



LEGACY
Professional Development & Training

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



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LPC, BC-TMH, ACS

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Racial & Cultural Diversity 1:
Approaching Ethical and Culturally-Informed Intervention & Supervision

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COURSE-PACK OF ACTIVITIES & HANDOUTS Continuing Education Logo Accredited Logo Logo

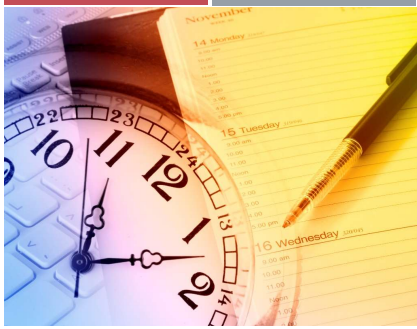
IN ORDER OF USE



Racial & Cultural Diversity 1:
**Approaching Ethical and Culturally-Informed
Intervention & Supervision**



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- 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 & Supervision
- 6. Case Application

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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)*



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The Cross-Cultural Civility-Mindset Development Model



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Cross-Cultural Civility-Mindset Development 4-Stage Model



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

Multicultural & Social Justice Counseling Competencies

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The Fight for Civility in an Increasingly Uncivil World

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Civility & Incivility Defined

Civility:

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

Incivility:

- "impoliteness. Rudeness"

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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...

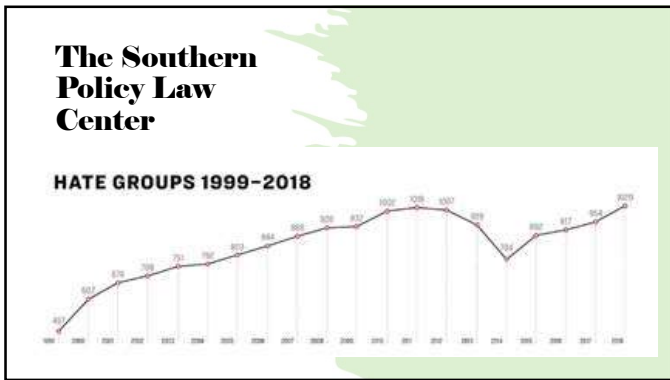
the what-when-where-and-how of who gets respect and who does not.

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

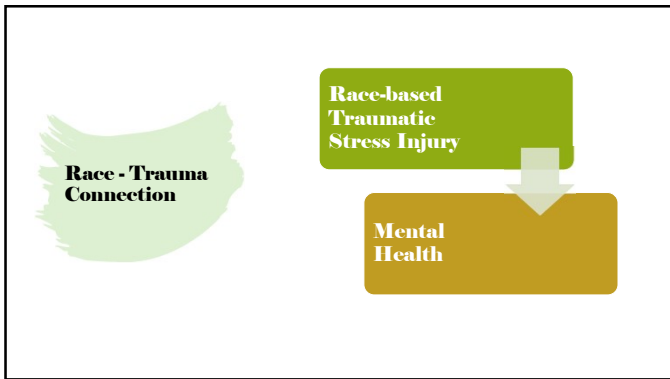
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Health Ramifications of Race-based Trauma

- "...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

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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.

<p>Microinsult (Often Unconscious)</p> <p>Behavioral/verbal remarks or comments that convey rudeness or insensitivity and demean a person's marginalized heritage or identity.</p> <p>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.</p>	<p>Microassault (Often Conscious)</p> <p>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.</p> <p>Examples Calling Mexican immigrants "Raposas and criminals"</p>	<p>Microinvalidation (Often Unconscious)</p> <p>Verbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color.</p> <p>Example: "You seem happy/ focused on race and racism. People are all the same in God's eyes. He loves everyone."</p>
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Sue, 2010; Nadal, 2014; Sue & Sue, 2019

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Microinsult (Often Unconscious)

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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.

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

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

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Chronic Psychological Distress As An Outcome Of Micro Aggressive Experiences

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

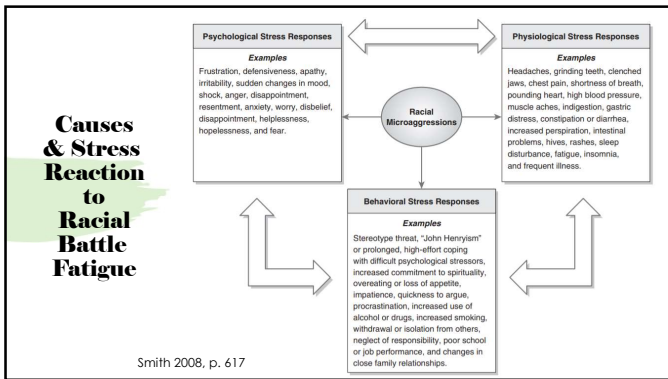
Sue, 2010; Nadal, 2014; Sue & Sue, 2019

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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).

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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.

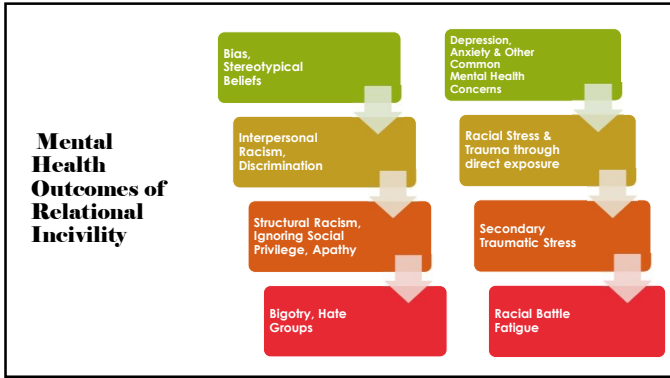
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Secondary Traumatic Stress

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).

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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

PEI & Psychotherapy Networker (2020, June 20). Racial Injustice and Trauma: How Therapists Can Respond. Retrieved from PEI Inc. https://landinghub.pei.com/en-us/racial-justice-racial-trauma-issues_email_signaling?submissionId=6279ac23-c55c-4473-9278-0879a6894633

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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

PEI & Psychotherapy Networker (2020, June 20). Racial Injustice and Trauma: How Therapists Can Respond. Retrieved from PEI Inc. https://landinghub.pei.com/en-us/racial-justice-racial-trauma-issues_email_signaling?submissionId=6279ac23-c55c-4473-9278-0879a6894633

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How do we provide a safe space?

Validate the experiences

Be authentic in your responses

PEI & Psychotherapy Networker. (2020, June 20). Racial Injustice and Trauma: How Therapists Can Respond. Retrieved from PEI Inc. https://standinghub.pei.com/en-us/racial-justice-racial-trauma-issues_email_uploading?submissionid=647aac2c-656c-4d73-9219-075a28946339

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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

PEI & Psychotherapy Networker. (2020, June 20). Racial Injustice and Trauma: How Therapists Can Respond. Retrieved from PEI Inc. https://standinghub.pei.com/en-us/racial-justice-racial-trauma-issues_email_uploading?submissionid=647aac2c-656c-4d73-9219-075a28946339

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Group Activity 1

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?

