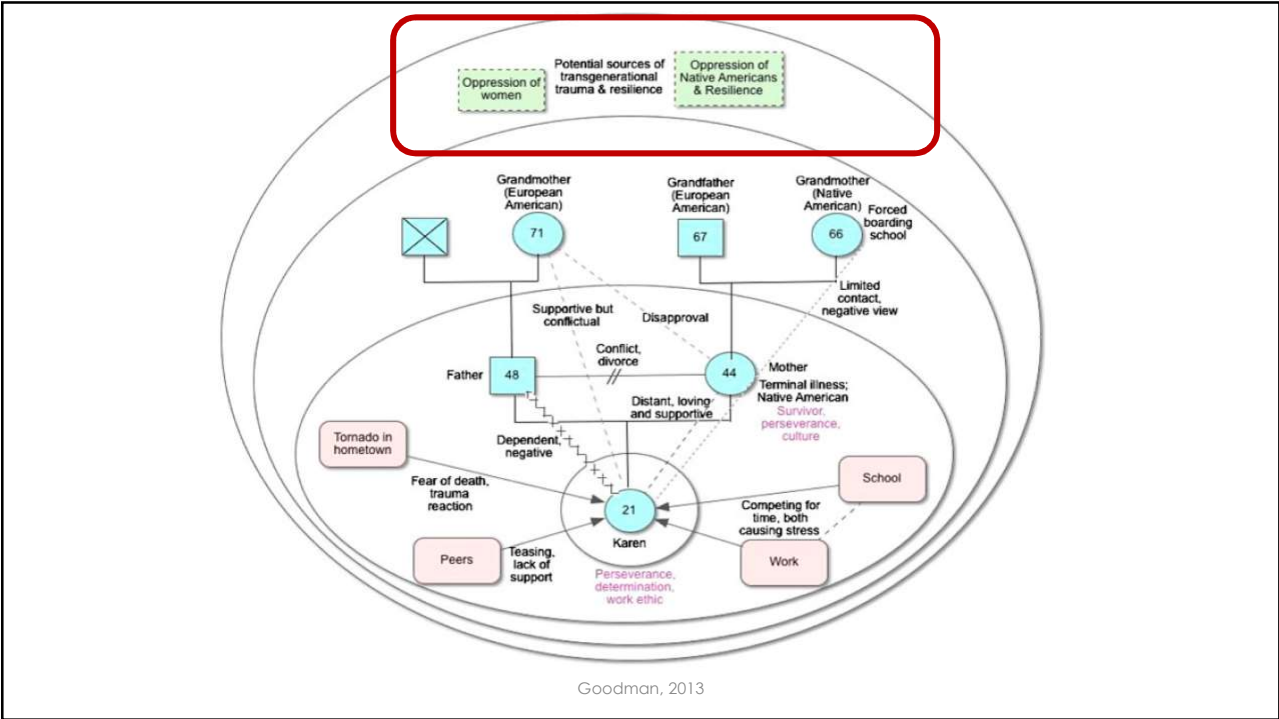
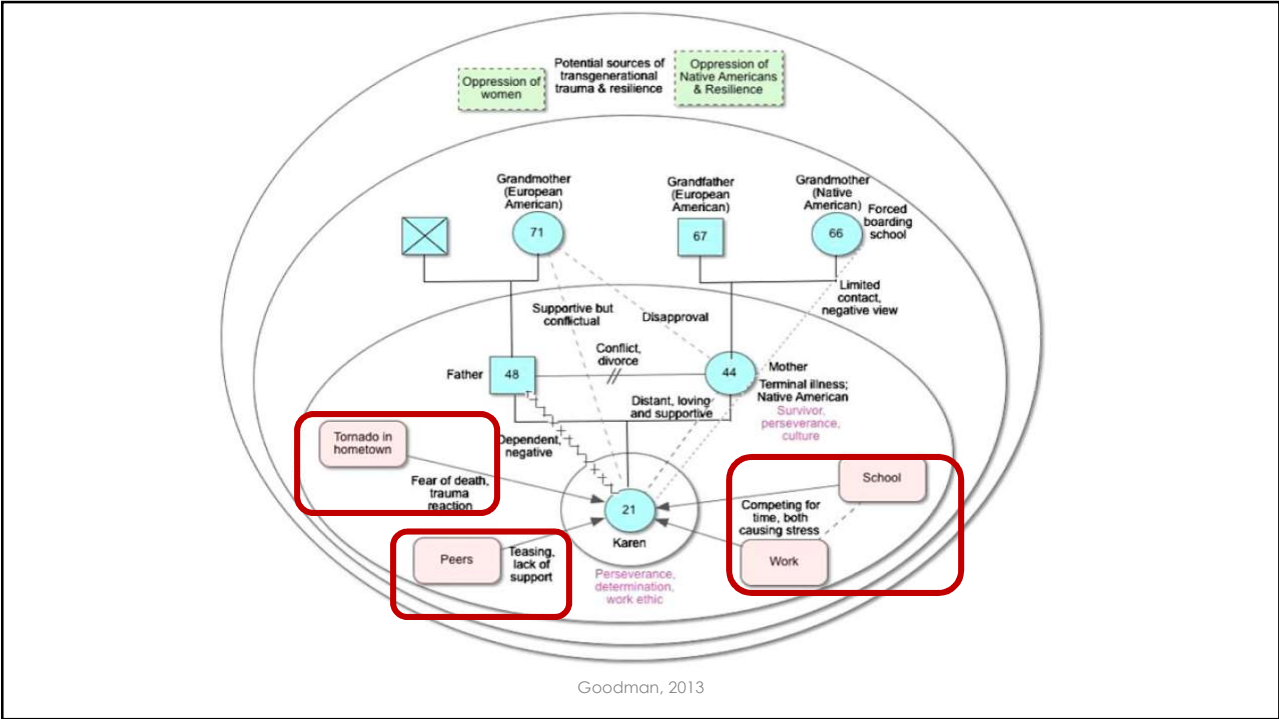


