



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







Racial & Cultural Diversity 1:

Approaching Ethical and Culturally-Informed Intervention & Supervision

2

COURSE-PACK OF ACTIVITIES & HANDOUTS







IN ORDER OF USE

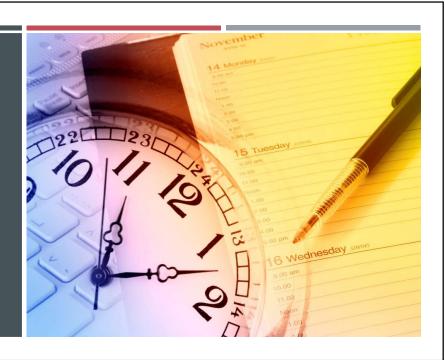


Racial & Cultural Diversity 1:

Approaching Ethical and Culturally-Informed Intervention & Supervision



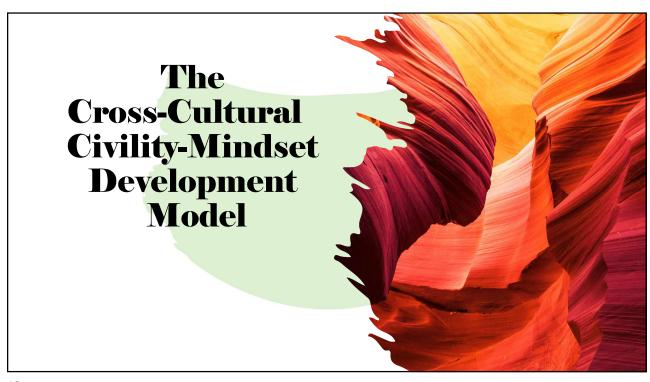
- The Cross-Cultural Civility Mindset-Developmental Model
- 2. Multicultural & Social Justice Counseling Competencies
- 3. Multicultural Orientation Framework
- 4. Racial Identity Models
- 5. Applying Worldview Development to Case Conceptualization & Supervision
- **6.** Case Application

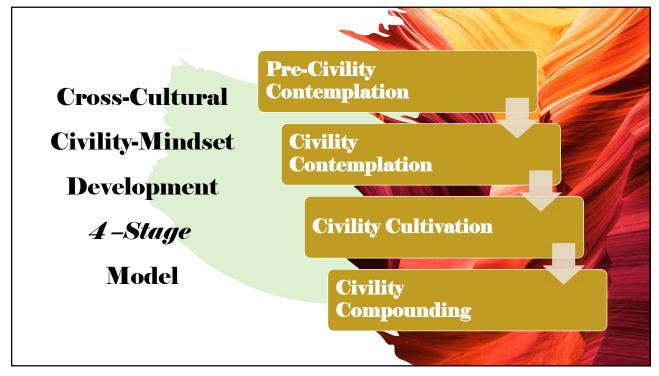


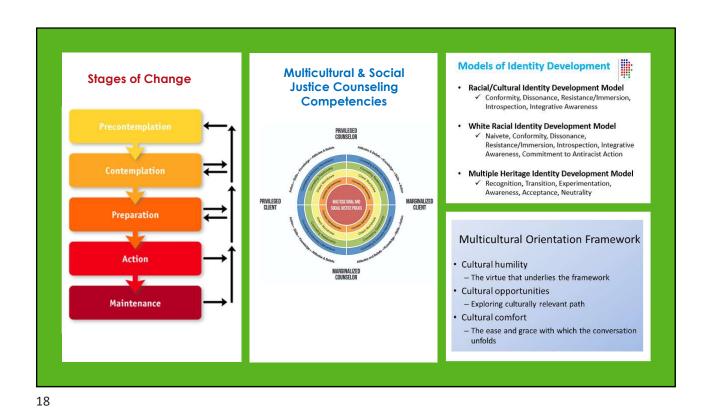
ZOOM Etiquette & Other Things

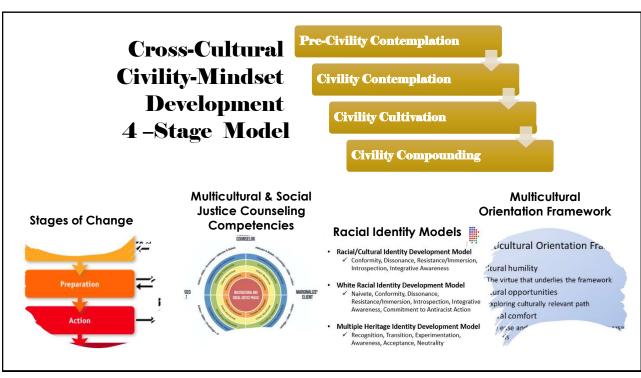
- 1. Handouts Needed
- 2. Mute/Unmute
- **3. Asking questions** (via chat to be addressed during Q & A)











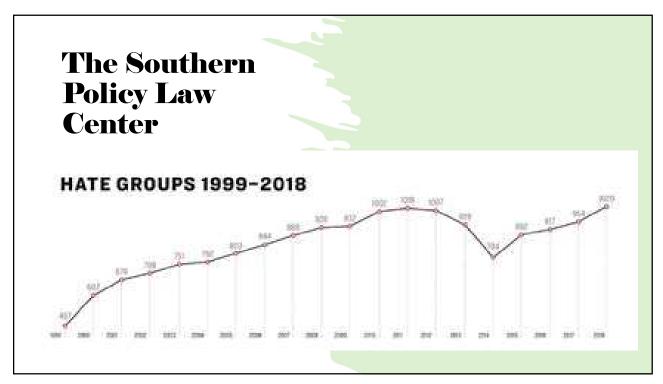


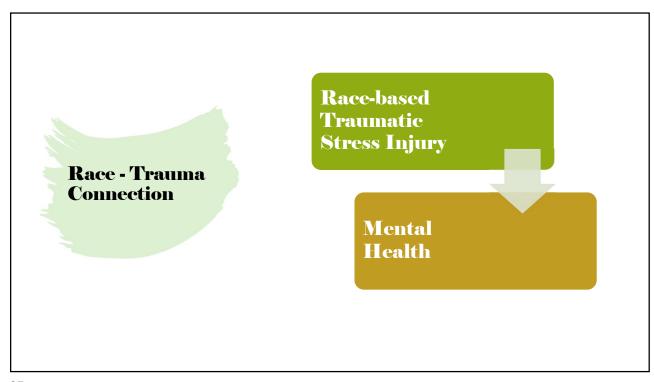


Civility: Civility: Civility: • "the quality of being polite" • "the act of showing regard for others by being polite" Incivility: • "impoliteness. Rudeness"





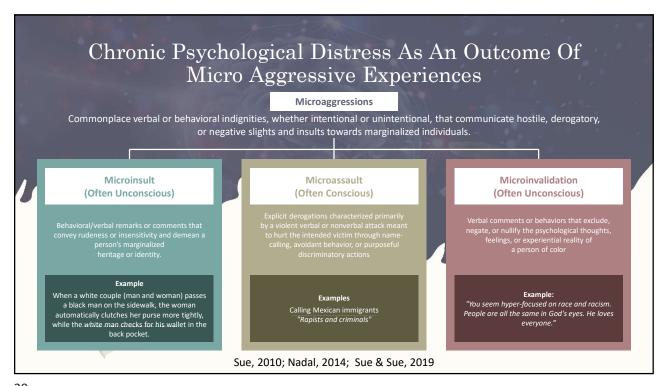


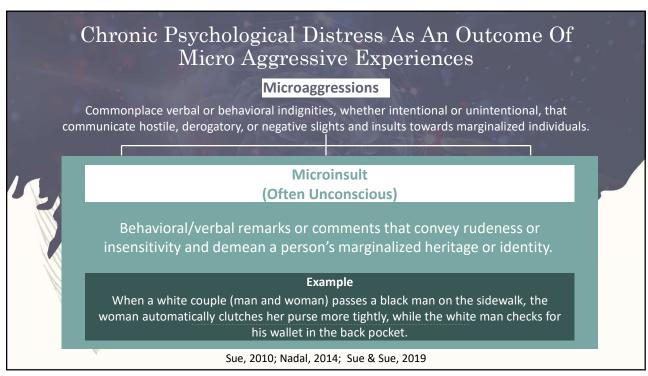


Health Ramifications of Race-based Trauma

- "...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





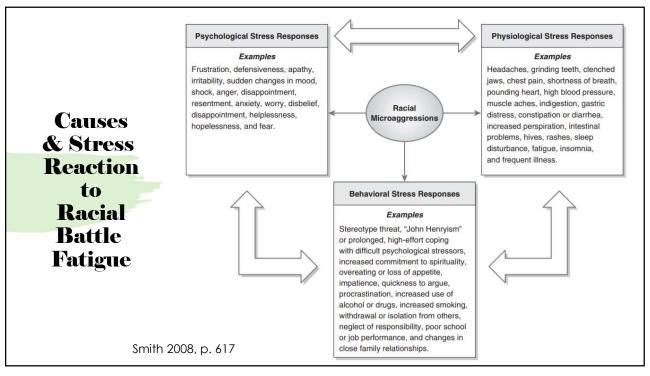


Chronic Psychological Distress As An Outcome Of Micro Aggressive Experiences Microaggressions Commonplace verbal or behavioral indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults towards marginalized individuals. Microinvalidation (Often 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, 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).