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ETHICAL CODES & CULTURAL COMPETENCE

<p>1) ACA (2014):</p> <ul style="list-style-type: none"> 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 	<p>2) AACC:</p> <ul style="list-style-type: none"> a) ES1: 500 	<p>3) AAMFT:</p> <ul style="list-style-type: none"> a) a.1.1 b) b.6.7 c) c.7.5 	<p>5) NASW:</p> <ul style="list-style-type: none"> 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 	<p>6) ASERVIC:</p> <ul style="list-style-type: none"> a) Culture and World Views
<p>4) APA (2017):</p> <ul style="list-style-type: none"> a) Principle E b) 2.01b c) 3.01 d) 3.03 e) 9.06 				

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Questions?

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ETHICAL CODES & CULTURAL COMPETENCE

ACA (2014) Core Professional Values:

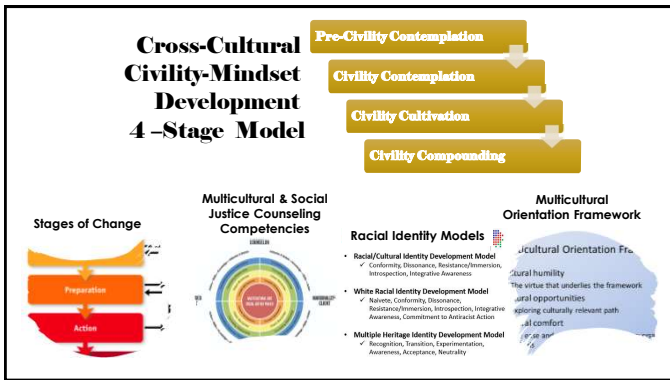
- ...
- honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;
- Promoting social justice...

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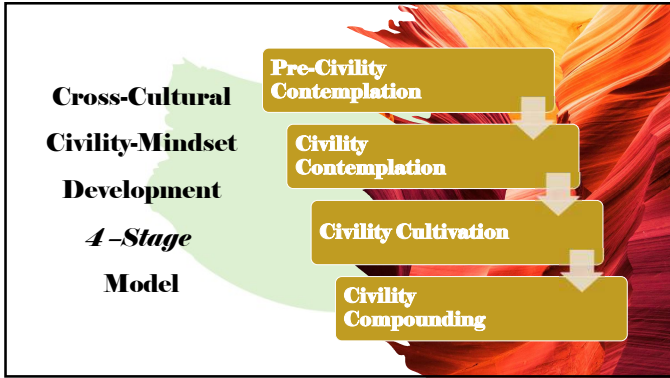
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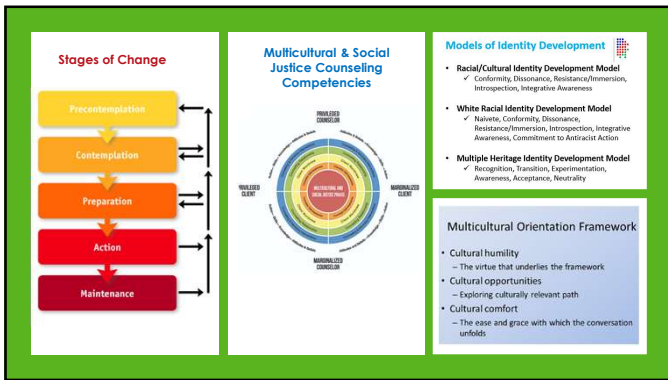
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Clinically-based Definition of Civility

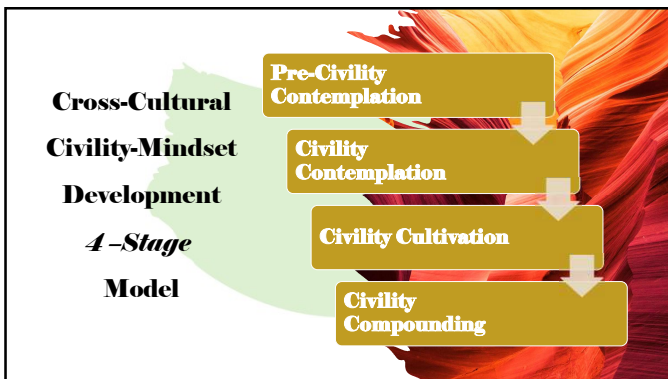
Within the context of the CCCMDM:

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

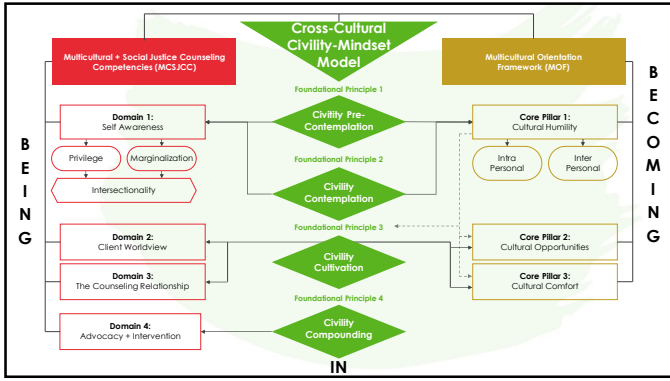
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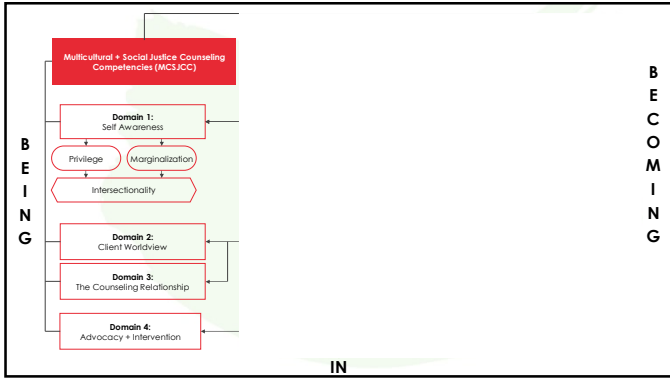


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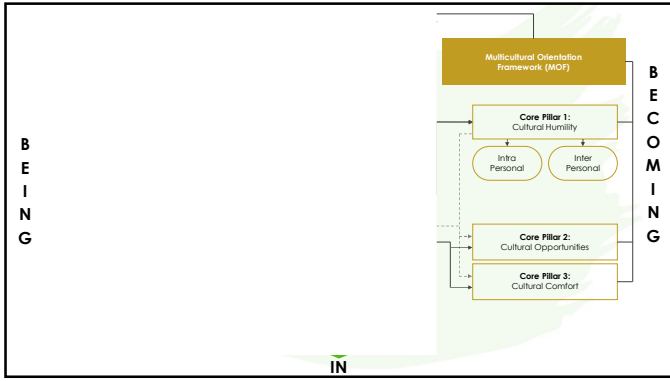
Counselors are in a constant state of "being-in-becoming" relative to developing multicultural and social justice competence. It should be regarded as a lifelong process, in which counselors aspire to continuously further their understanding and commitment to multicultural and social justice competence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

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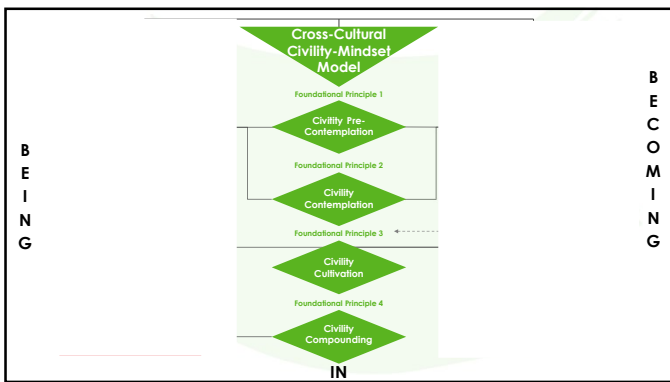
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Clinically-based Definition of Civility

Within the context of the CCCMDM:

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2. the...