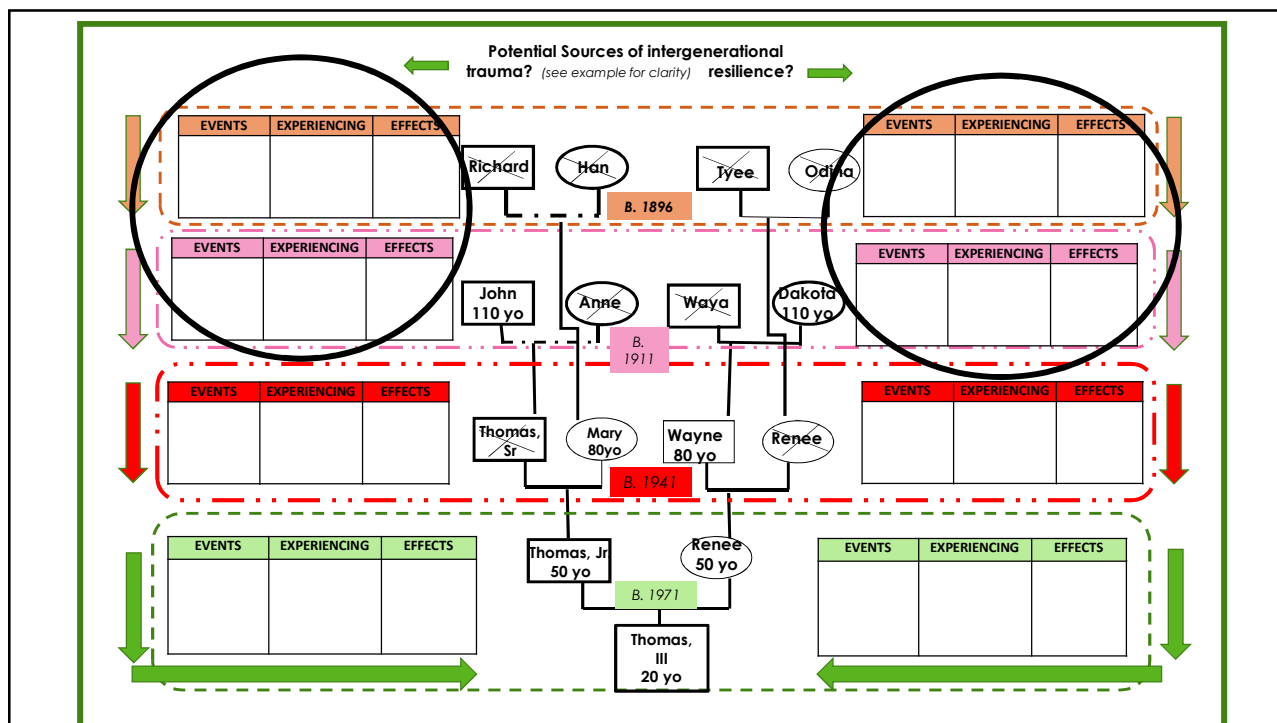
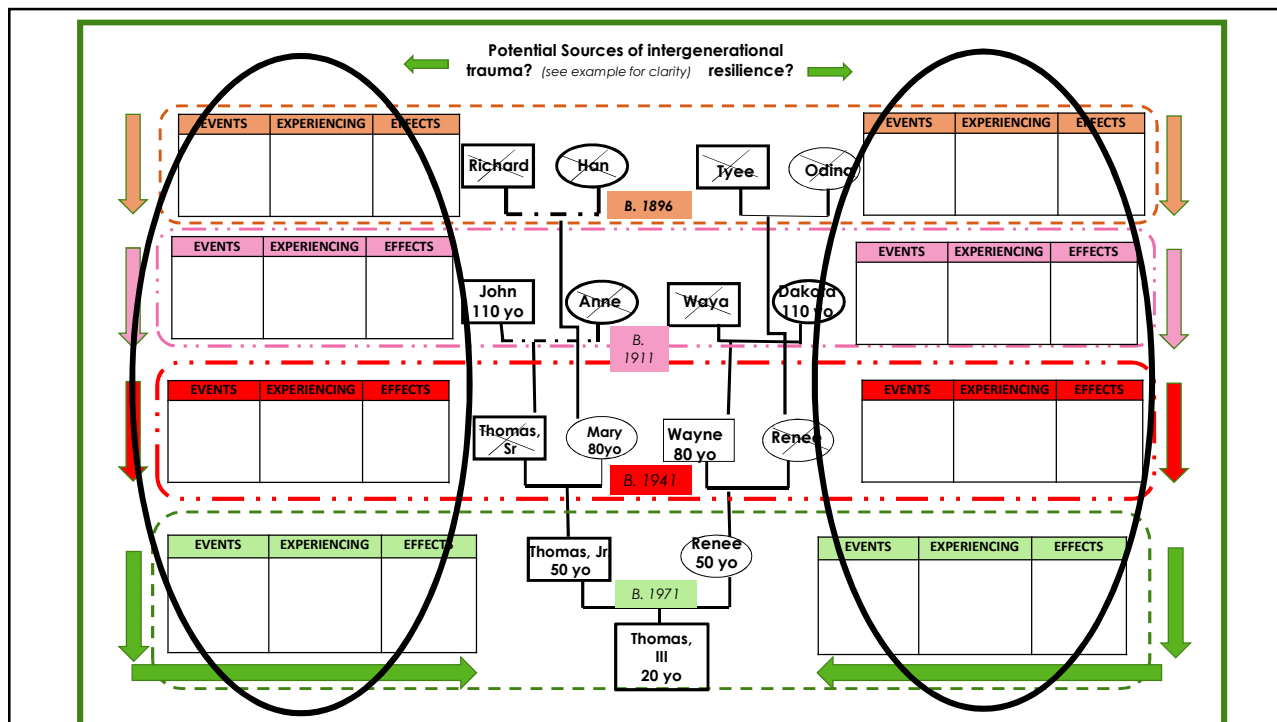
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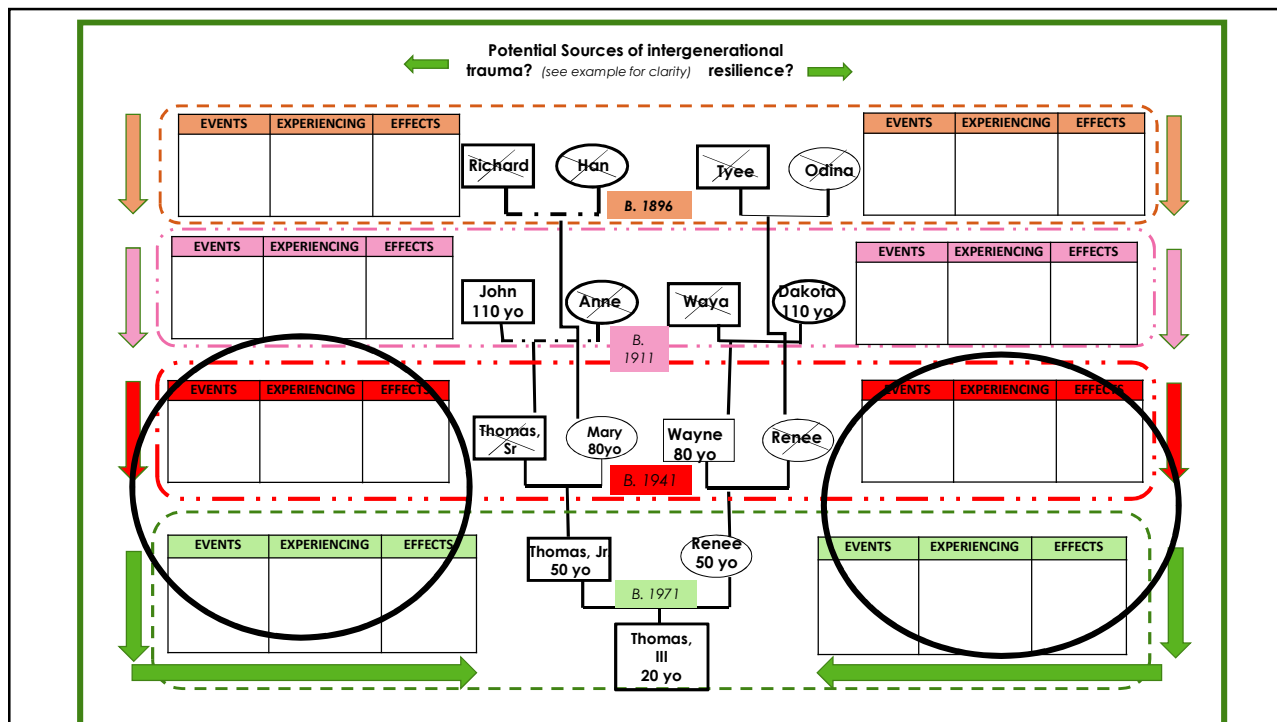












## The Johnson Family Intergenerational Trauma Genogram

### Genogram Labels

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# Conceptualizing from the Lens of the Clinical Relationship



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Pre-Civility Contemplation

Civility Contemplation

Civility Cultivation

Civility Compounding

## ***Cross-Cultural Civility Cultivation***

### **MSJCC DOMAIN 3**

#### **THE COUNSELING RELATIONSHIP**

Privileged and marginalized clinicians are aware, knowledgeable, skilled, and action-oriented in understanding how client and clinician privileged and marginalized statuses influence the counseling relationship.

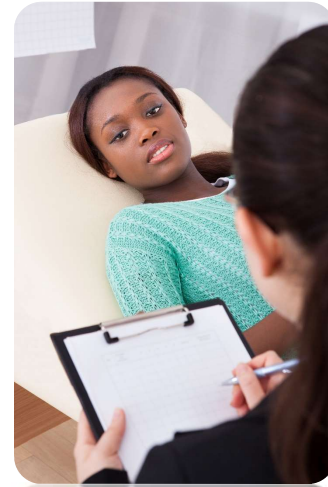
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## Clinical Considerations for Treatment

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- **Creating the Environment**
- **Themes for Clinical Focus**
- **Assessments**



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## Clinical Considerations for Treatment

366



- **Creating the Environment**
- .....
- .....



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connect with around

How do we ~~ask~~ our clients ~~directly about~~ discrimination, racial stress and racial trauma?



1. Do your own identity work

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PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)



connect with around

How do we ~~ask~~ our clients ~~directly about~~ discrimination, racial stress and racial trauma?



1. Do your own identity work
2. Create a relationship of trust

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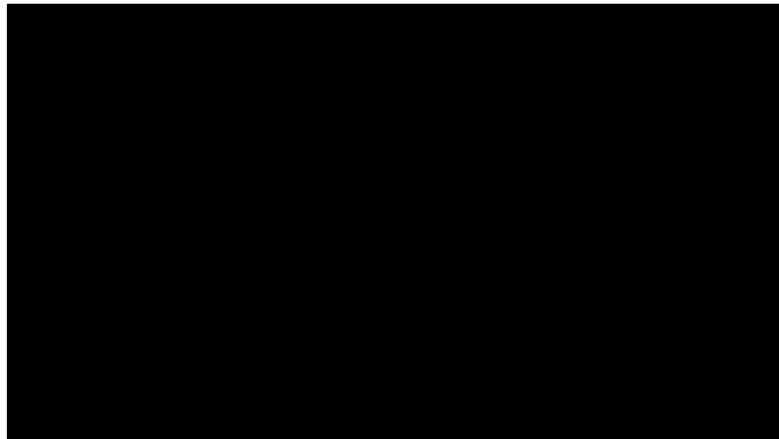
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## CREATING THE ENVIRONMENT – ADDRESSING-GSA



- ✓ A- age
- ✓ D- developmental disability
- ✓ D- acquired disability
- ✓ R – race
- ✓ R – religion
- ✓ E – ethnicity
- ✓ S – socio-economic status
- ✓ S – sexual/affectional orientation
- ✓ I – indigenous heritage
- ✓ N – national origin
- ✓ G – gender identity
- ✓ G – gender expression
- ✓ S – size
- ✓ A – assigned sex at birth



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## Group Activity – Your ADDRESSING-GSA



1. Using the worksheet provided, flesh out your ADDRESSING-GSA.



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## Group Activity – Your ADDRESSING-GSA



### ADDRESSING-GSA

#### Fleshing Out Your Most Salient Intersecting Identities

1. How would you describe yourself within each of these identity categories?
2. How do these identities shape how you impact the world and how it impacts you?
3. Which are most salient and thus are most influential in terms of how you move through the world?