36



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.

38

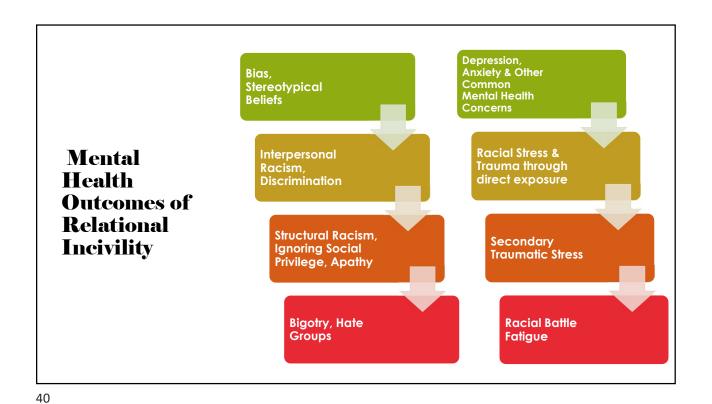
Secondary Traumatic Stress



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).



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-0176a1894535



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

Clinical Practice

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

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





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

Clinical Practice

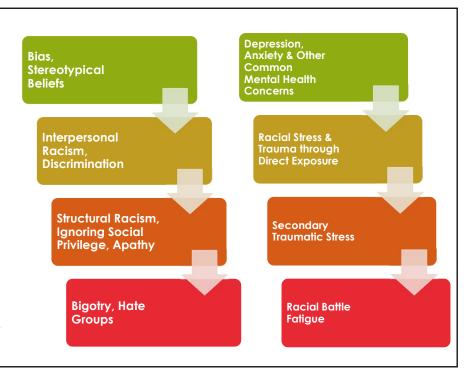
- 1. Create a relationship of trust
- 2. Predicated on your own work
- 3. Assess the presence of barriers
- 4. Create "safe" spaces
- 5. Begin from a place of awareness and not knowing

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

46

Group Activity I

- 1. Discuss your understanding of incivility in the form of bias, racism (everything in the first column), and how these can influence the mental health concerns in the 2nd column. What surprised you?
- **2.** Can you give examples of when you have observed this?
- **3.** Can you think of clients for whom this might be true but has never been explored?
- **4.** How would you assess your current ability to work with clients and supervisees from culturally & social justice informed lenses?



ETHICAL CODES & 1) ACA (2014): 2) AACC: CULTURAL a) ES1: 500 a) A.2.c COMPENENCE b) A.4.B c) A.11.b 3) AAMFT: d) B.1.a a) a.1.1 5) NASW: e) E.5.b b) b.6.7 a) 1.1.05 f) E.8 c) c.7.5 b) 1.1.06 g) F.2.b 6) ASERVIC: h) F.7.c c) 1.1.09 a) Culture and d) 1.1.10 i) F.11.a,b,c **World Views** e) 3.3.01b 4) APA (2017): j) H.5.d f) 6.6.01 a) Principle E g) 6.6.04 b) 2.01b c) 3.01 d) 3.03 e) 9.06 48

48



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...

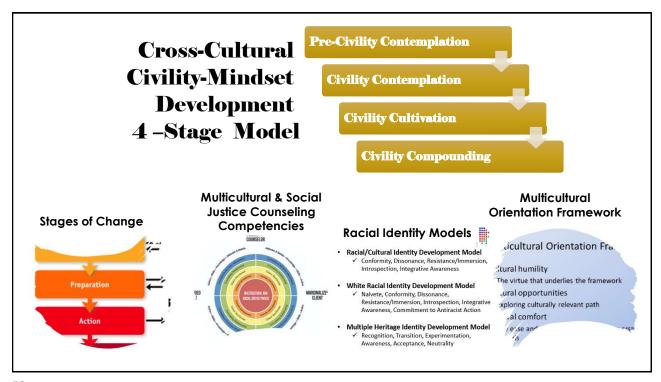


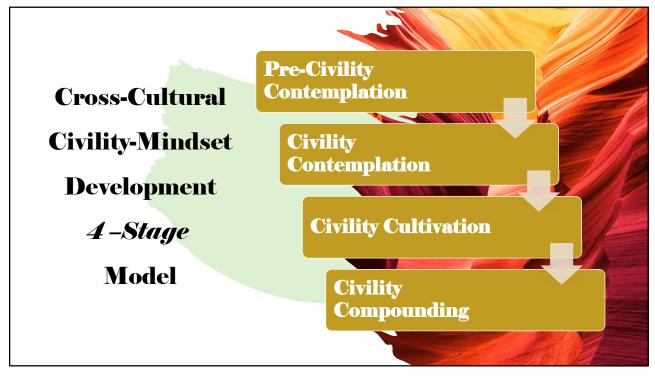
51

51

The Cross-Cultural Civility-Mindset Development Model





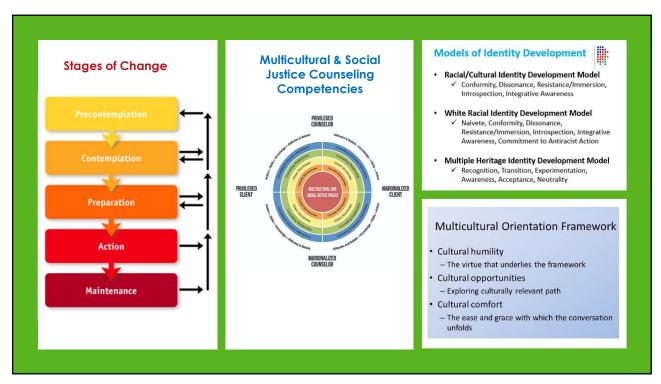


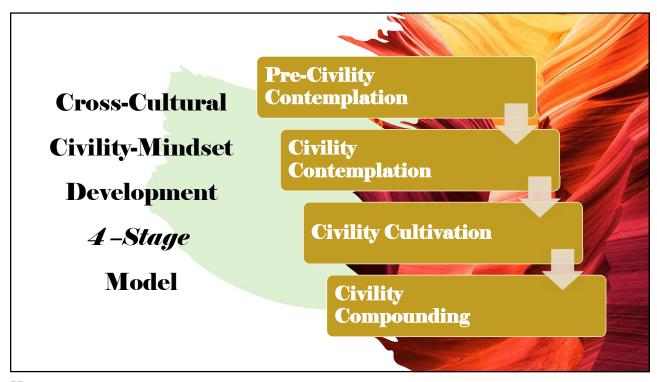
Clinically-based Definition of Civility

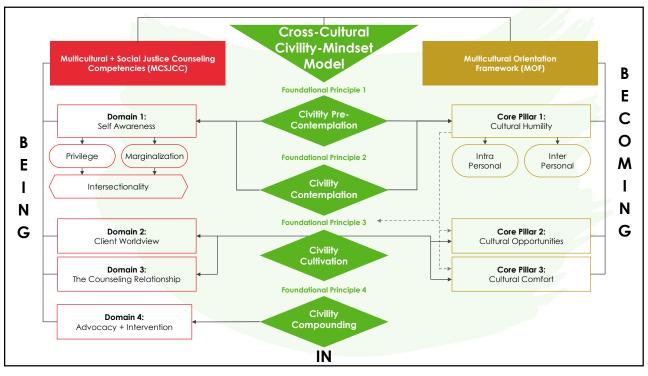
Within the context of the CCCMDM:

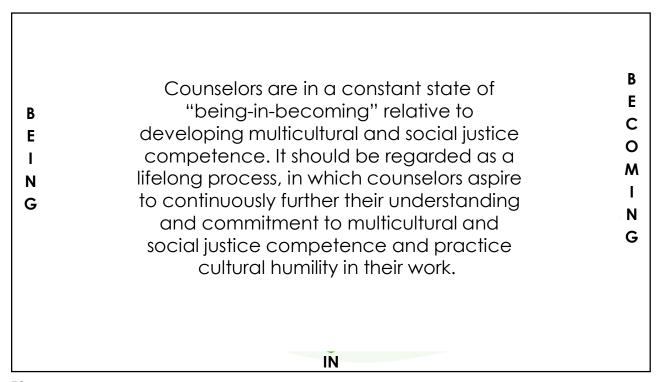
- 1. the inter and intra-personal stance for building bridges that heal relational divides (self-and-other awareness, understanding of worldview development, strengthening of the clinical relationship)
- 2. The <u>act</u> of validating the right of culturally diverse others to be treated humanely and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