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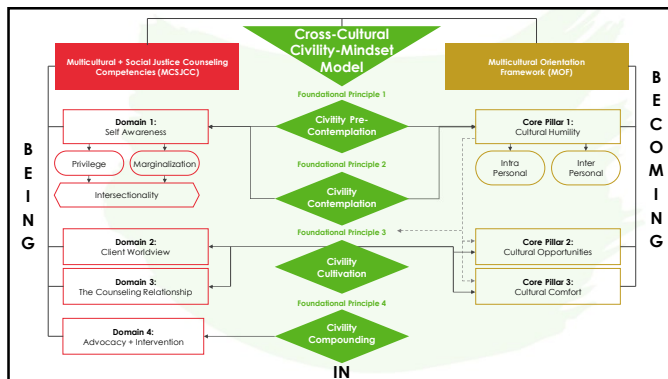
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Clinically-based Definition of Civility

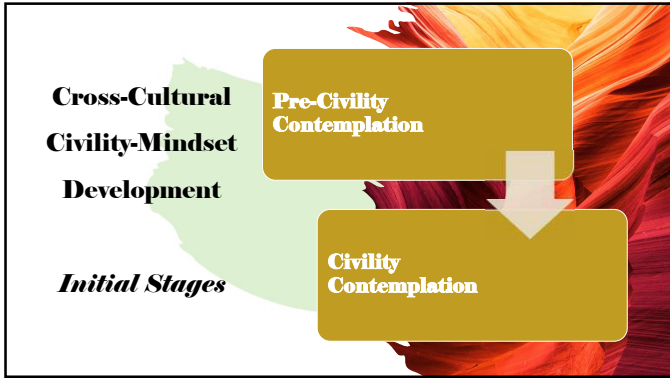
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CASE STUDY

PART 1

SELF-AWARENESS & CULTURAL HUMILITY

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<p style="text-align: center;">Case Study Part 1</p> <p style="text-align: center;">Counselor Self-Awareness & Cultural Humility</p>		
Case Study A Monica	Case Study B James	Case Study C Christy
<p>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.</p>	<p>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</p>	<p>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</p>

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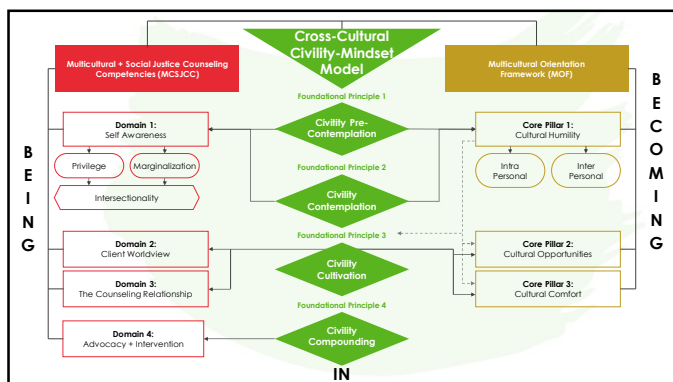
GROUP DISCUSSION

PART 1 – COUNSELOR SELF-AWARENESS & CULTURAL HUMILITY

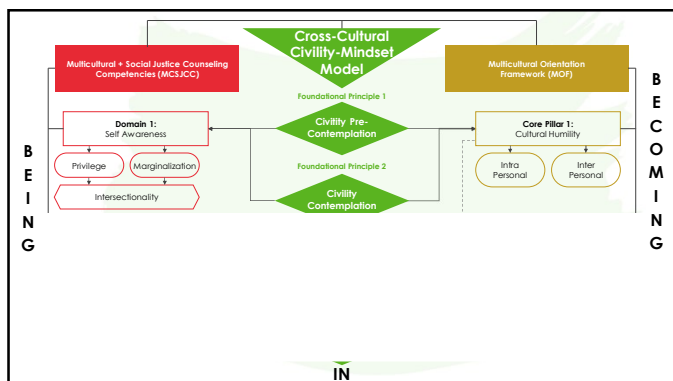


1. Read your assigned case study together. Right now you have the **clinician's description**.
2. Note of areas that might have clinical relevance based on demographics, family-of-origin information, mental status, etc.
3. When you return, we will add to your conceptualization as we move through the initial phases of the model related to counselor self-awareness & cultural humility.

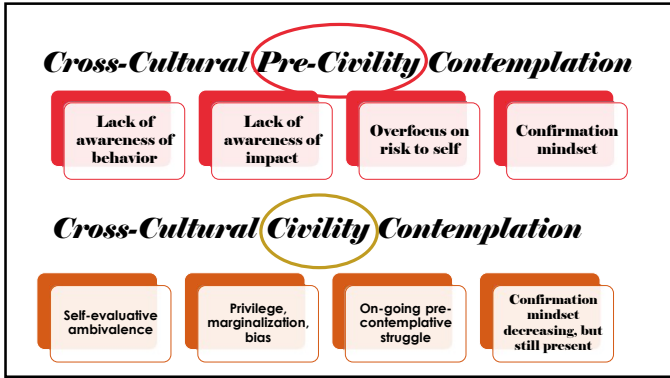
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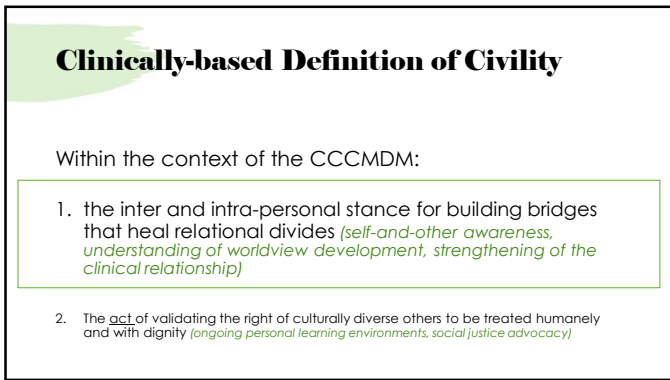
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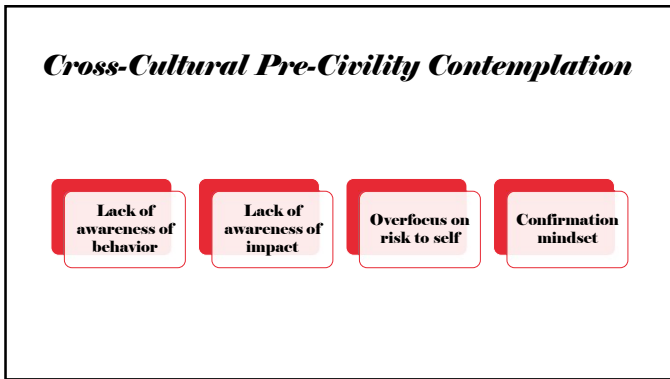
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Cross-Cultural Civility Contemplation