A- age	
D- developmental disability	
D- acquired disability	
R – race	
R – religion	
E – ethnicity	
S – socio-economic status	

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## Group Activity – Your ADDRESSING-GSA



1. Using the worksheet provided, flesh out your ADDRESSING-GSA.
2. Share your ADDRESSING-GSA with your group.
3. Discuss the questions on the next slide within your groups.



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## Group Activity – Your ADDRESSING-GSA



- How would you describe yourself within each of these identity categories?
- How do these identities shape how you impact the world and how it impacts you?
- Which are most salient and thus are most influential in terms of how you move through the world?
- How does it feel to talk about yourself within this context?
  - As a clinician?
  - As a client?



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## CREATING THE ENVIRONMENT



~~ask our clients directly about~~  
**connect with** **around**  
**How do we ask our clients directly about discrimination, racial stress and racial trauma?**

1. Do your own identity work
2. Create a relationship of trust
3. Assess the presence of barriers
4. Create "safe" spaces
5. Begin from a place of awareness and not knowing



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PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)





**connect with** **around**  
**How do we ask our clients directly about  
discrimination, racial stress and racial trauma?**

**“In my experience working with  
[and/or studying how to best help]  
Native Americans,  
[specific population]  
I understand that  
[insert what you know].  
How does that relate or not  
relate to your personal experience?”**

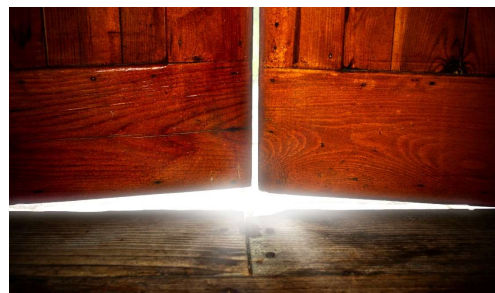


375

Adapted from Dr. Telsie Davis, 2020



- ✓ Acknowledge the Clinical Relevance of Similarities and Difference
- ✓ Open the Door to Discussion as Part of Treatment Approach



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## CREATING THE ENVIRONMENT –

### Racial Identity Development



Do your own racial identity development work.

- ADDRESSING-GSA
- Racial Identity Development Models



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## CREATING THE ENVIRONMENT –

### Racial Identity Development



#### Summary of Stages of Racial Identity Development

The attached charts summarize several frameworks that have been developed to describe stages of racial and ethnic identity development. We found them mostly in the psychology and therapy literature. Some were developed as a way to expand on Erik Erickson's model of human development (which goes from infancy to old age), taking into account factors such as race, gender and sexuality. Some of the frameworks are used to help therapists understand their patients more fully. The models also have broader applications for understanding how individuals function in community, family and organizational settings.

Most of the framework carry the same few cautions. Not every person will necessarily go through every stage in a framework. Many of the authors specifically acknowledge that the stages might also be cyclical, that people might revisit different stages at different points in their lives.

The frameworks summarized here describe people who are situated in many different ways, but they do not describe all of the possibilities. We have listed a few different frameworks that focus on the experiences of people of color, biracial people and white people in the U.S. We think they can be useful tools for self reflection and for building empathy and understanding of people who are situated differently from ourselves.

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Do your own identity development work.

- ADDRESSING-GSA
- Racial Identity Development Model
- Anti-racist stance



*“When counselors acknowledge that racism exists and indicate that they are active in the struggle against on-going racism, they identify themselves as anti-racists”*

(Bryant-Davis & Ocampo, 2006, p. 7)

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## Commitment to Antiracism: Being-in-Becoming



1. What was the last cultural experience you had that expanded your perspective?
2. What type of documentaries are you drawn to?
3. How diverse is your social network?
4. How motivated are you to learn about different cultures?
5. What proactive things are you doing to learn more about culturally diverse others?
6. With which social justice advocacy space/activity do you engage?
7. Do you have room for growth?



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## Commitment to Antiracism: Being-in-Becoming



1. Obtaining cultural information from culture specific sources
2. Attending cultural celebrations
3. Supervision & Consultation
4. Read, Listen & Associate
5. Relationships
6. “Being-in-becoming”



### Racial Trauma Education and Resources

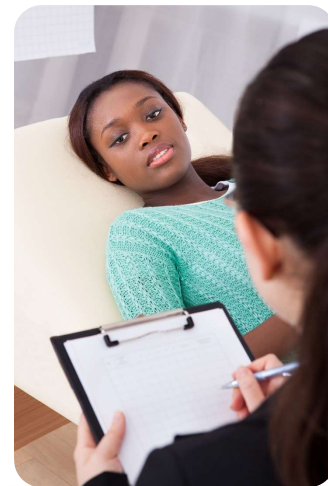
382

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## Clinical Considerations for Treatment

- Creating the Environment
- Themes for Clinical Focus
- .....