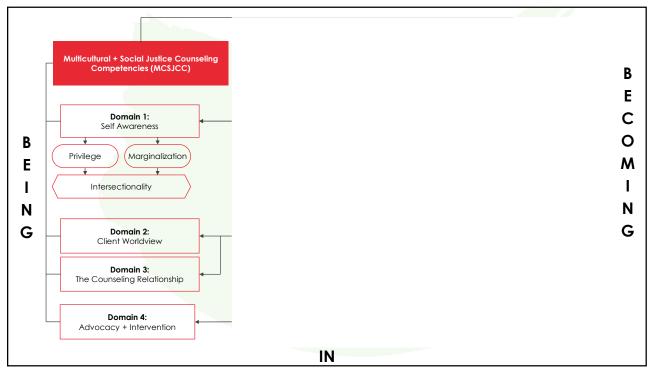
55

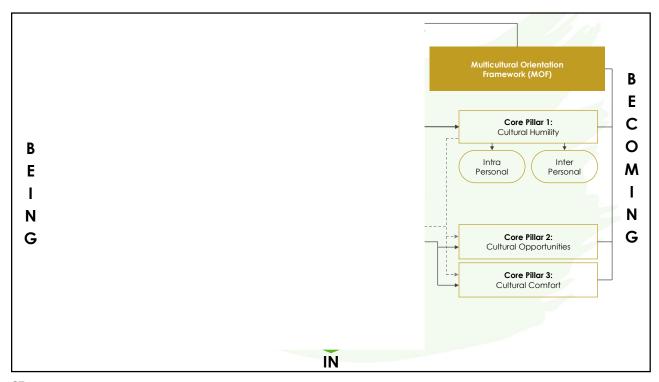


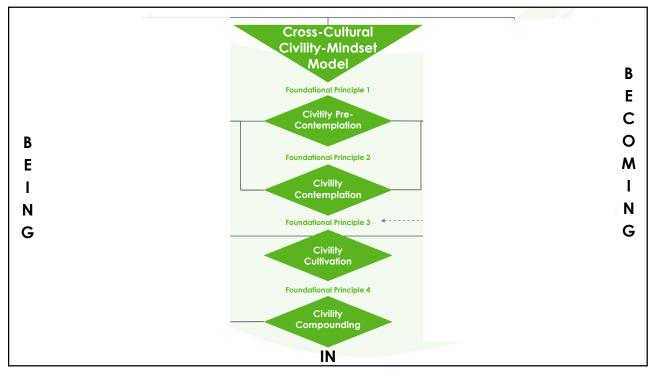












Clinically-based Definition of Civility

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...

75

Clinically-based Definition of Civility

Within the context of the CCCMDM:

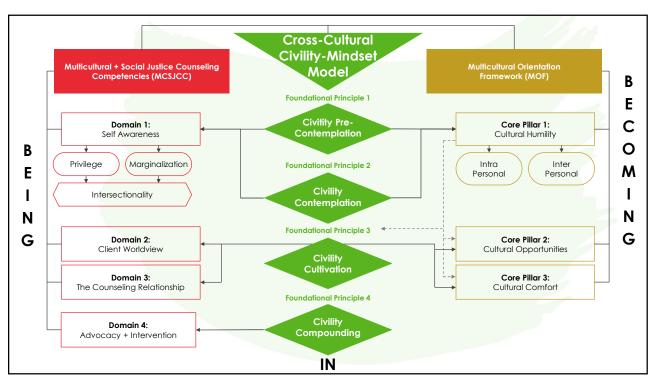
- 1. the inter and intra-personal stance for building bridges that heal relational divides (self-and-other awareness, understanding of worldview development, strengthening of the clinical relationship)
- 2. the...

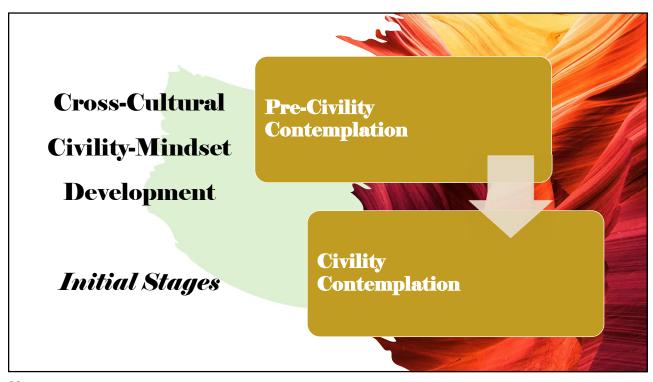
Clinically-based Definition of Civility

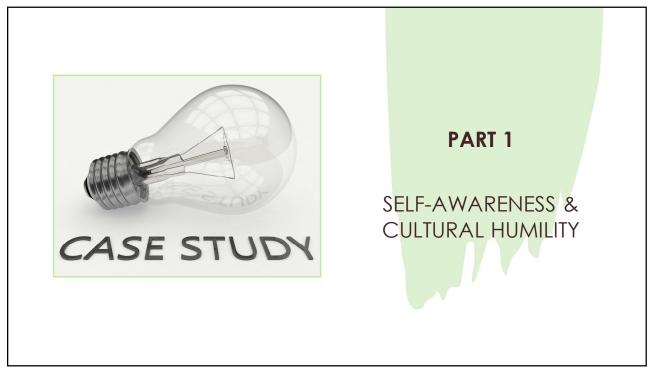
Within the context of the CCCMDM:

- 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 <u>act</u> of validating the right of culturally diverse others to be treated humanely and with dignity (ongoing personal learning environments, social justice advocacy)

79







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

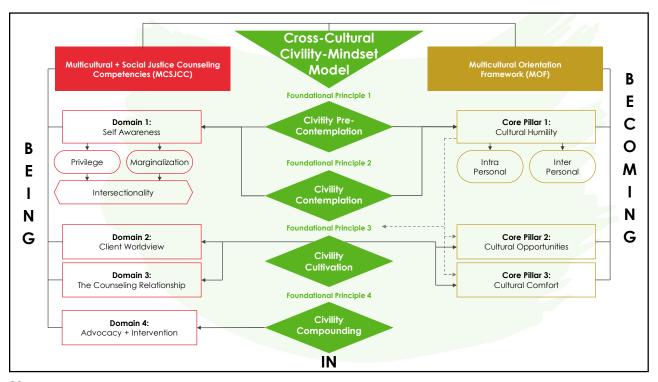
85

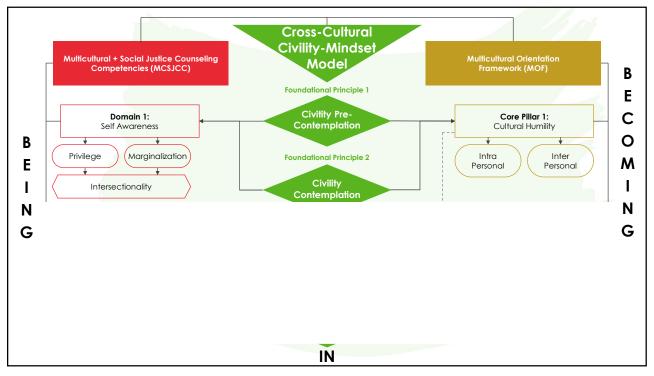
GROUP DISCUSSION

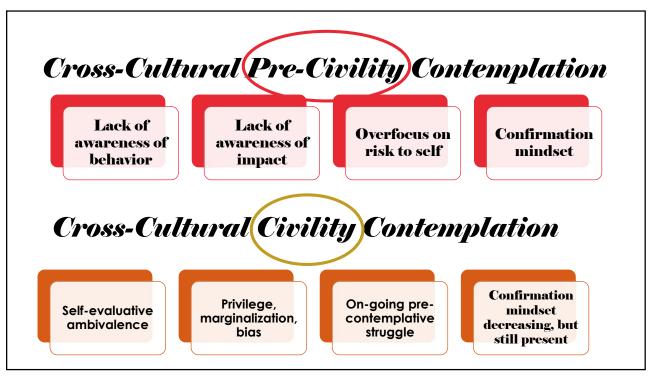
PART 1 - COUNSELOR SELF-AWARENESS & CULTURAL HUMILITY



- 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. When you return, we will add to your conceptualization as we move through the initial phases of the model related to counselor self-awareness & cultural humility.