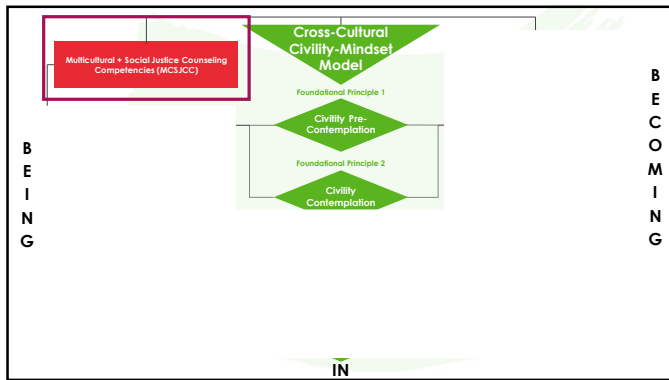
Self-evaluative ambivalence

Privilege, marginalization, bias

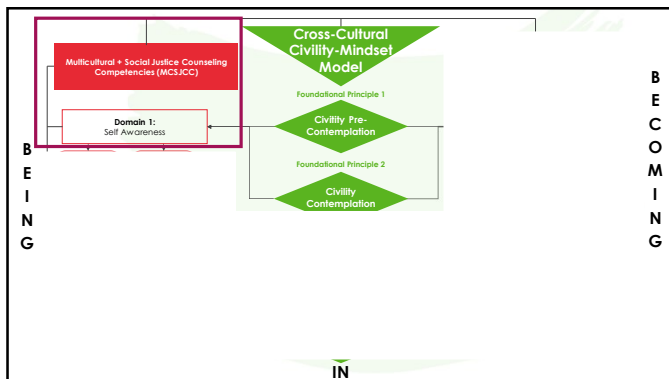
On-going pre-contemplative struggle

Confirmation mindset decreasing, but still present

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Cross-Cultural Pre-Civility / Civility Contemplation

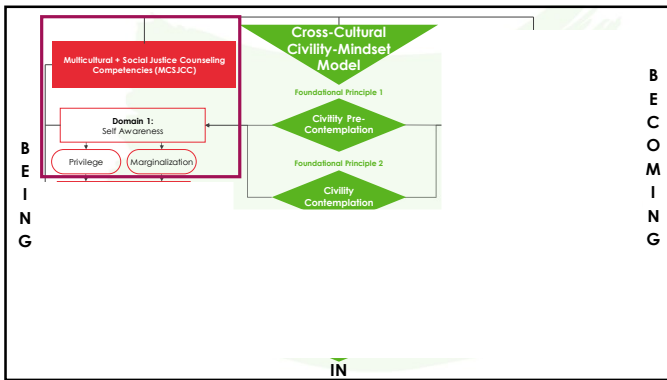
MSJCC CLINICIAN SELF-AWARENESS:

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).



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


PRIVILEGE AND MARGINALIZATION

EQUITY & ACCESS

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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)



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Marginalization

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- 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.

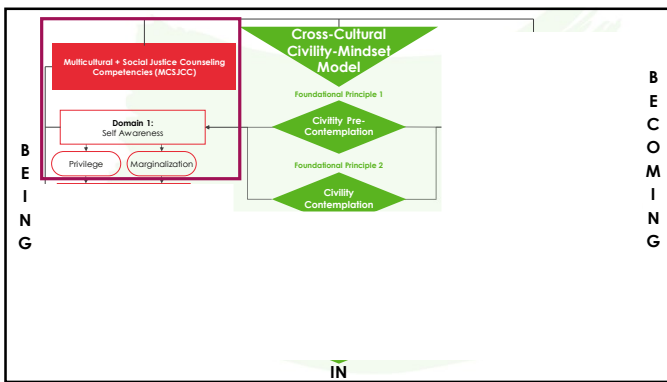
Adapted from: White Privilege: Unpacking the Invisible Knapsack (Peggy McIntosh, 1988)

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- 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)

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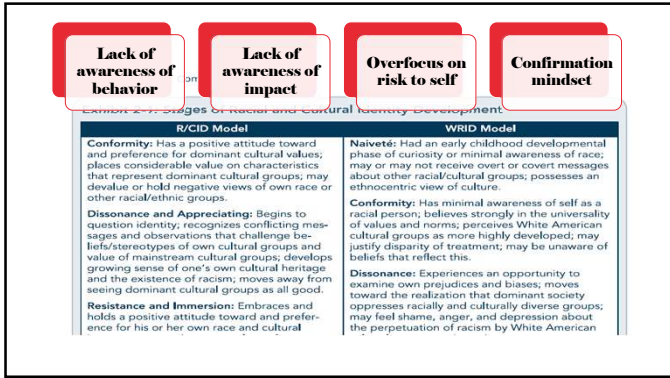
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Improving Cultural Competence

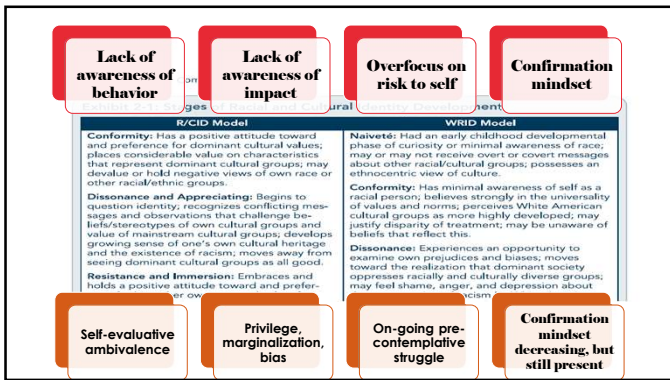
Exhibit 2-1: Stages of Racial and Cultural Identity Development

R/CID Model	WRID Model
<p>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.</p> <p>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.</p> <p>Resistance and Immersion: Embraces and holds a positive attitude toward and preference for his or her own race and cultural</p>	<p>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.</p> <p>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.</p> <p>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</p>

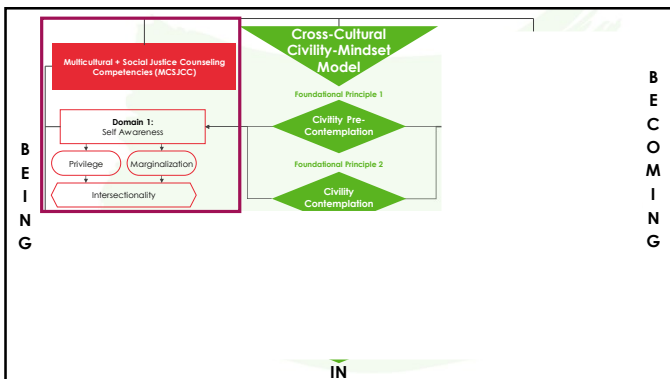
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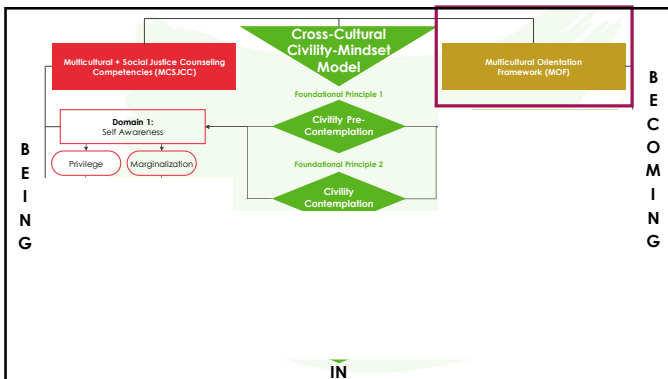
Intersectionality