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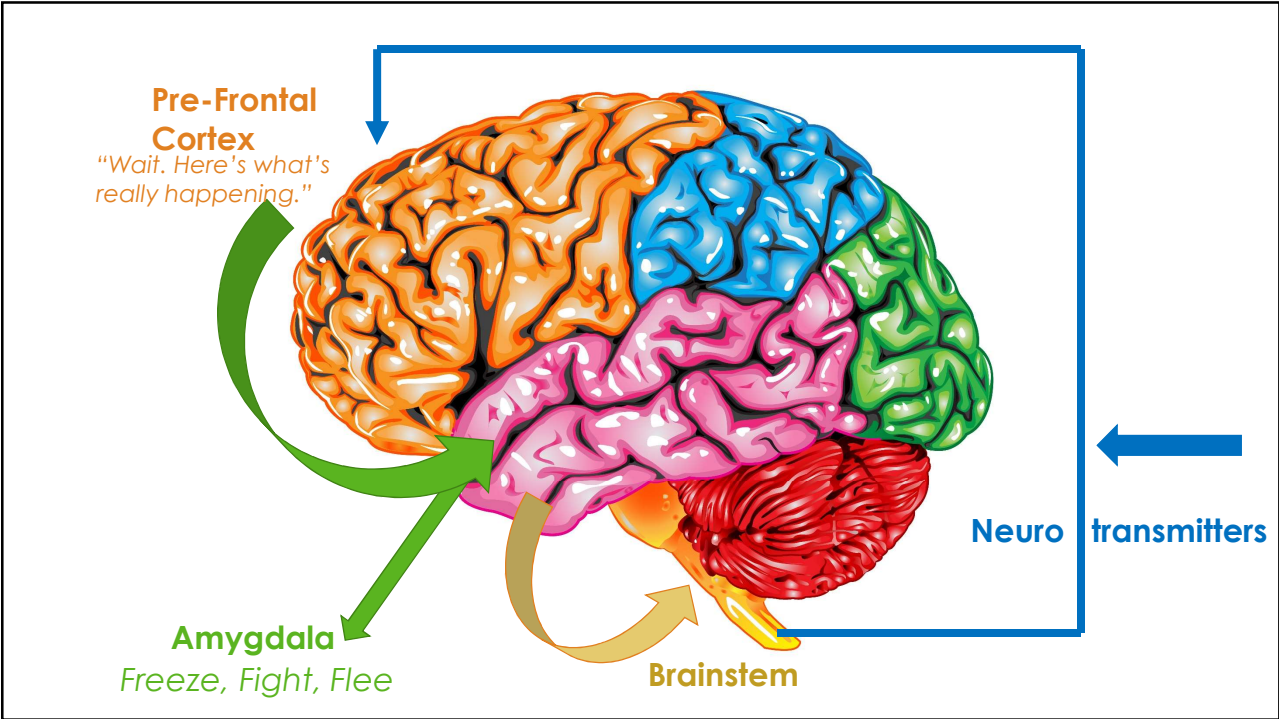
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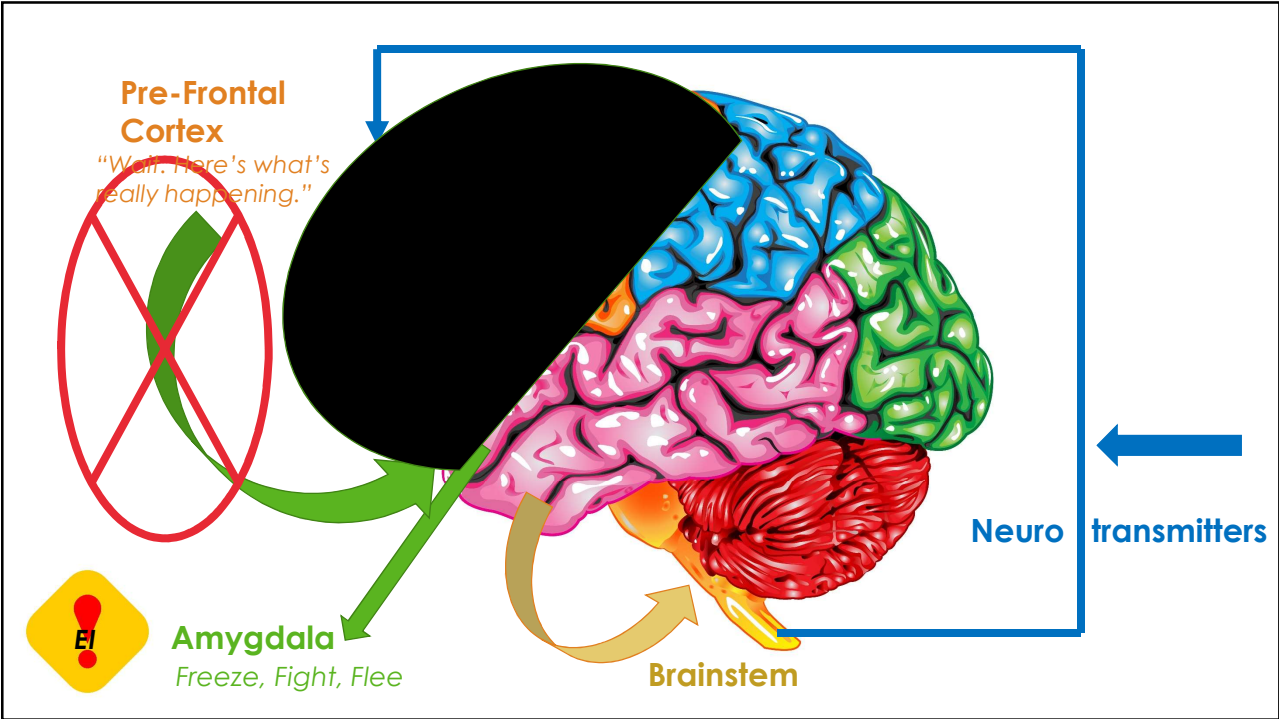
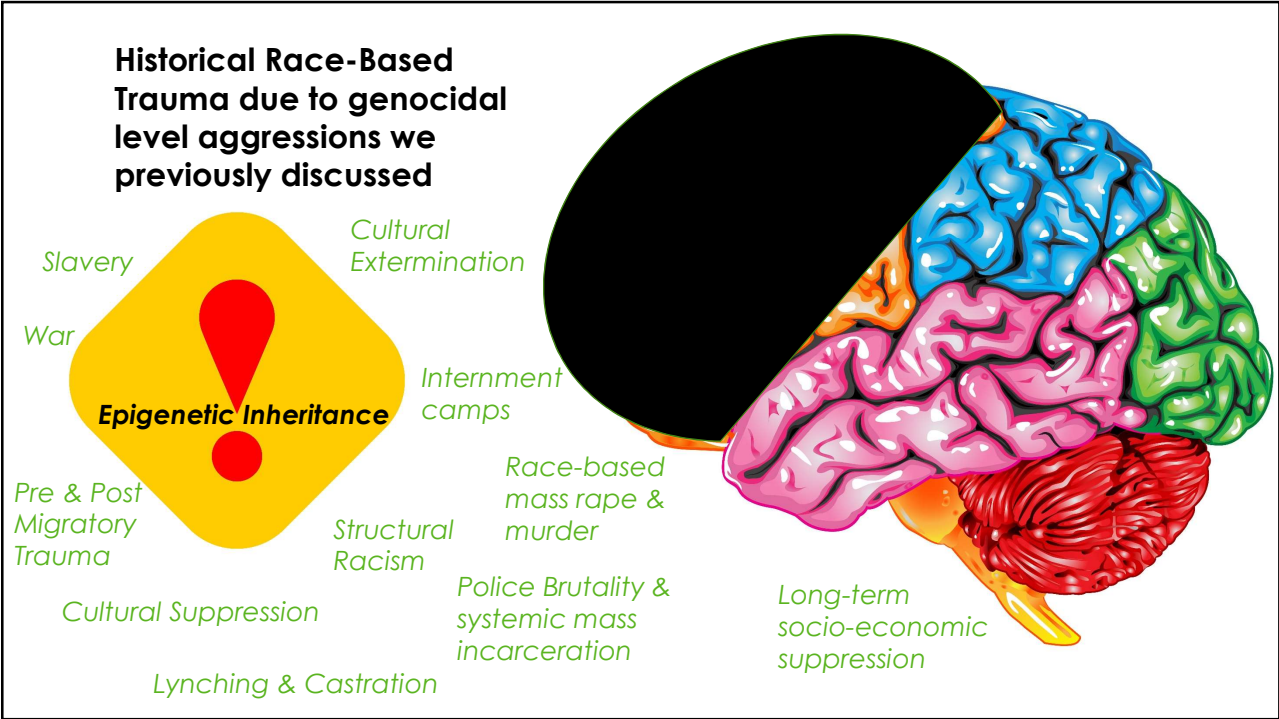


**Prefrontal cortex:** Highly developed part of the frontal lobe that plays a role in the regulation of complex cognitive, emotional, and behavioral functioning

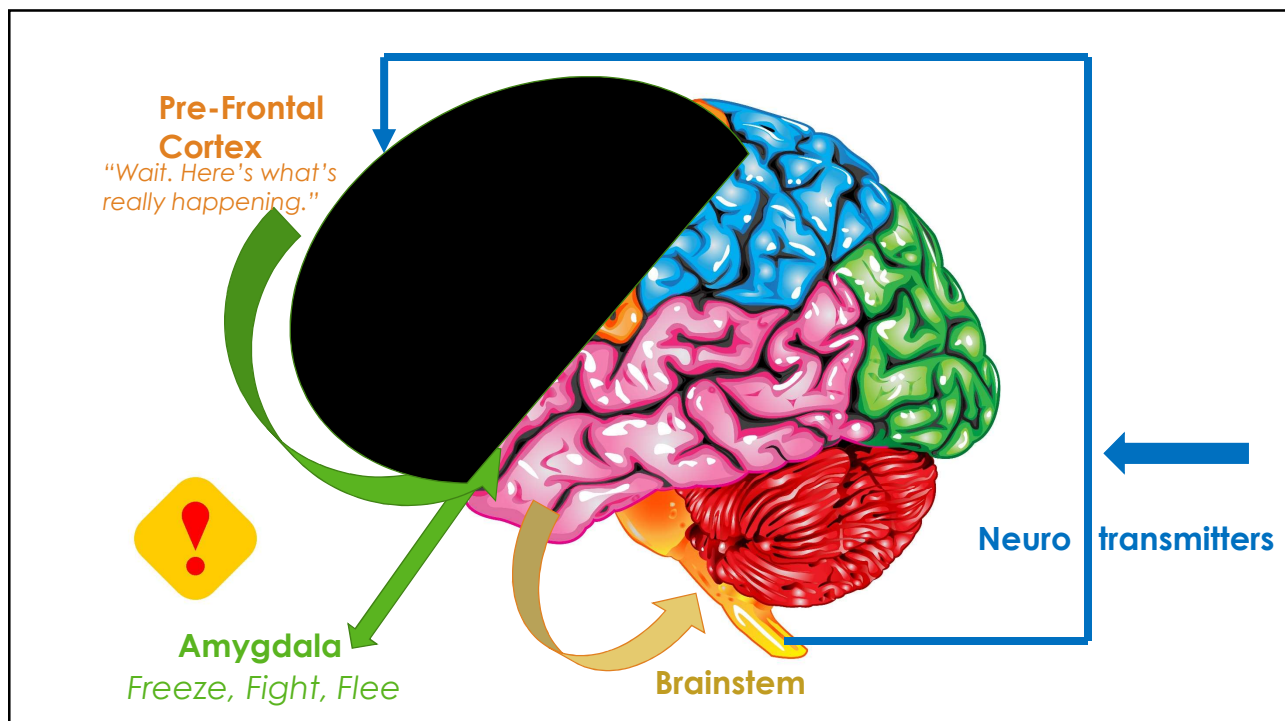
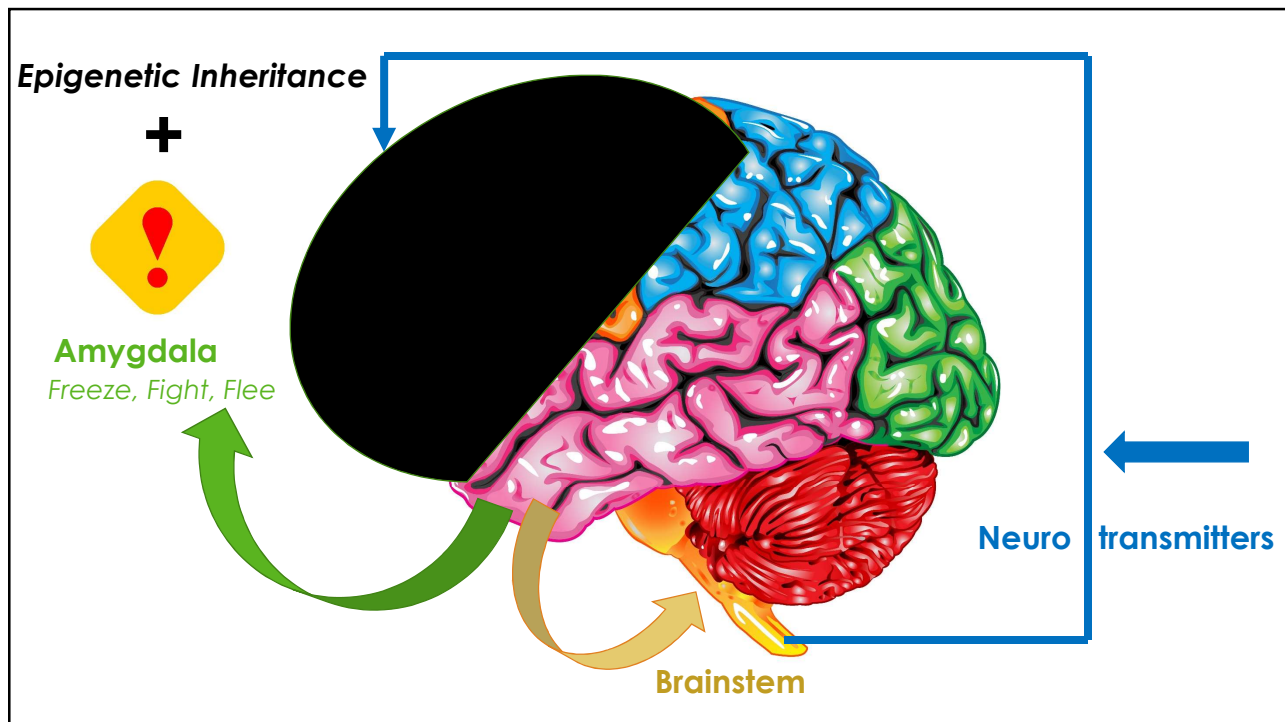
**Amygdala:** The emotional center of the brain