Clinically-based Definition of 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 <u>act</u> of validating the right of culturally diverse others to be treated humanely and with dignity (ongoing personal learning environments, social justice advocacy)

Cross-Cultural Pre-Civility Contemplation

Lack of awareness of behavior Lack of awareness of impact

Overfocus on risk to self

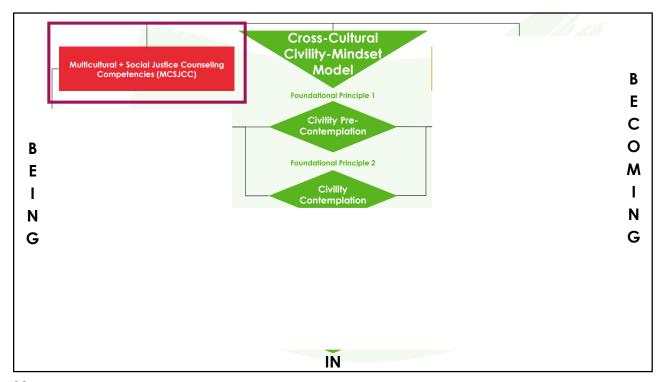
Confirmation mindset

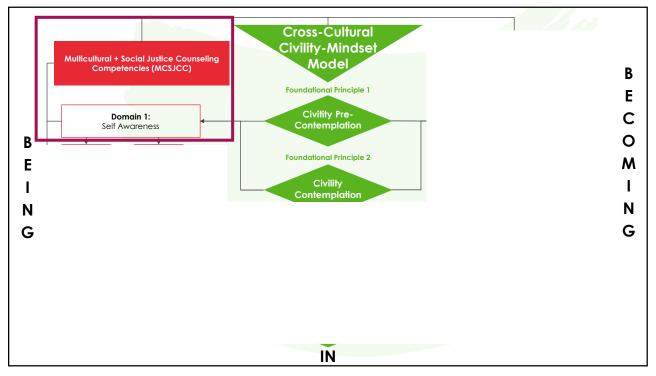
94

Cross-Cultural Civility Contemplation

Self-evaluative ambivalence Privilege, marginalization, bias

On-going precontemplative struggle Confirmation mindset decreasing, but still present





Cross-Cultural Pre-Civility / Civility Contemplation

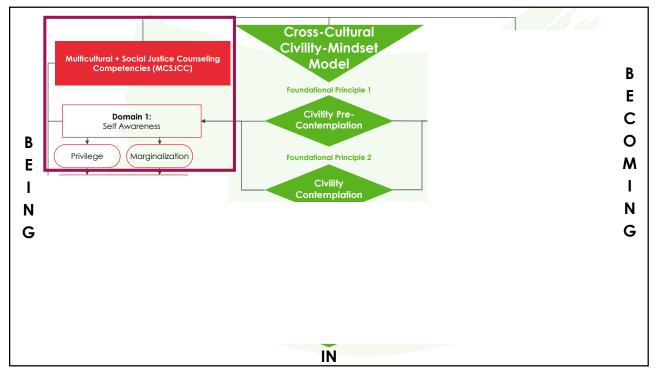
MSJCC CLINICIAN SELF-AWARENESS:

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).



98







Privilege

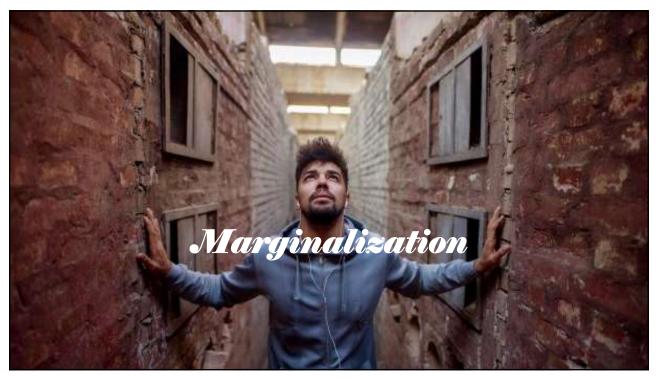


 "...an identity in which belonging to a group or community affords you certain unearned benefits based on the power of that group to influence social institutions and social norms"

(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)



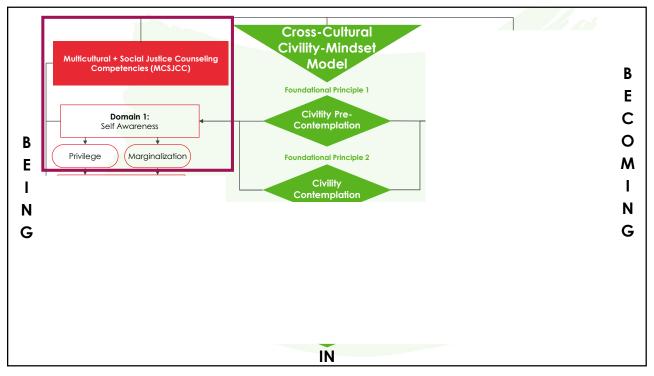
- I can go into a supermarket and find the staple foods which fit with my cultural traditions
- I can remain oblivious of the language and customs of persons of color without feeling in my culture any penalty for such oblivion.
- Because of where I live, I can be assured that my children will receive 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)

104



Improving Cultural Competence

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

R/CID Model

WRID Model

Conformity: 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.

Dissonance and Appreciating: 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.

Resistance and Immersion: Embraces and holds a positive attitude toward and preference for his or her own race and cultural

Naiveté: 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.

Conformity: 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.

Dissonance: 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

112

Lack of awareness of behavior

Lack of awareness of impact

Overfocus on risk to self

curdural demany Development

Confirmation mindset

R/CID Model

WRID Model

Conformity: 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.

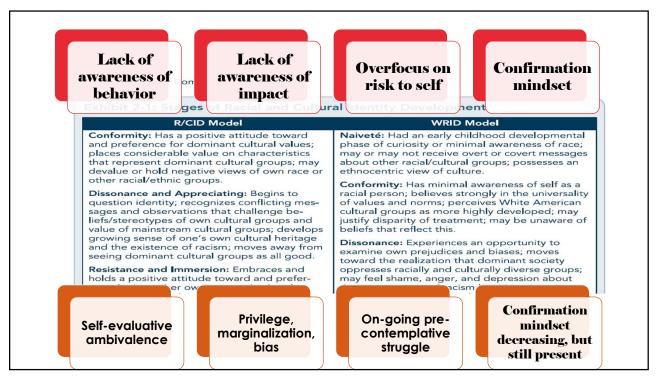
Dissonance and Appreciating: Begins to question identity; recognizes conflicting messages and observations that challenge beliefs/stereotypes of own cultural groups and value of mainstream cultural groups; develops growing sense of one's own cultural heritage and the existence of racism; moves away from seeing dominant cultural groups as all good.

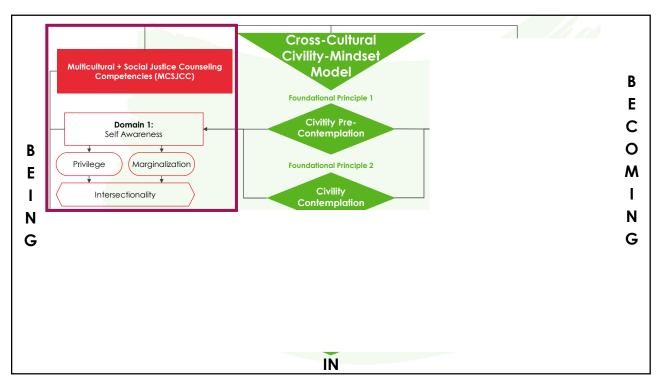
Resistance and Immersion: Embraces and holds a positive attitude toward and preference for his or her own race and cultural

Naiveté: 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.

Conformity: 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.

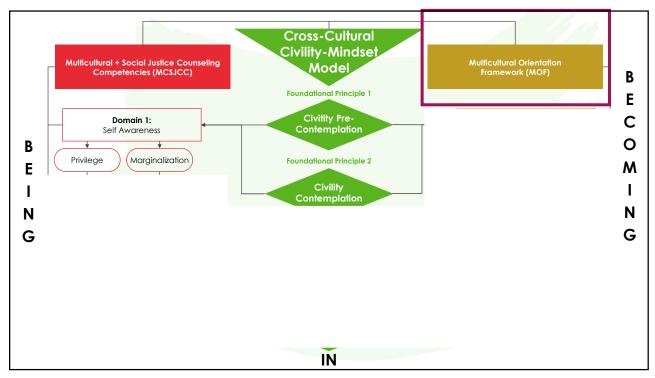
Dissonance: Experiences an opportunity to examine own prejudices and biases; moves toward the realization that dominant society oppresses racially and culturally diverse groups; may feel shame, anger, and depression about the perpetuation of racism by White American