Privilege Marginalization

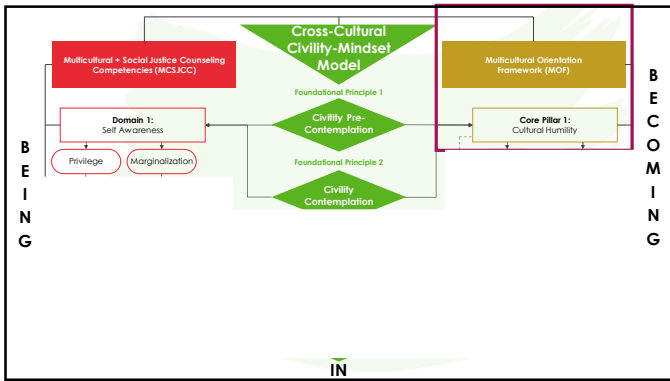
ADDRESSING

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

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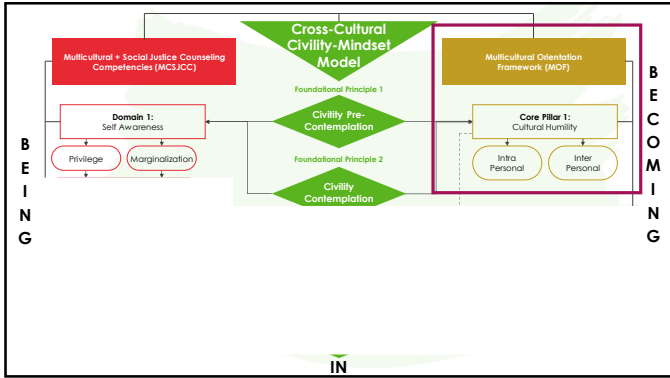
Cross-Cultural Pre-Civility / Civility Contemplation

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)

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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).

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MOF Pillar 1
Cultural Humility



Intrapersonal dimension – aware of biases and limitations



Interpersonal dimension – are we open and curious about others

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

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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 **CCCMDM Case Conceptualization Guide** to note key areas of importance.
3.

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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)	
<input type="checkbox"/> Interpersonal Cultural Humility?	
<input type="checkbox"/> Intrapersonal Cultural Humility?	
Clinical relevance of Intersection of Identities? (age, disability, race, religion,	

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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 **CCCMDM Case Conceptualization Guide** 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**.

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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) 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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128

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Questions?

129

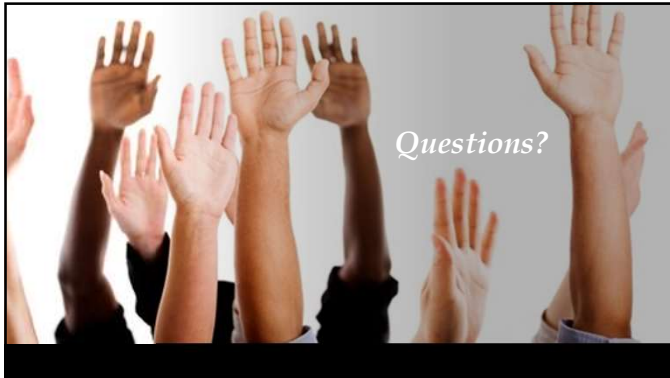
Personal Growth Moment

SELF-AWARENESS & CULTURAL HUMILITY

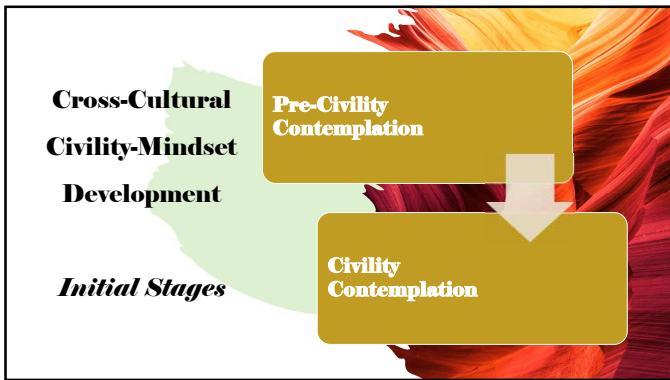
1. Check Your Privilege Handout
2. Stereotypes & Biases Handout

- Review the activities for yourself
- Discuss in your group

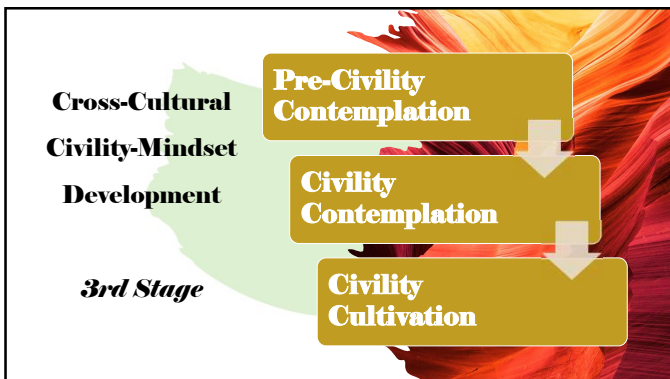
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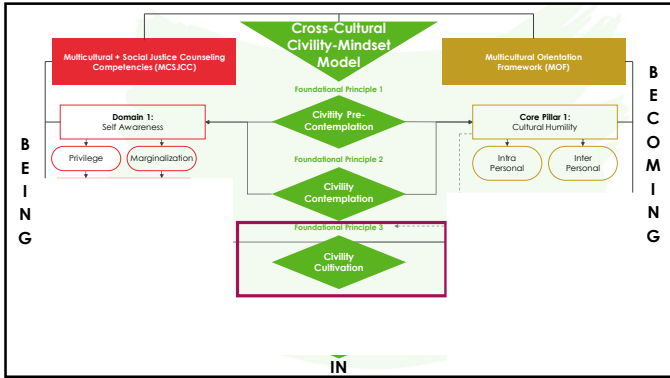
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Clinically-based Definition of Civility

Within the context of the CCCMDM:

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

145

Cross-Cultural Civility Cultivation

Discovery mindset

Personal learning environments

Understanding of Client worldview

Understanding Relationship Impact

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PART 2

CONCEPTUALIZING
FROM THE LENS OF
WORLDVIEW
DEVELOPMENT


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Case Study Part 2
Client Worldview

Part 2 Monica's Client, Vank	Part 3 James' client, Marisa	Part 2 Christy's client, Malachi
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".	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	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

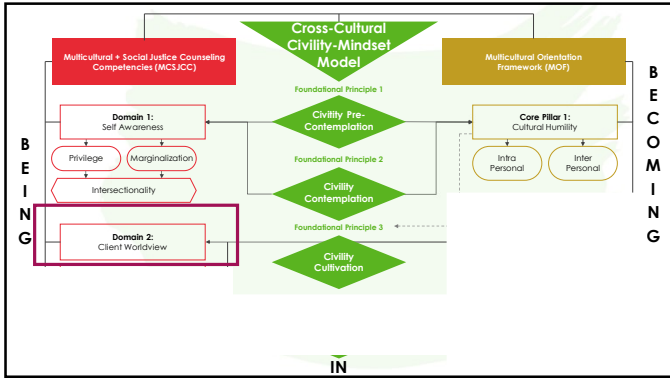
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GROUP CASE CONCEPTUALIZATION
PART 2 – CLIENT WORLDVIEW



1. Read your assigned case study together. **Right now you have the client'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 3rd phase of the model related to client worldview development.