**Hippocampus:** Involved in forming, storing, and processing memory









## Clinical Considerations for Treatment

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- Creating the Environment
- Themes for Clinical Focus
- .....



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## THEMES FOR CLINICAL FOCUS



### Racist-Incident-Based Trauma Themes

- ✓ Acknowledge
- ✓ Share
- ✓ Safety & Selfcare
- ✓ Grieving/Mourning the Losses
- ✓ Anger
- ✓ Shame & Self-Blame / Internalized Racism
- ✓ Coping Strategies
- ✓ Resistance Strategies

(Bryant-Davis & Ocampo, 2006)

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## THEMES FOR CLINICAL FOCUS



### Racist-Incident-Based Trauma Themes

- ✓ Acknowledge
- ✓ Share
- ✓ Safety & Selfcare
- ✓ Grieving/Mourning the Losses
- ✓ Anger
- ✓ Shame & Self-Blame / Internalized Racism
- ✓ Coping Strategies
- ✓ Resistance Strategies

(Bryant-Davis & Ocampo, 2006)

### Cognitive Processing Therapy Themes

- ✓ Safety
- ✓ Trust
- ✓ Power/control
- ✓ Esteem
- ✓ Intimacy

(Resick, Monson, Chard, 2017)

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## THEMES FOR CLINICAL FOCUS



### Racist-Incident-Based Trauma Themes

- ✓ Acknowledge
- ✓ Share
- ✓ Safety & Selfcare
- ✓ Grieving/Mourning the Losses
- ✓ Anger
- ✓ Shame & Self-Blame / Internalized Racism
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- ✓ Resistance Strategies

(Bryant-Davis & Ocampo, 2006)

### Cognitive Processing Therapy Themes

- ✓ Safety
- ✓ Trust
- ✓ Power/control
- ✓ Esteem
- ✓ Intimacy

(Resick, Monson, Chard, 2017)

### Intergenerational Trauma Tx Model

- ✓ Psychoeducation
- ✓ Parent/ Caregiver / Family / Client Treatment

(Scott & Coping, 1999)

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# THEMES FOR CLINICAL FOCUS – Notes Page



### THEMES FOR CLINICAL FOCUS

Racist-Incident-Based Trauma Themes	Cognitive Processing Therapy Themes	Intergenerational Trauma Tx Model
<ul style="list-style-type: none"> <li>✓ Acknowledge</li> <li>✓ Share</li> <li>✓ Safety &amp; Selfcare</li> <li>✓ Grieving/Mourning the Losses</li> <li>✓ Anger</li> <li>✓ Shame &amp; Self-Blame / Internalized Racism</li> <li>✓ Coping Strategies</li> <li>✓ Resistance Strategies (Resiliency)</li> </ul> <p><small>(Bryant Davis &amp; Diamond, 2006)</small></p>	<ul style="list-style-type: none"> <li>✓ Safety</li> <li>✓ Trust</li> <li>✓ Power/control</li> <li>✓ Esteem</li> <li>✓ Intimacy</li> </ul> <p><small>(Resick, Monson, Charney, 2017)</small></p>	<ul style="list-style-type: none"> <li>✓ Psychoeducation</li> <li>✓ Parent/ Caregiver / Client Treatment</li> </ul> <p><small>(Cloth &amp; Coping, 1999)</small></p>

You can make notes on these themes in the space below.

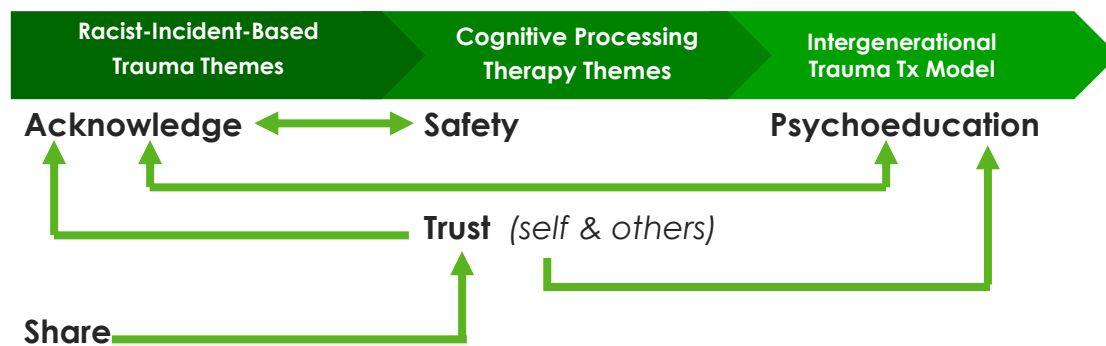
Racist-Incident-Based Trauma Themes	Cognitive Processing Therapy Themes <i>(this is not the full CPT model)</i>	Intergenerational Trauma Tx Model



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# THEMES FOR CLINICAL FOCUS



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## THEMES FOR CLINICAL FOCUS



*"...when the intensity of the event outweighs the client's ability or desire to deny it, acknowledgment will come."*

*(Bryant-Davis & Ocampo, 2006, p. 9)*

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## THEMES FOR CLINICAL FOCUS



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# THEMES FOR CLINICAL FOCUS

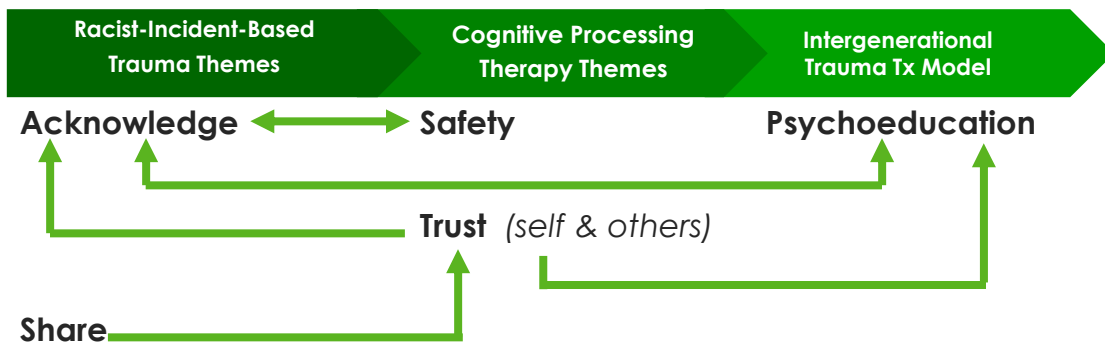


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# THEMES FOR CLINICAL FOCUS



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## THEMES FOR CLINICAL FOCUS



### Racist-Incident-Based Trauma Themes

- ✓ Acknowledge
- ✓ Share

### Cognitive Processing Therapy Themes

- ✓ Safety
- ✓ Trust

### Intergenerational Trauma Tx Model

- ✓ Psychoeducation

### Power/control

*Internal / External  
Locus of Control  
and Responsibility*

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## THEMES FOR CLINICAL FOCUS