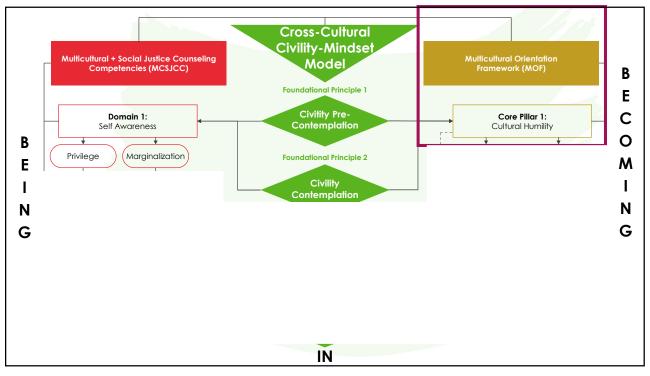


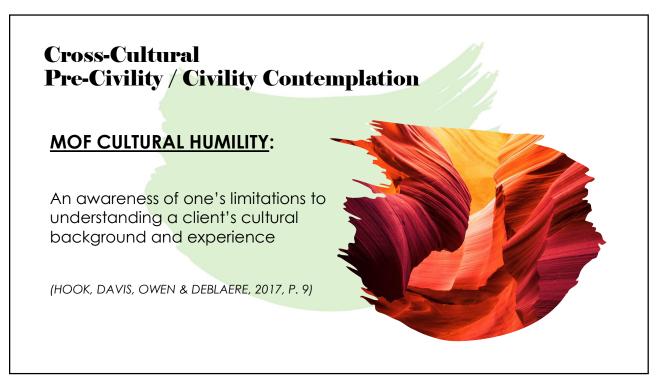


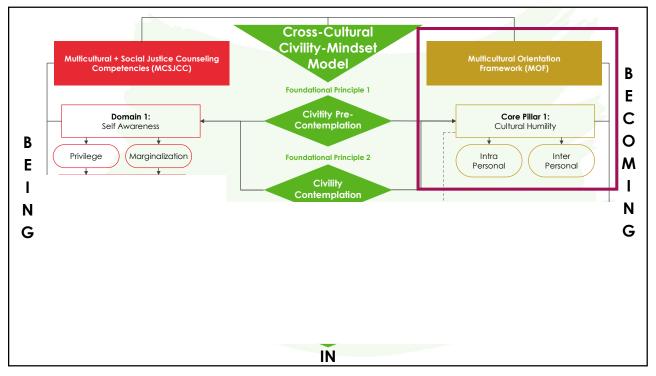




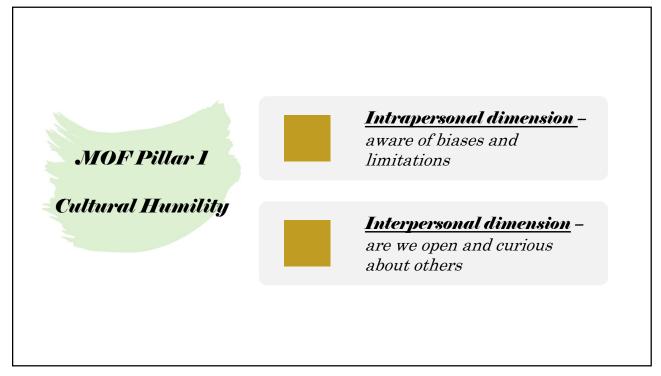












Clinically-based Definition of Civility

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 <u>act</u> of validating the right of culturally diverse others to be treated humanely and with dignity (ongoing personal learning environments, social justice advocacy)

124

GROUP DISCUSSION

PART 1 - CLINICIAN SELF-AWARENESS & CULTURAL HUMILITY



Using the CCCMDM Case Conceptualization Guide:

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

3.

Cross-Cultural Civility-Mindset Development Model (CCCMDM) Case Conceptualization Guide Part 1 - Clinician Self-Awareness & Cultural Humility Name of Counselor Assigned: [] James [] Monica [] 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,

126

GROUP DISCUSSION

PART 1 - CLINICIAN SELF-AWARENESS & CULTURAL HUMILITY



Using the CCCMDM Case Conceptualization Guide:

- 1. In light of all we have discussed so far, once again review the **clinician's description**.
- 2. Use the <u>CCCMDM Case Conceptualization</u> <u>Guide</u> to note key areas of importance.
- 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 & 1) ACA (2014): 2) AACC: CULTURAL a) ES1: 500 a) A.2.c COMPENENCE b) A.4.B c) A.11.b 3) AAMFT: d) B.1.a a) a.1.1 5) NASW: e) E.5.b b) b.6.7 a) 1.1.05 f) E.8 c) c.7.5 b) 1.1.06 g) F.2.b 6) ASERVIC: h) F.7.c c) 1.1.09 a) Culture and d) 1.1.10 i) F.11.a,b,c **World Views** 4) APA (2017): e) 3.3.01b j) H.5.d a) Principle E f) 6.6.01 g) 6.6.04 b) 2.01b c) 3.01 d) 3.03 e) 9.06 128

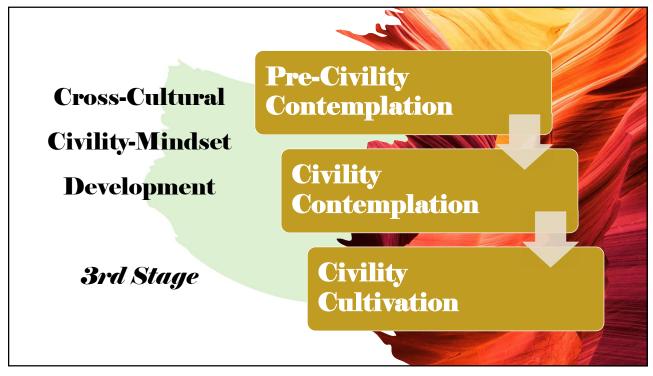
128

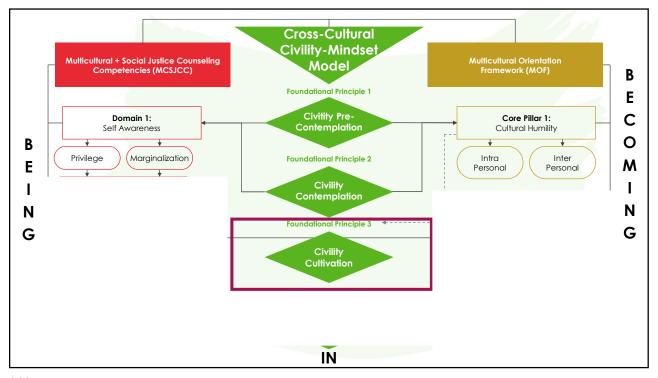












Clinically-based Definition of Civility

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 <u>act</u> 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

Discovery mindset Personal learning environments

Understanding of Client worldview Understanding Relationship Impact

146



PART 2

CONCEPTUALIZING FROM THE LENS OF WORLDVIEW DEVELOPMENT



Part 2 Monica's Client, <u>Vank</u>

Vank 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".

Part 3 James' client, <u>Marisa</u>

Marisa 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

Part 2 Christy's client, Malachi

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 gangrelated 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

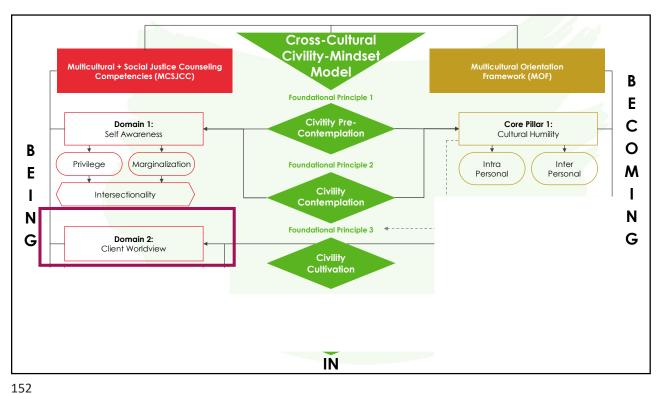
148

GROUP CASE CONCEPTUALIZATION

PART 2 - CLIENT WORLDVIEW

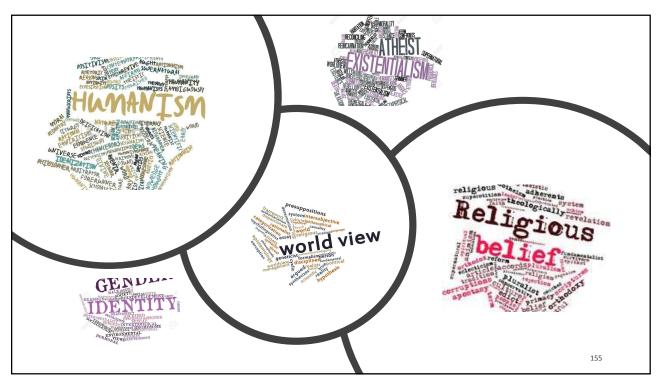


- Read your assigned case study together.
 Right now you have the <u>client's description</u>.
- 2. Note of areas that might have clinical relevance based on demographics, family-of-origin information, mental status, etc.
- 3. When you return, we will add to your conceptualization as we move through the 3rd phase of the model related to client worldview development.

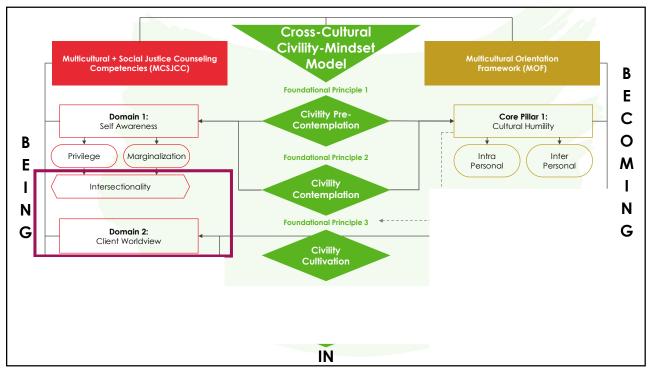














Intersectionality

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

158

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.



159

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...



160

160

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.