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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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Cross-Cultural Civility Cultivation

Understanding Individual Worldview Development

154

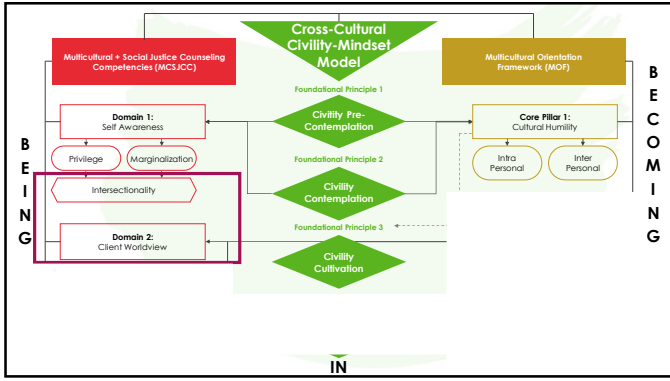


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**Competency Domain I:
Clinician self-awareness**

INTERSECTIONALITY

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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

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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.



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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.



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4


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

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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).

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MOF Pillar 1
Cultural Humility

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

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

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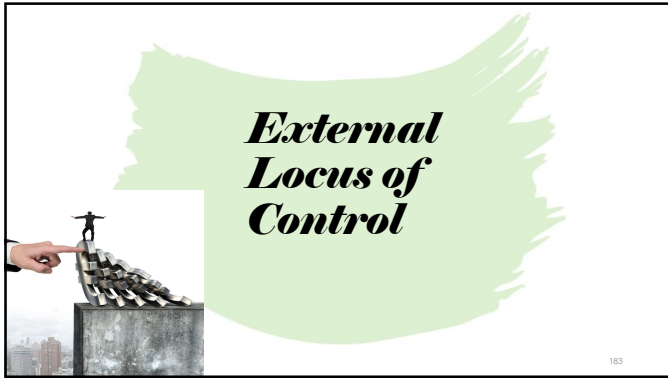
Locus of Control

- ✓ 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.

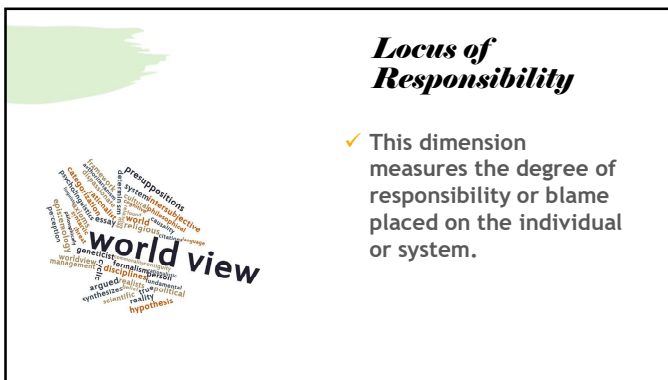
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Internal Locus of Control

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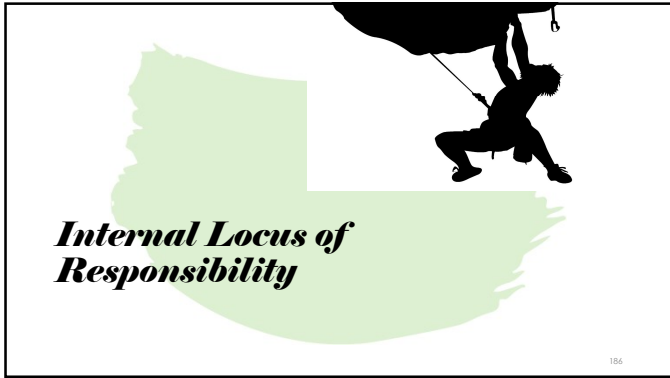
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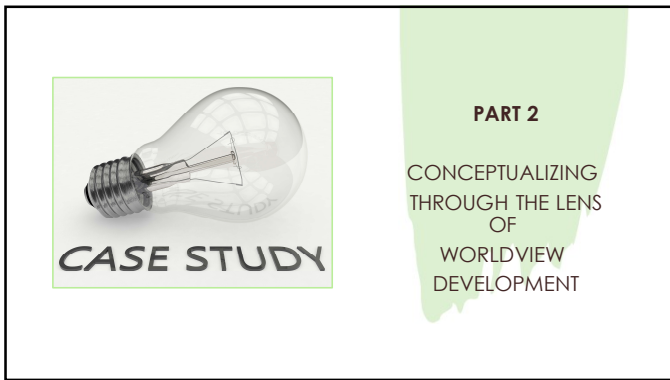
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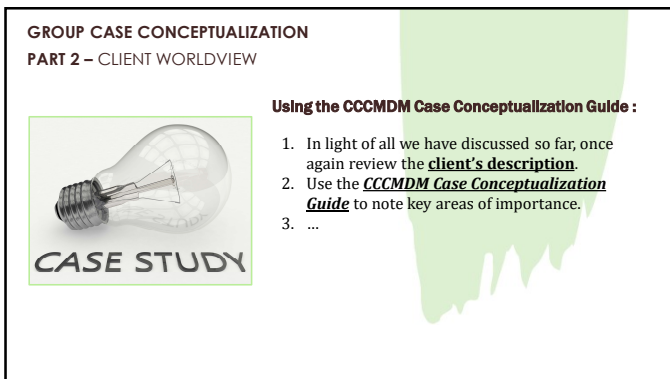
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Cross-Cultural Civility-Mindset Development Model (CCCMDM)
Case Conceptualization Guide

Part 2 – Client Worldview


Name of Client: [] Vant [] Manasa [] 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	<input type="checkbox"/> Internal LOC <input type="checkbox"/> External LOC
Influence of Experiences of Systemic Oppression on Locus of Responsibility Perspective	<input type="checkbox"/> Internal LOR <input type="checkbox"/> External LOR

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GROUP CASE CONCEPTUALIZATION
PART 2 – CLIENT WORLDVIEW



Using the CCCMDM Case Conceptualization Guide :

- In light of all we have discussed so far, once again review the **client's description**.
- Use the **CCCMDM Case Conceptualization Guide** to note key areas of importance.
- Together develop a conceptualization of the client's functioning / needs, and include the relevance of each of the factors outlined by the **CCCMDM**.