### Racist-Incident-Based Trauma Themes

- ✓ Acknowledge
- ✓ Share

### Cognitive Processing Therapy Themes

- ✓ Safety
- ✓ Trust

### Intergenerational Trauma Tx Model

- ✓ Psychoeducation

**Safety & Selfcare** → **Power/control**

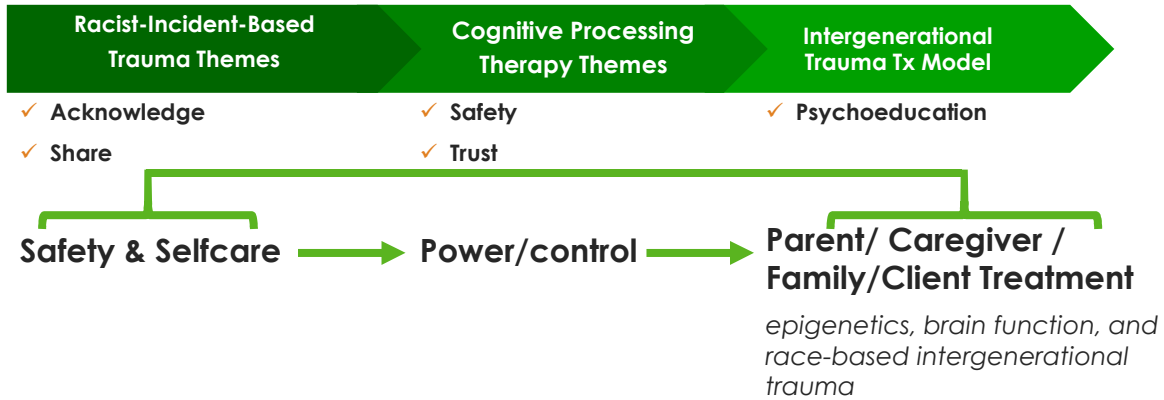
**Parent/ Caregiver /  
Family/Client Treatment**

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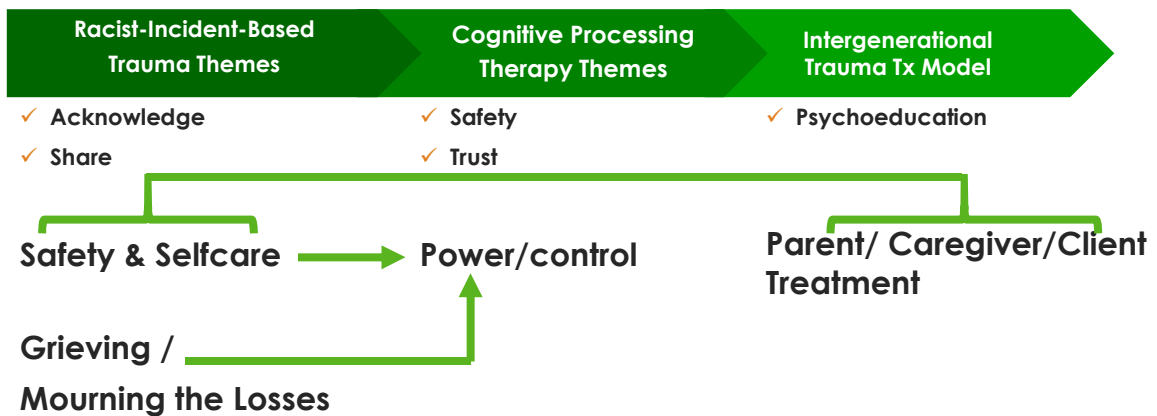


## THEMES FOR CLINICAL FOCUS



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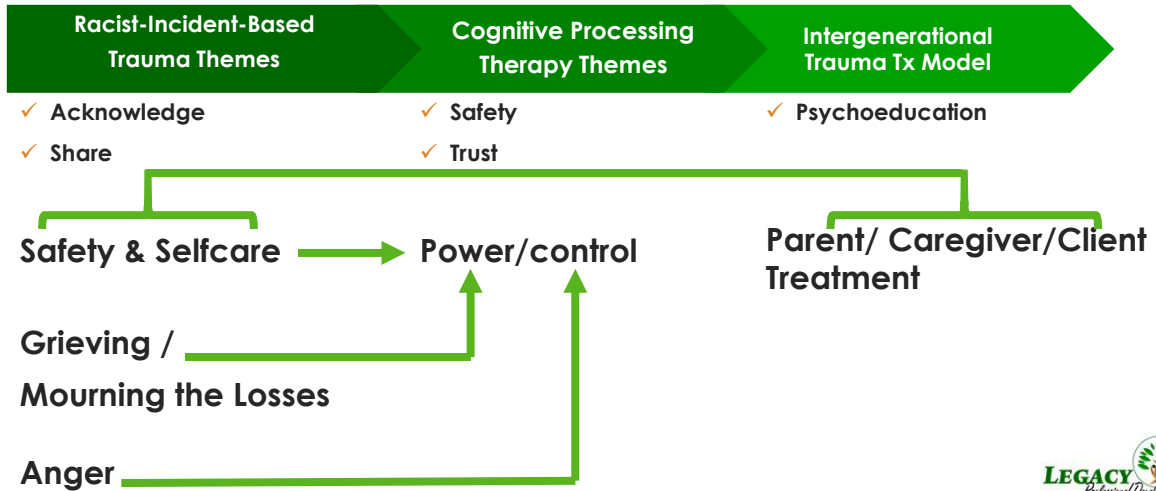
## THEMES FOR CLINICAL FOCUS



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## THEMES FOR CLINICAL FOCUS



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## THEMES FOR CLINICAL FOCUS – Can You Sit with Anger?



Note what you experience. As you watch, share your thoughts about your emotional reaction in the chat. What might get in the way of your work with this client?

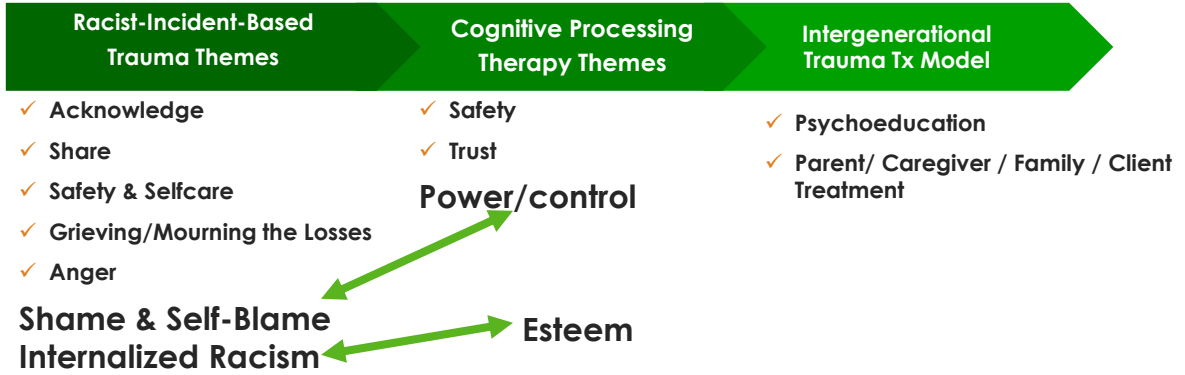


<https://youtu.be/2nmhAJYxFT4>

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## THEMES FOR CLINICAL FOCUS

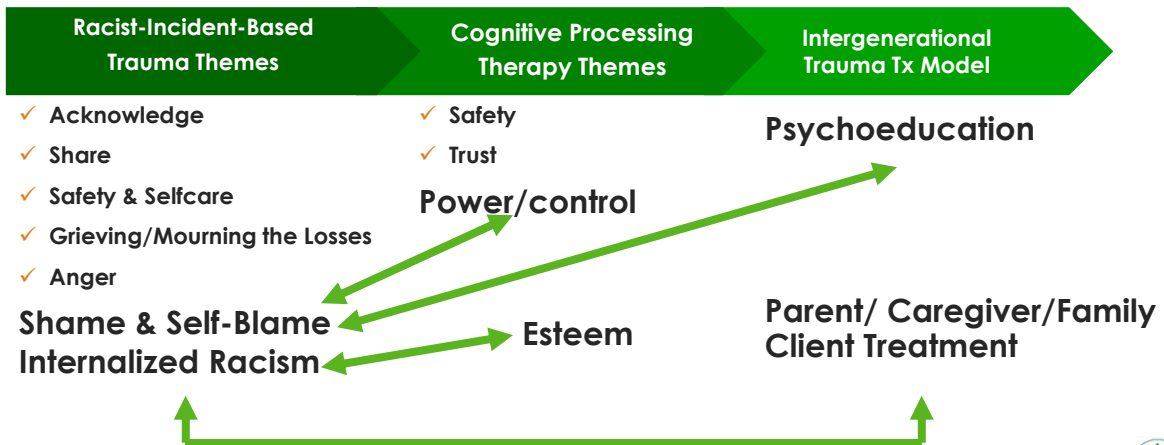


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## THEMES FOR CLINICAL FOCUS



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## THEMES FOR CLINICAL FOCUS



Racist-Incident-Based Trauma Themes	Cognitive Processing Therapy Themes	Intergenerational Trauma Tx Model
<ul style="list-style-type: none"> <li>✓ Acknowledge</li> <li>✓ Share</li> <li>✓ Safety &amp; Selfcare</li> <li>✓ Grieving/Mourning the Losses</li> <li>✓ Anger</li> <li>✓ Shame &amp; Self-Blame / Internalized Racism</li> </ul> <p><b>Coping Strategies</b></p>	<ul style="list-style-type: none"> <li>✓ Safety</li> <li>✓ Trust</li> <li>✓ Power/control</li> <li>✓ Esteem</li> </ul>	<ul style="list-style-type: none"> <li>✓ Psychoeducation</li> <li>✓ Parent/ Caregiver / Family / Client Treatment</li> </ul>