161

ETHICAL CODES & CULTURAL COMPETENCE

4.02 Discrimination (NASW, 2018)

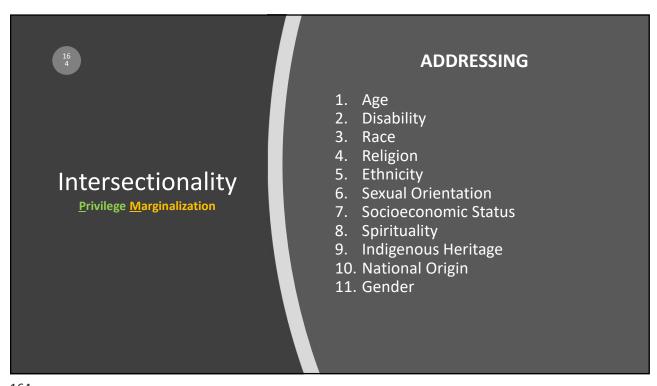
• Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or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



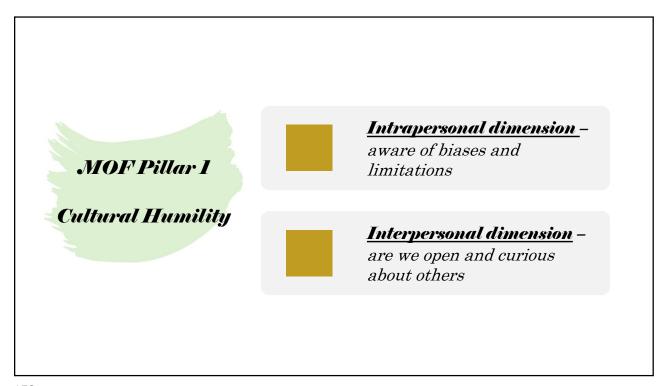
162

162











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.



181

Internal Locus of Control



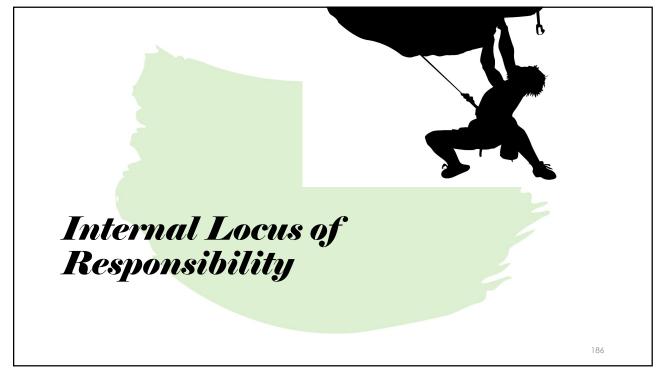


Locus of Responsibility



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







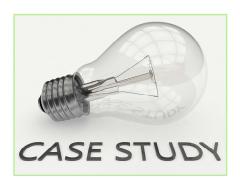
PART 2

CONCEPTUALIZING
THROUGH THE LENS
OF
WORLDVIEW
DEVELOPMENT

187

GROUP CASE CONCEPTUALIZATION

PART 2 - CLIENT WORLDVIEW



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 <u>CCCMDM Case Conceptualization</u> <u>Guide</u> to note key areas of importance.
- 3. ...

Cross-Cultural Civility-Mindset Development Model (CCCMDM) Case Conceptualization Guide Part 2 - Client Worldview [] Malachi Name of Client: [] Marisa [] Vant 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

189

GROUP CASE CONCEPTUALIZATION

PART 2 - CLIENT WORLDVIEW



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 <u>CCCMDM Case Conceptualization</u> <u>Guide</u> 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*.

R/CID Model

WRID Model

Conformity: 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.

Dissonance and Appreciating: 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.

Resistance and Immersion: 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.

Introspection: 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

Naiveté: 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.

Conformity: 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.

Dissonance: 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 refortify prior views.

Resistance and Immersion: 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.

Introspection: 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

191

Discovery mindset Discovery mindset Discovery mindset

sal liefs/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.

Resistance and Immersion: 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.

Introspection: 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

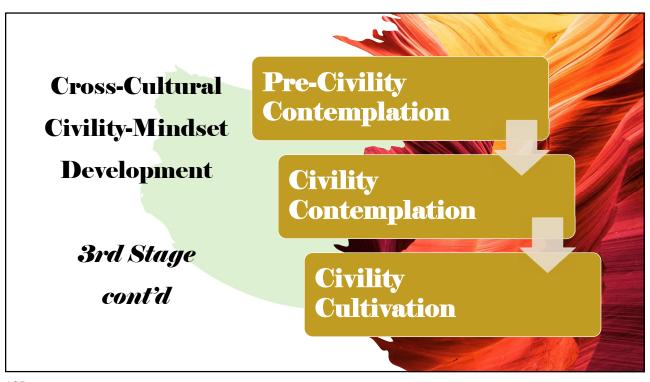
WRID Model Notice the child product of the child p

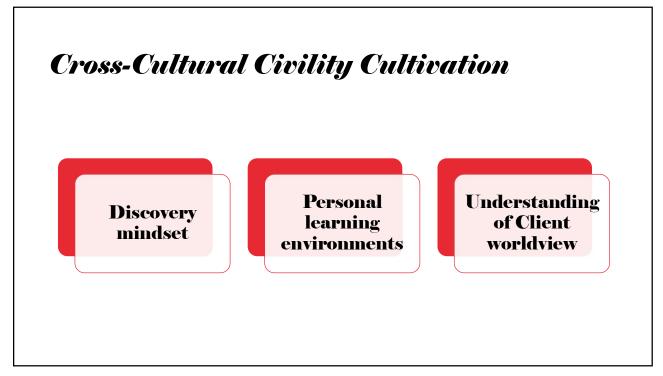
justify disparity of treatment; may be unaware of beliefs that reflect this.

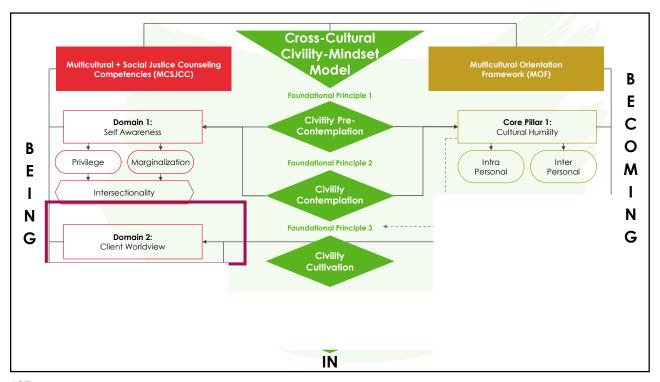
Dissonance: Experiences an opportunity to examine own prejudices and biases; moves toward the realization that dominant society oppresses racially and culturally diverse groups; may feel shame, anger, and depression about the perpetuation of racism by White American cultural groups; and may begin to question previously held beliefs or refortify prior views.

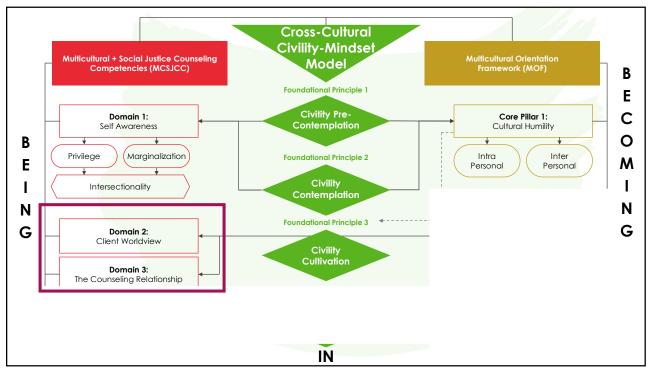
Resistance and Immersion: Increases awareness of one's own racism and how racism is projected in society (e.g., media and Ianguage); likely feels angry about messages concerning other racial and cultural groups and guilty for being part of an oppressive system; may counteract feelings by assuming a paternalistic role (knowing what is best for clients without their involvement) or overidentifying with another racial/cultural group.

Introspection: 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

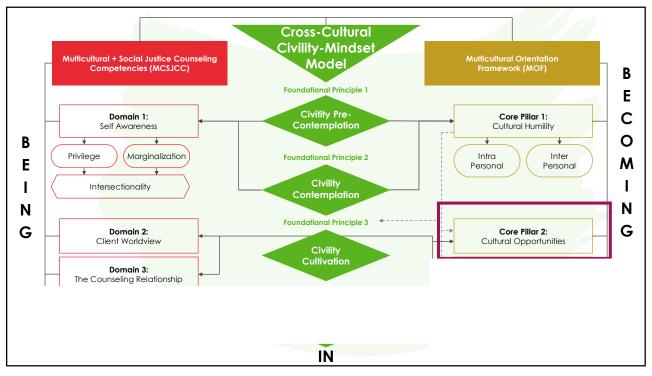




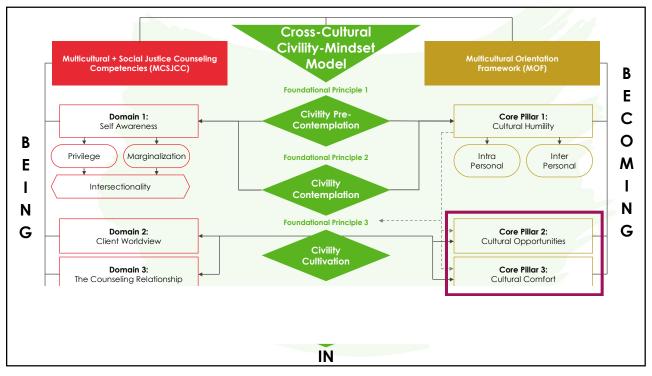




Cross-Cultural Civility Cultivation MSJCC DOMAIN 3 THE COUNSELING RELATIONSHIP Privileged and marginalized clinicians are aware, knowledgeable, skilled, and action-oriented in understanding how client and clinician privileged and marginalized statuses influence the counseling relationship.