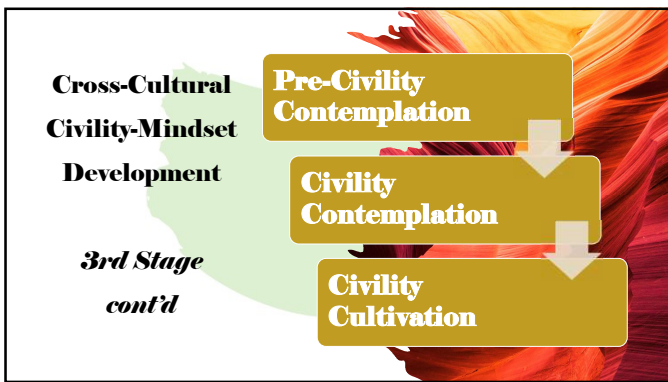
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K/CLD Model	WRILD Model
<p>Conformity: Has a positive attitude toward and preference for dominant cultural values; places considerable value on characteristics that represent dominant cultural groups; may devalue or hold negative views of own race or other racial/ethnic groups.</p> <p>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.</p> <p>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.</p> <p>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 focus on the respect of</p>	<p>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.</p> <p>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.</p> <p>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 reformat prior views.</p> <p>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.</p> <p>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</p>

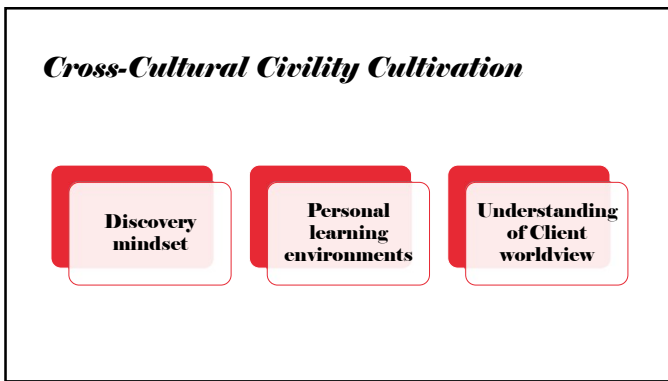
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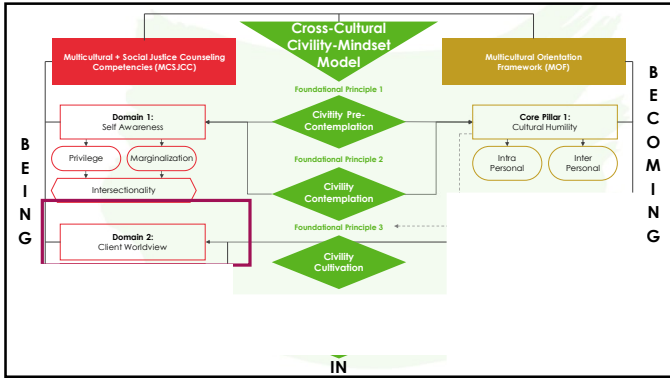
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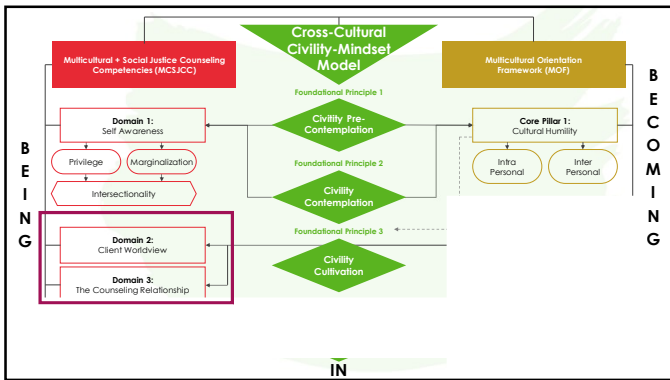
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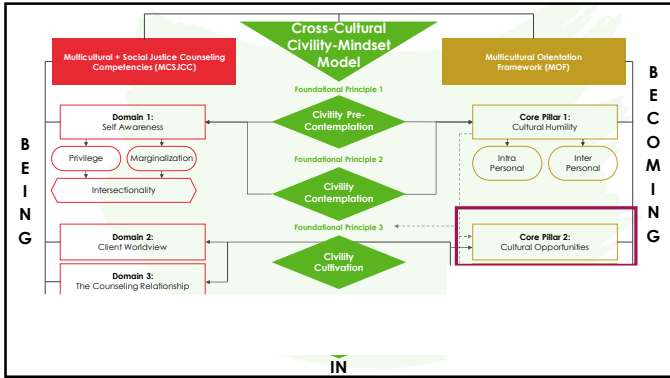
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Cross-Cultural Civility Cultivation

**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.

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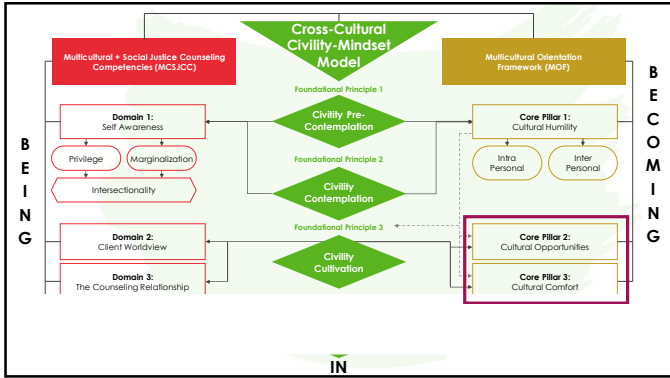
MOF Pillar 2

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 & DeBlare, 2017, p. 32)

Clients and therapists co-create cultural expression

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**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 & DeBlare, 2017, p. 9)"

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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?*



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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 **CCCMDM Case Conceptualization Guide** to note key areas of importance.
3. ...

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Cross-Cultural Civility-Mindset Development Model (CCCMDM)
 Case Conceptualization Guide

Part 3 – Supervising the Counseling Relationship


Name of Supervisee: Monica (Van) 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:	Self-Awareness
<small>Remember to reference your previously completed</small>	Intra / Interpersonal cultural humility

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GROUP CASE CONCEPTUALIZATION
PART 3 – SUPERVISING THE COUNSELING RELATIONSHIP



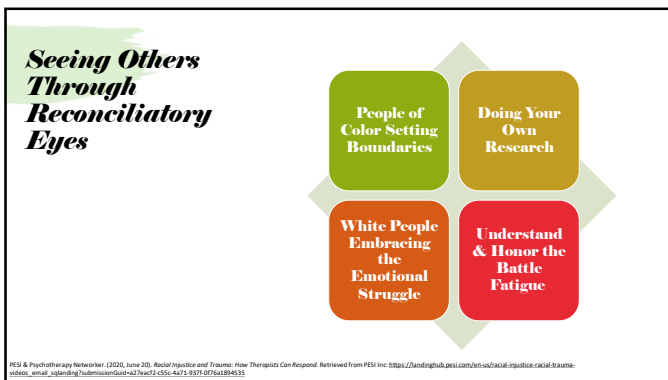
Using the CCCMDM Case Conceptualization Guide :

1. Review what you previously assessed about **your supervisee and their client**.
2. Use the **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. Also factor in perspectives from the supervisees we listened to.