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## THEMES FOR CLINICAL FOCUS



Racist-Incident-Based Trauma Themes	Cognitive Processing Therapy Themes	Intergenerational Trauma Tx Model
<ul style="list-style-type: none"> <li>✓ Acknowledge</li> <li>✓ Share</li> <li>✓ Safety &amp; Selfcare</li> <li>✓ Grieving/Mourning the Losses</li> <li>✓ Anger</li> <li>✓ Shame &amp; Self-Blame / Internalized Racism</li> </ul> <p><b>Coping Strategies</b></p> <p><b>Resistance Strategies</b> (Resiliency)</p>	<ul style="list-style-type: none"> <li>✓ Safety</li> <li>✓ Trust</li> <li>✓ Power/control</li> <li>✓ Esteem</li> </ul>	<ul style="list-style-type: none"> <li>✓ Psychoeducation</li> <li>✓ Parent/Caregiver/Family/Client Treatment</li> </ul> <p><i>"...given the impact of racist incidents on mental health, mental health professionals have an ethical obligation to facilitate strategies that empower ethnic minorities to demand equality, including equitable health care..." (Carter, 1994)</i></p>

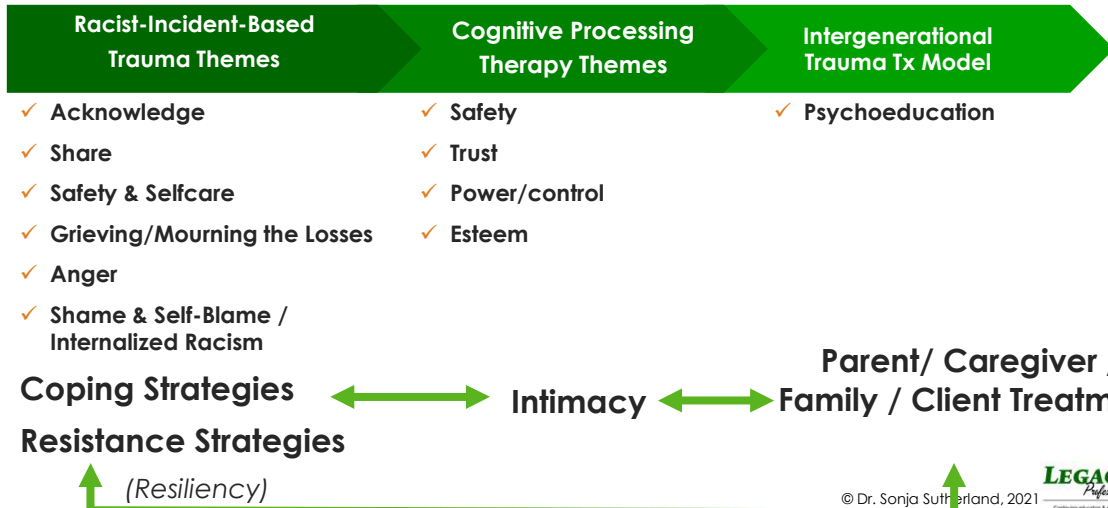
← Intimacy →

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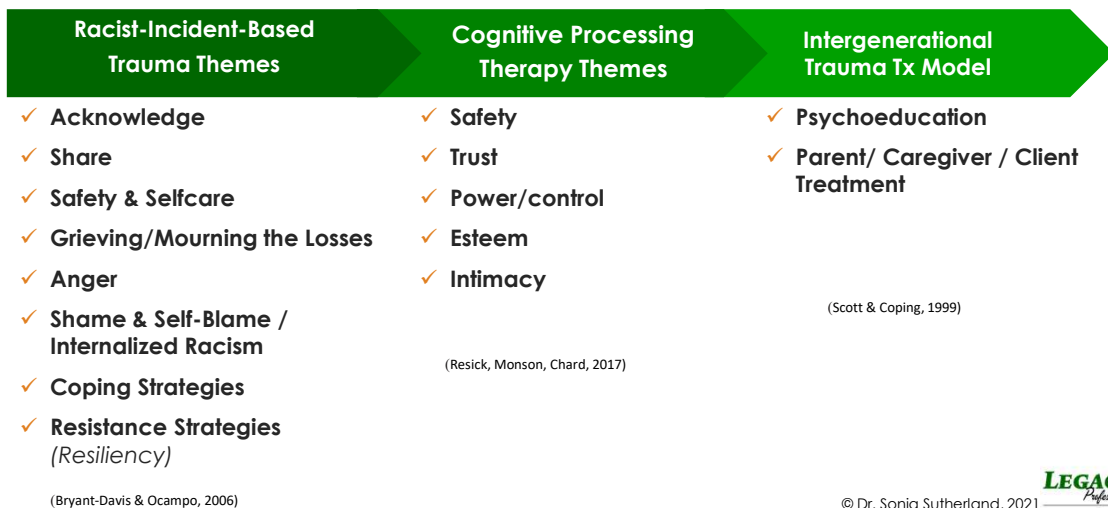


## THEMES FOR CLINICAL FOCUS



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## THEMES FOR CLINICAL FOCUS



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## Clinical Considerations for Treatment

- Creating the Environment
- Themes for Clinical Focus
- Assessments



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## What is the impact of **Race-Based** Trauma?



**Race-based** traumatic experiences complicate a child's or an adult's capacity to make sense of their lives **in relation to interpersonal and institutional racial bias, discrimination and incivility, and the impact on their life outcomes. It complicates the ability to create meaningful consistent relationships in their families and communities.**



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Adapted from Trauma and Justice Strategic Initiative. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Substance Abuse and Mental Health Services Administration.



## Race-Based Trauma vs Other Traumas



1. Victimization was not random
2. Victimization can often be shrouded or blurred by thematic social context



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(Henderson & Sloan, 200, as cited in (Bryant-Davis & Ocampo, 2006).



## Race-Based Trauma vs Other Traumas



1. Victimization was not random
2. Victimization can often be shrouded or blurred by thematic social context
3. Influences mental, emotional and physical health
4. It's pervasiveness leads to minimization by
  - BIPOC
  - Medical & Clinical Professionals



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(Nadal et al., 2014)  
(Henderson & Sloan, 200, as cited in (Bryant-Davis & Ocampo, 2006).



## Race-Based Trauma vs Other Traumas



1. Victimization was not random
2. Victimization can often be shrouded or blurred by thematic social context
3. It's pervasive leads to minimization
4. Influences mental, emotional and physical health
5. **Contributes to retraumatizing and treatment non-completion**



*“Approximately 53% of clients reported experiencing a microaggression from their therapist. Clients’ perceptions of microaggressions were negatively related to the working alliance, even after controlling for their current psychological well-being, number of sessions, and therapist racial and ethnic status. Of those clients who reported a microaggression, nearly 76% reported that the microaggression was not discussed”*  
(Owen et al., 2014)

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## Assessment of Race-Based Trauma



1. Begin sooner rather than later
2. Incorporate in initial overall assessment
3. Remember to leverage ADDRESSING-GSA to help with therapeutic connection and move the conversation forward
4. Open dialogue promotes trust



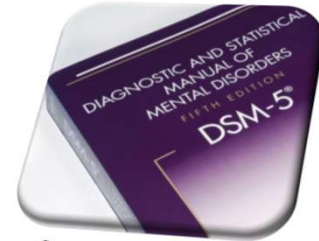
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# The Cultural Formulation Interview



1. What brings you here today?
2. How would you describe your problem to a friend?
3. What troubles you the most about your problem?
4. Why do you think this keeps happening?
5. What do others in your family...friends...community think is causing your problem?
6. Are there any kinds of support that make your problem better...?
7. Are there any kinds of stresses that make your problem worse...?
8. For you, what are the most important aspects of your background or identity?
9. Are there any aspects of your background or identity that make a difference to your problem?
10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?
11. ...What have you done on your own to cope?