Supervisor Professional Growth

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



205

GROUP CASE CONCEPTUALIZATION

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 <u>CCCMDM Case Conceptualization</u> <u>Guide</u> to note key areas of importance.
- 3. ...

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 Self-Awareness 1 - 2 areas if you approached them from the focus of: Remember to reference your Intra / Interpersonal cultural humility previously completed

208

GROUP CASE CONCEPTUALIZATION

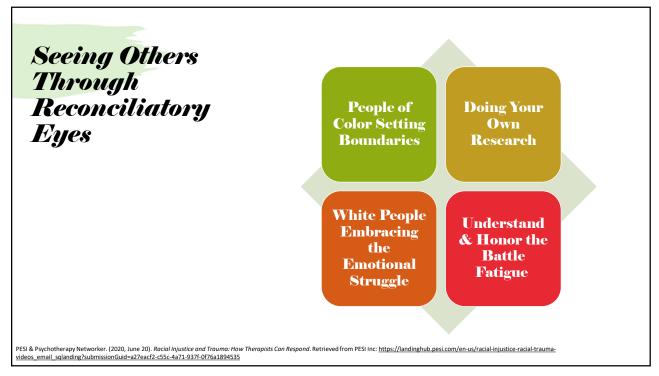
PART 3 - SUPERVISING THE COUNSELING RELATIONSHIP



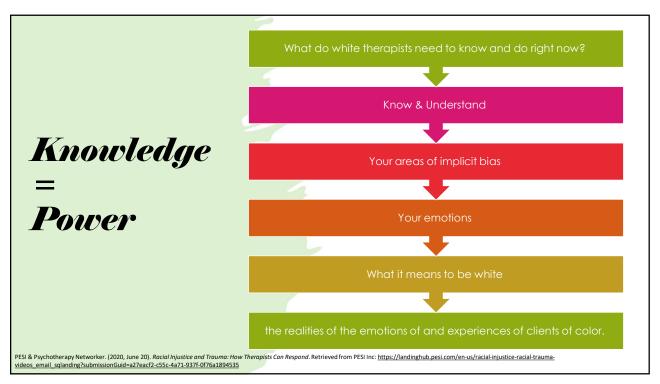
Using the CCCMDM Case Conceptualization Guide:

- 1. Review what you previously assessed about **your supervisee and their client**.
- 2. Use the <u>CCCMDM Case Conceptualization</u> <u>Guide</u> 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. Also factor in perspectives from the supervisees we listened to.





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	
SI & 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-leos_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://landingpub.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

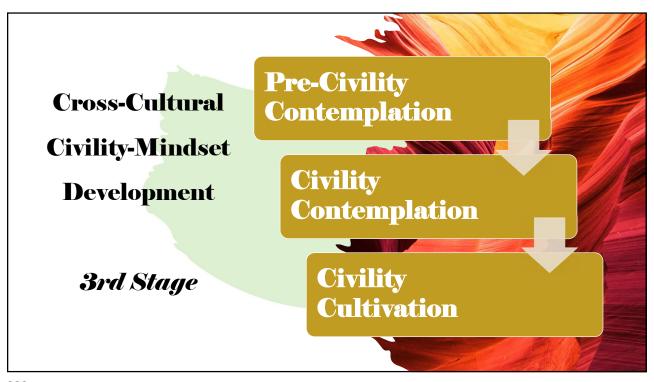
Become part of the community

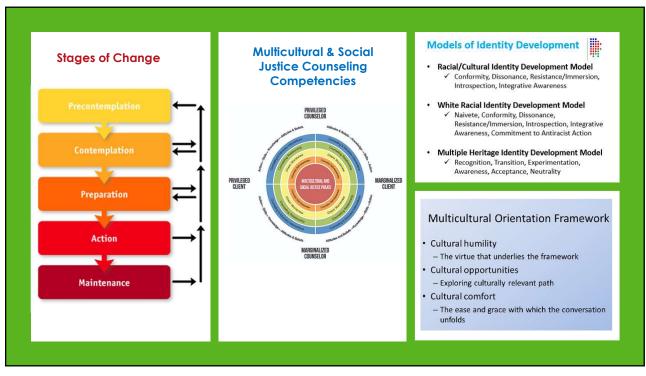
Be an ally (not a white savior)

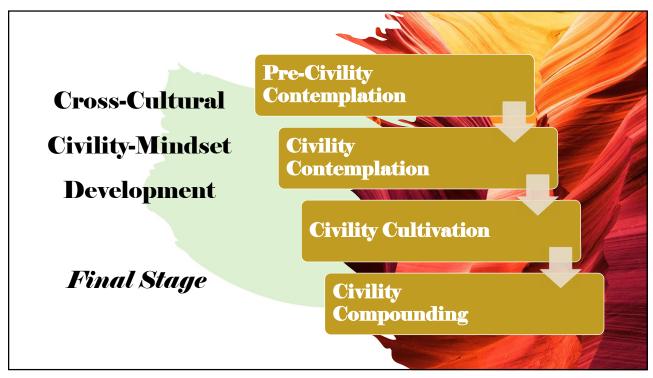
Patronize business in those communities

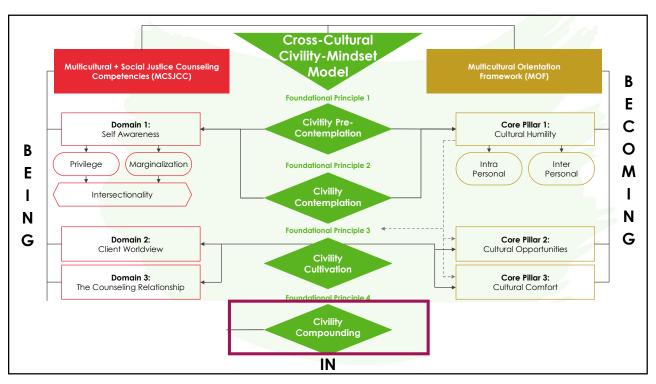
Develop close, intimate, mutually reciprocal relationships.

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=27eacf2-c55c-4a71-937f-0f76a1894535









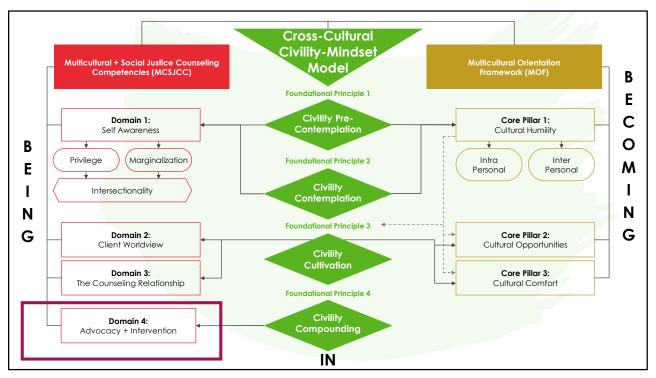
Definition of Civility

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 <u>act</u> of validating the right of culturally diverse others to be treated humanely and with dignity (ongoing personal learning environments, social justice advocacy)

237







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.



241

241

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.



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.



243

243

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.



244

ciation for others from racially and culturally diverse groups.

Introspection: 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.

Integrative Awareness: 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.

Sources: Sue 2001; Sue and Sue 1999b.

destring a paternalistic role (knowing what is best for clients without their involvement) or overidentifying with another racial/cultural group.

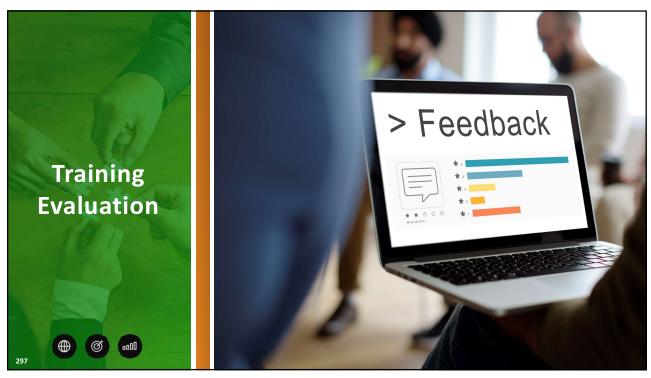
Introspection: Begins to redefine what it means to be a White American and to be a racial and cultural being; recognizes the inability to fully understand the experience of others from diverse racial and cultural backgrounds; may feel disconnected from the White American group.

Integrative Awareness: 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.

Commitment to Antiracist Action: 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.