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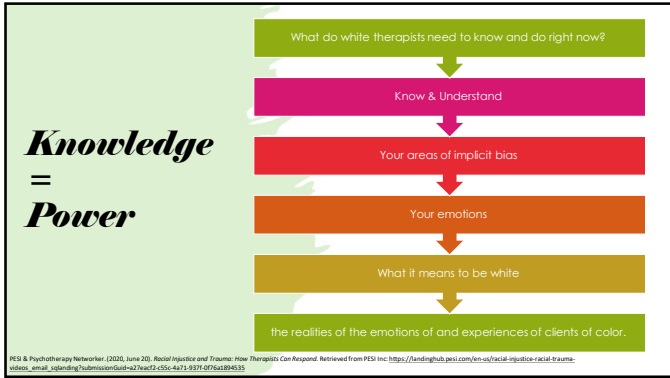
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What Can I Do?	
Make	Make a commitment to ongoing, lifelong growth and change.
Do	Do the inner work.
Take	Take an inventory of your inner circle.
Allow	Allow yourself to be vulnerable and understand that you don't know it all.
Even	Even if you're not 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.

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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.

PEI & Psychotherapy Networker. (2020, June 20). Racial Injustice and Trauma: How Therapists Can Respond. Retrieved from PEI Inc. https://landinghub.pei.com/en-us/racial-justice-racial-trauma-issues_email_subscription?utm_source=peic&utm_medium=email&utm_campaign=peic

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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

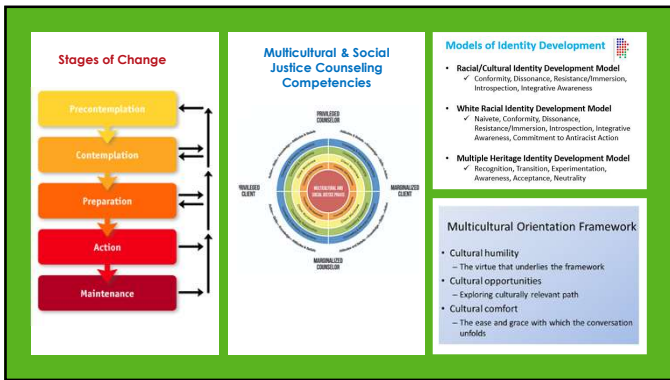
- Create relationships and build community
- See life as community, rather than individualistic
- Become part of the community
- Be an ally (not a white savior)
- Patronize business in those communities
- Develop close, intimate, mutually reciprocal relationships.

PEI & Psychotherapy Networker. (2020, June 20). Racial Injustice and Trauma: How Therapists Can Respond. Retrieved from PEI Inc. https://landinghub.pei.com/en-us/racial-justice-racial-trauma-issues_email_subscription?utm_source=peic&utm_medium=email&utm_campaign=peic

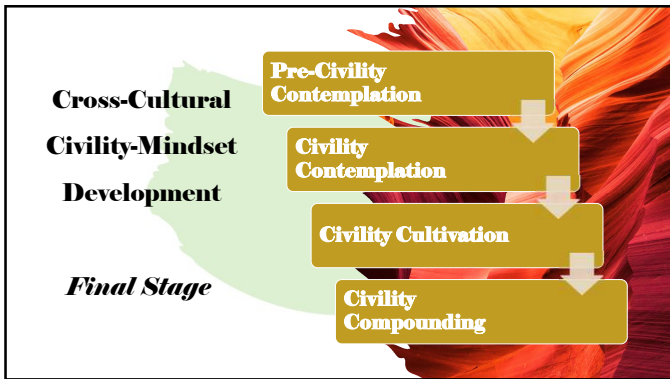
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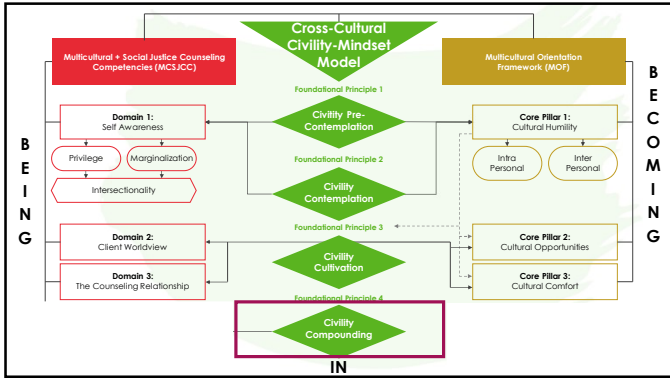
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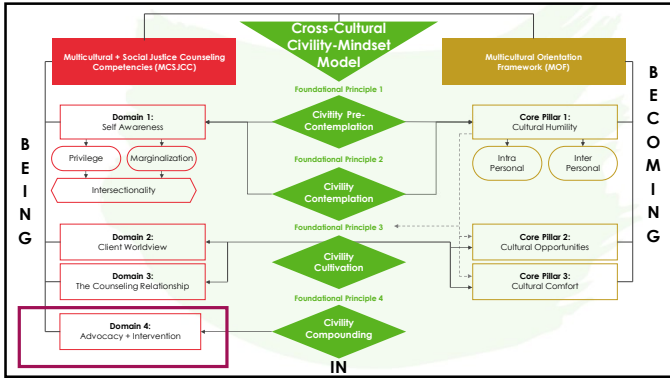
Definition of Civility

Within the context of the CCCMDM:

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

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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"

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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.

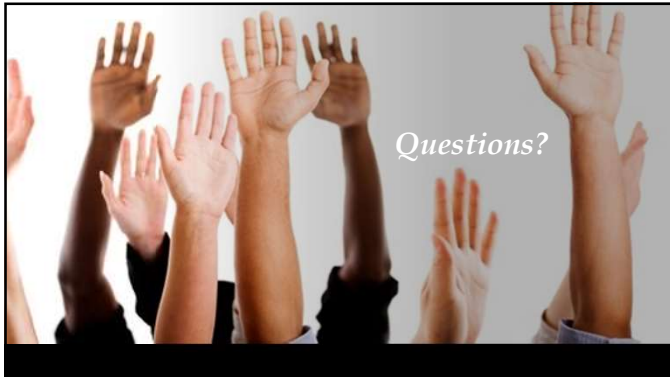


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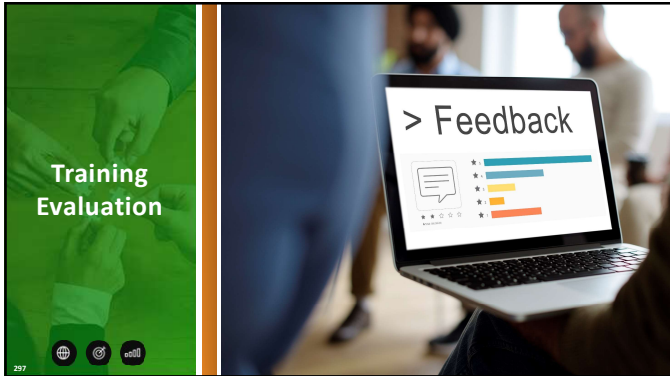
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<p>ciation for others from racially and culturally diverse groups.</p>	<p>assuming a paternalistic, life-lecturing wish to best for clients without their involvement) or overidentifying with another racial/cultural group.</p>
<p>Introspection: Begins 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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p> <p>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.</p>
<p>Sources: Sue 2001; Sue and Sue 1999b.</p>	

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Dr. Sonja Sutherland, LPC, BC-TMH, ACS
 Website: www.DrSonjaSutherland.com
 Email: Dr.SonjaSutherland@LegacyProfessionalDevelopment.com

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