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# Racial Trauma Assessments



Downloadable for clinical use, with proper acknowledgement

UConn Racial/Ethnic Stress & Trauma Survey  
(UnRESTS) in English

UConn Racial/Ethnic Stress & Trauma Survey  
(UnRESTS) in English and Spanish

UConn Racial/Ethnic Stress & Trauma Survey  
(UnRESTS Short Version)  
with other forms of discrimination

Trauma Symptoms of Discrimination Scale (TSDS)

Multigroup Ethnic Identity Measure  
6-item version (MEIM-6)

<http://www.mentalhealthdisparities.org/trauma-research.php>

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# Racial Trauma Assessments



Name: \_\_\_\_\_

Date: \_\_\_\_\_

## UConn RACIAL/ ETHNIC STRESS & TRAUMA SURVEY (UnRESTS)

Guide for Interviewer		Interview Questions (Instructions for interviewer are italicized.)
	<b>A</b>	<b>Introduction to the Interview</b>
<i>Note the difference between <b>race</b> (the group society puts a person in based on their appearance) and <b>ethnicity</b> (a person's culture based on their heritage). They may be different or the same.</i>	A1	Sometimes people have very bad experiences that cause feelings of stress or even trauma. Some people have several difficult experiences over a lifetime that are manageable individually, but together they lead to feelings of stress or trauma. I want to talk to you about some of your experiences of stress or trauma as it relates to your race or ethnicity.  <i>If patient's racial and ethnic group is unclear: How would you describe your race and ethnicity?</i>
<i>The US Census recognizes several specific racial categories, including Black, White, Asian, and Native American. Hispanic is an ethnic group, but many consider Hispanic/Latino a race, which is acceptable for this interview.</i>		
<i>Ensure that discussion only includes incidents where at least one of the involved factors was race or color.</i>	A2	People may be discriminated against or mistreated for many different reasons (e.g., gender, sexual orientation, age, disability, faith, etc.) but I am interested in experiences connected to your race – or your race as perceived by others. However, if you have experienced discrimination due to a combination of factors (i.e., gender+race, such as being called “an angry Black woman” because you stood up for yourself), we can talk about that too.
	<b>B</b>	<b>Racial and Ethnic Identity Development</b>
<i>If yes, ask the patient to elaborate.</i>	B2	Are there other racial or ethnic groups that people assume you belong to based on your appearance?

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<http://www.mentalhealthdisparities.org/trauma-research.php>



# Racial Trauma Assessments



## Trauma Symptoms of Discrimination Scale (TSDS)

When answering the following questions, keep in mind that discrimination is defined as: Being unfairly treated due to an individual characteristic of yourself (e.g., race/ethnicity, gender, sexual orientation, religion).

### PART 1: Frequency of Experiences

Experiencing discrimination can be very stressful, and sometimes people can feel specific types of stress due to discrimination that impact their daily lives. This can be caused by **one very** stressful experience of discrimination, or **several smaller** experiences of discrimination over the course of one's life. Based on these experiences in your life, answer the following questions. Please keep in mind that ratings should reflect whether the type of stress was **caused** by discrimination.

	Never	Rarely	Sometimes	Often
1. Due to past experiences of discrimination, I often worry too much about different things.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]
2. Due to past experiences of discrimination, I often try hard not to think about it or go out of my way to avoid situations that remind me of it.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]
3. Due to past experiences of discrimination, I often fear embarrassment.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]
4. Due to past experiences of discrimination, I often feel nervous, anxious, or on edge, especially around certain people.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]
5. Due to past experiences of discrimination, I often feel afraid as if something awful might happen.	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]
6. Due to past experiences of discrimination, I often have nightmares about the past experience or think about it	[ 1 ]	[ 2 ]	[ 3 ]	[ 4 ]

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<http://www.mentalhealthdisparities.org/trauma-research.php>



# Racial Trauma Assessments



## Client Education Intergenerational Trauma Self-Assessment

A simple questionnaire to self-evaluate potential exposure to intergenerational trauma. Each "yes" answer is scored as 5 points, each "no" is 0 points. Results show a total score.

There is no evidence base behind this assessment. This is quiz is for educational purposes only and is not intended to diagnose, assess, or treat any mental health condition.

**Has anyone in three generations of your family experienced the death of a child?**

Yes  No

**Has anyone in three generations of your family experienced abuse or domestic violence?**

Yes  No

**Has anyone in three generations of your family lost a significant piece of their cultural heritage?**

Yes  No

**Has anyone in three generations of your family experienced divorce?**

Yes  No

**Has anyone in three generations of your family spent a portion of their life in poverty?**

Yes  No

**Is there a topic in your family that family members aren't allowed to talk about because it's too upsetting to someone?**

Yes  No

**Has anyone in three generations of your family lived through a war fought in their homeland?**

Yes  No

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<https://lindsaybraman.com/intergenerational-trauma/>



## Racial Trauma Assessments to Check Out



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- **Race-Based Trauma Stress Symptom Scale (Carter et al., 2013)**
  - Long and challenging to score
- **General Ethnic Discrimination Scale (Landrine et al., 2006)**
  - Self report measure assessing lifetime and recent events of discrimination and how stressful it was
- **Experiences of Discrimination Scale (Krieger et al., 2005)**
  - Several versions of this
- **Perceived Racism Scale (PRS)**
- **Perceptions of Racism Scale (PoRS)**
- **Racial Microaggressions Scale-Modified (Torres-Harding & Turner, 2015)**
  - Can be helpful in determining the kinds of frequency of microaggressions
- **The Racism Reaction Scale (RRS)**
- **Trauma Symptoms of Discrimination Scale (Williams, Printz, & DeLapp, 2018)**
  - Assessing for anxiety associated with any type of discrimination

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## Racial Trauma Assessments to Check Out

- Index of Race-Related Stress
- DSM-5 Cultural Formulation Interview (APA, 2013)
- UConn Racial/Ethnic Stress & Trauma Survey (Williams, Metzger, Liens, & Delapp, 2018)
- The Traumatic Life Events Questionnaire (Kubany et al., 2000)
  - 23 item inquiry on traumatic events
- The Trauma Assessment for Adults (Resnick, Best, Kilpatrick, Freedy, & Falsetti, 1993)
  - 13 items on trauma exposure
- Traumatic Event Screening Instrument for Adults (Ford & Fournier, 2007)
  - 18 items
- Racism and Life Experience Scale-Brief Version (RaLES-B)
- Schedule of Racist Events (SRE)
- Stressful Life Events Screening Questionnaire (Goodman, Corcoran, Turner, Yuan, & Green, 1998)
  - 12 items

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## Conceptualizing from the Lens of the Antiracist Social Advocacy

Pre-Civility Contemplation

Civility Contemplation

Civility Cultivation

Civility Compounding

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## Group Activity – *Social Advocacy*



In your group discuss your thoughts on

1. the video we are about to watch.
2. the three (3) social justice advocacy mandates on the slides following
  - *Chung & Bemak, 2012*
  - *Corey et al., 2015, pp. 262-263 (2 slides)*
3. The four (4) questions following the advocacy mandates.
4. Choose a reporter for your group to share highlights of your discussion.



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White people are responsible to make change happen...

How do we make sense of this?



PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)



PESI & Psychotherapy Networker. (2020, June 20). *Racial Injustice and Trauma: How Therapists Can Respond*. Retrieved from PESI Inc: [https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos\\_email\\_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535](https://landinghub.pesi.com/en-us/racial-injustice-racial-trauma-videos_email_sqlanding?submissionGuid=a27eacf2-c55c-4a71-937f-0f76a1894535)

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  - *Chung & Bemak, 2012*
  - *Corey et al., 2015, pp. 262-263 (2 slides)*
3. The four (4) questions following the advocacy mandates.
4. Choose a reporter for your group to share highlights of your discussion.



## Community and Social Justice Advocacy Mandate



- ✓ *“...Chung and Bemak (2012) contend that advocacy is an ethical and moral obligation for an effective mental health professional...by adhering to traditional roles, practitioners are maintaining and reinforcing the status quo, which results in passively supporting the social injustices, inequalities, and discriminatory treatment of certain groups of people” (Corey et al., 2015, p. 464)*

Thoughts?

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## Community and Social Justice Advocacy Mandate



- ✓ *“The foundation of all ethical practice is promoting the welfare of clients. To overlook the abilities, strengths, and resources within the community is doing a great disservice to the individuals we serve. If we hope to bring about significant changes within individuals...we need to change conditions that affect people, rather than merely changing people who are affected by these conditions” (Corey et al., 2015, p. 463)*



Thoughts?

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## Community and Social Justice Advocacy Mandate



- ✓ *“For social transformation to occur, Waller (2013) feels he must be willing to get out of the office and get involved with the community: ‘My social justice action tends to focus on changing policies within a system that impact the community rather than just and individual’...” (as cited in Corey et al., 2015, p. 462)*

Thoughts?

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## Community and Social Justice Advocacy Mandate



- ✓ How do we maintain ethical practice given knowledge of community and system inequities that impact our clients and their clinical progress?
- ✓ How much control do we have on these systems?
- ✓ What is our role then in moving past the roles we play in our offices in ways that benefit the client?
- ✓ How is this another aspect of beneficence? Aspirational ethics ?



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# Ethical Codes & Cultural Competence



- 1) ACA  
(2014):
- a) A.2.c
  - b) A.4.B
  - c) A.11.  
b
  - d) B.1.a
  - e) E.5.b
  - f) E.8
  - g) F.2.b
  - h) F.7.c
  - i) F.11.  
a,b,c
  - j) H.5.d

- 2) AACCC:  
a) ES1:  
500

- 3) AAMFT:  
a) a.1.1  
b) b.6.7  
c) c.7.5

- 4) ASERVIC:  
a) Culture and  
World Views

- 5) APA  
(2017):
- a) *Principles*
  - b) 2.01b
  - c) 3.01
  - d) 3.03
  - e) 9.06

- 6) NASW:
- a) 1.1.05
  - b) 1.1.06
  - c) 1.1.09
  - d) 1.1.10
  - e) 3.3.01b
  - f) 6.6.01
  - g) 6.6.04

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