245









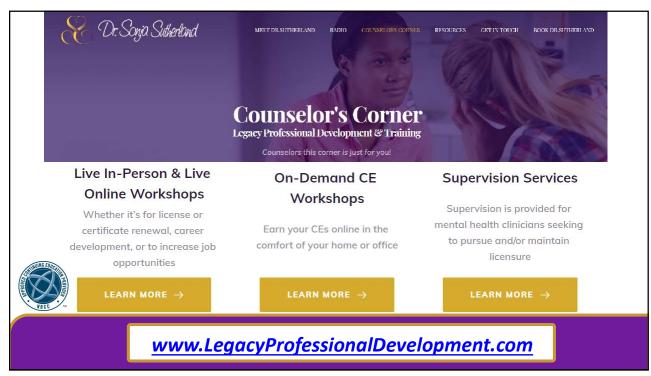
- Racial & Cultural Diversity 1: Approaching Ethical & Culturally-Informed Intervention – 6 CE Hrs.
- Racial & Cultural Diversity 2: Working with Intergenerational Trauma – 6 CE Hrs.
- 3. Racial & Intergenerational Trauma: Ethical Clinical Treatment & Supervision 12 CE Hrs. (2-day intensive)
- Effective & Ethical Self-Care for Clinicians: Post-Pandemic through Today – 6 CE Hrs.
- The Advanced Clinical Supervisor: Next Level Tools for Ethical Supervision – 6 Supervision CE Hrs.

www.LegacyProfessionalDevelopment.com



Legacy Professional Development and Training has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 7034. Programs that do not qualify for NBCC credit are clearly identified. Legacy Professional Development and Training is solely responsible for all aspects of the programs.

299









Abrams, M. S. (1999). Intergenerational transmission of trauma: Recent contributions from the literature of family systems approaches to treatment. *American Journal of Psychotherapy*, *53*(2), 225–231.

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

American Counseling Association (2014). ACA Code of Ethics. Alexandria, VA: Author.

American Psychological Association. (2017). APA ethical principles of psychologists and code of conduct. Washington, DC: Author

American Psychological Association Task Force on Race and Ethnicity Guidelines in Psychology. (2019). *APA Guidelines*. Washington, DC: American Psychological Association. Retrieved October 25, 2020, from https://www.apa.org/about/policy/guidelines-race-ethnicity.pdf

Association for Counselor Educators and Supervisors (2020). Code of Ethics. https://www.cce-global.org/Assets/Ethics/ACScodeofethics.pdf

Best Practices in Clinical Supervision - https://www.acesonline.net/resources/best-practices-clinical-supervision

322



Bryant-Davis, T., & Ocampo, C. (2006). A therapeutic approach to the treatment of racist-incident-based trauma. Journal of Emotional Abuse, 6(4), 1-22.

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

Challenging Racial Battle Fatigue on Historically White Campuses: A Critical Race Examination of Race-related Stress. (n.d.). In Faculty of Color Teaching in Predominantly White Colleges and Universities (pp. 299-327). Anker Publishing.

Corey, G., Corey, M. S., Corey, C., & Callanan, P. (2015). Issues and ethics in the helping professions (9th ed.). Stamford, CT: Cengage Learning.

Cultural Competence Self-Assessment Checklist. (2020). Retrieved from Ontario Council of Agencies Serving Immigrants: http://rapworkers.com/wp-content/uploads/2017/08/cultural-competence-selfassessment-checklist-1.pdf

Danieli Y. (2007) Assessing Trauma Across Cultures from a Multigenerational Perspective. In: Wilson J.P., Tang C.S. (eds) Cross-Cultural Assessment of Psychological Trauma and PTSD. International and Cultural Psychology Series. Springer, Boston, MA. https://doi.org/10.1007/978-0-387-70990-1_4

Fu, M. (2014). Clinical Applications with Asian Americans. In D. W. Sue, M. E. Gallardo, & H. A. Nevelle (Eds.), Case Studies in Multicultural Counseling and Therapy (pp. 43 - 48). Hoboken, NJ: John Wiley & Sons.



Gal, S., Kiersz, A., Mark, M., Su, R., & Ward, M. (2020). 26 simple charts to show friends and family who aren't convinced racism is still a problem in America. Business Insider, Retrieved on 11/7/20 from https://www.businessinsider.com/us-systemic-racism-in-charts-graphs-data-2020-6#black-workers-have-historically-earned-far-less-than-white-workers-5

Garcia, J. &. (2015). Black Lives Matter: A Commentary on Racism and Public Health. American Journal of Public Health, 27-30.

Goodman, R. (2013). The transgenerational trauma and resilience genogram. *Counselling Psychology Quarterly, 26*(3 - 4), 386–405. Retrieved from http://dx.doi.org/10.1080/09515070.2013.820172

Hardy, K. V. (2016). Toward the development of a multicultural relational perspective in training and supervision. In K. V. Hardy, & T. Bobes (Eds.), *Culturally sensitive supervision and training: Diverse perspectives and practical applications* (pp. 3-10). New York, NY: Routledge

Helms, J. E., Nicolas, G., & Green, C. E. (2010). Racism and ethnoviolence as trauma: Enhancing professional training. Traumatology, 16(4), 53-62.

Hook, J. N., Farrell, J. E., Davis, D. E., DeBlaere, C., Van Tongeren, D. R., & Utsey, S. O. (2016). Cultural humility and racial microaggressions in counseling. Journal of Counseling Psychology, 63(3), 269–277. https://doi.org/10.1037/cou0000114



324



Hook, J. N., Davis, D., Owen, J., & DeBlaere, C. (2017). Cultural Humility: Engaging Diverse Identities in Therapy. Washington, DC: APA.

Hooks, B. (2003). *Rock my soul: Black people and self-esteem*. New York: Washington Square Press.

Jones, B. (n.d.). Legacy of Trauma: Context in the African American Existence. https://www.health.state.mn.us/communities/equity/projects/infantmortality/session2.2.pdf

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

Lehrner, A., & Yehuda, R. (2018). Trauma across generations and paths to adaptation and resilience. *Psychological Trauma: Theory, Research, Practice, and Policy, 10*(1), 22-29

McIntosh, P. (1989). White Privilege: Unpacking the Invisible Knapsack. Peace and Freedom.

Mental Health America (2020). Racial Trauma (website). https://mhanational.org/racial-trauma.

© Dr. Sonja Sutherland, 2021



Nadal, K. L., Griffin, K. E., Yinglee, W., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development*, 57-66.

Owen, J., Tao, K. W., Imel, Z. E., Wampold, B. E., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. Professional Psychology: Research and Practice, 45(4), 283.

Perry, B. (1999). Memories of Fear How the Brain Stores and Retrieves Physiologic States, Feelings, Behaviors and Thoughts from Traumatic Events. In B. Perry, & J. G. Attias (Ed.), Splintered Reflections: Images of the Body in Trauma. Basic Books. Retrieved from http://www.healing-arts.org/tir/perry memories of fear.pdf

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

Promising Directions for the Treatment of Complex Childhood Trauma: The Intergenerational Trauma Treatment Model. (2008). *Journal of Behavior Analysis of Offender & Victim: Treatment & Prevention*, 1(3), 273–283.

© Dr. Sonja Sutherland, 2021

326



Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and Social Justice Counseling Competencies: Guidelines for the counseling profession. Journal of Multicultural Counseling and Development, 44(1), 28-48.

Reveal hate groups. (2021). Retrieved from Southern Poverty Law Center: https://www.splcenter.org/hate-map

Sangalang, C. C., & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. *Journal of Immigrant Minority Health*, 19(3), 745-754.

Shafranske, E. P., & Falicov, C. J. (2016). Diversity and multiculturalism in supervision. In C. A. falender, E. P. Shafranske, & C. J. Falicov (Eds.), *Multiculturalism and diversity in clincical supervision* (pp. 3-28). Washington, DS: American Psychological Association.

Smith, W. (2008). Higher Education: Racial Battle Fatigue. In Encyclopedia of Race, Ethnicity, and Society (pp. 615-618). SAGE Publications.

Smith, W. H. (2011). Racial Battle Fatigue and the Miseducation of Black Men: Racial Microaggressions, Societal, Problems, and Environmental Stress. The Journal of Negro Education, 80(1), 63-82.

© Dr. Sonja Sutherland, 2021



Sue, D.W. and Sue, D. (2019). Counseling the Culturally Diverse: Theory and Practice (9th Ed.). New York: Wiley and Sons.

The year in hate and extremism. (2021). Retrieved from Southern Poverty Law Center: https://www.splcenter.org/sites/default/files/yih 2020 final.pdf

Thompson-Miller, R. F. (2015). Jim Crow's Legacy: The Lasting Impact of Segregation. New York: Rowman & Littlefield.

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.

Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018a). Assessing racial trauma within a DSM-5 framework: The UConn Racial/Ethnic Stress & Trauma Survey. Practice Innovations, 3(4), 242-260.

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), 253-256.

Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: Putative roles of epigenetic mechanisms. *World Psychiatry*, 17(3), 243-257.

© Dr. Sonja Sutherland, 2021