LEGACY CHANGERS TRAINING INSTITUTE

for Mental Health Equity and Justice

Equipping culturally-responsive helping professionals worldwide

COURSE-PACK OF ACTIVITIES & HANDOUTS

IN ORDER OF USE

Social Determinants of Health, Marginalization, and Racial Trauma:

Intersecting Factors in Ethical Mental Health Treatment

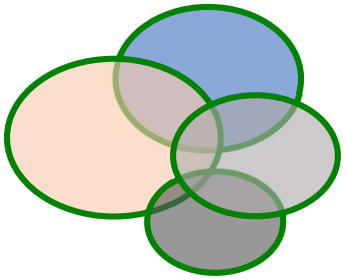
ADDRESSING-GSA

Fleshing Out Your Most Salient Intersecting Identities

How would you describe yourself within each of these identity categories?

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

YOUR PERSONAL INTERSECTION OF IDENTITIES



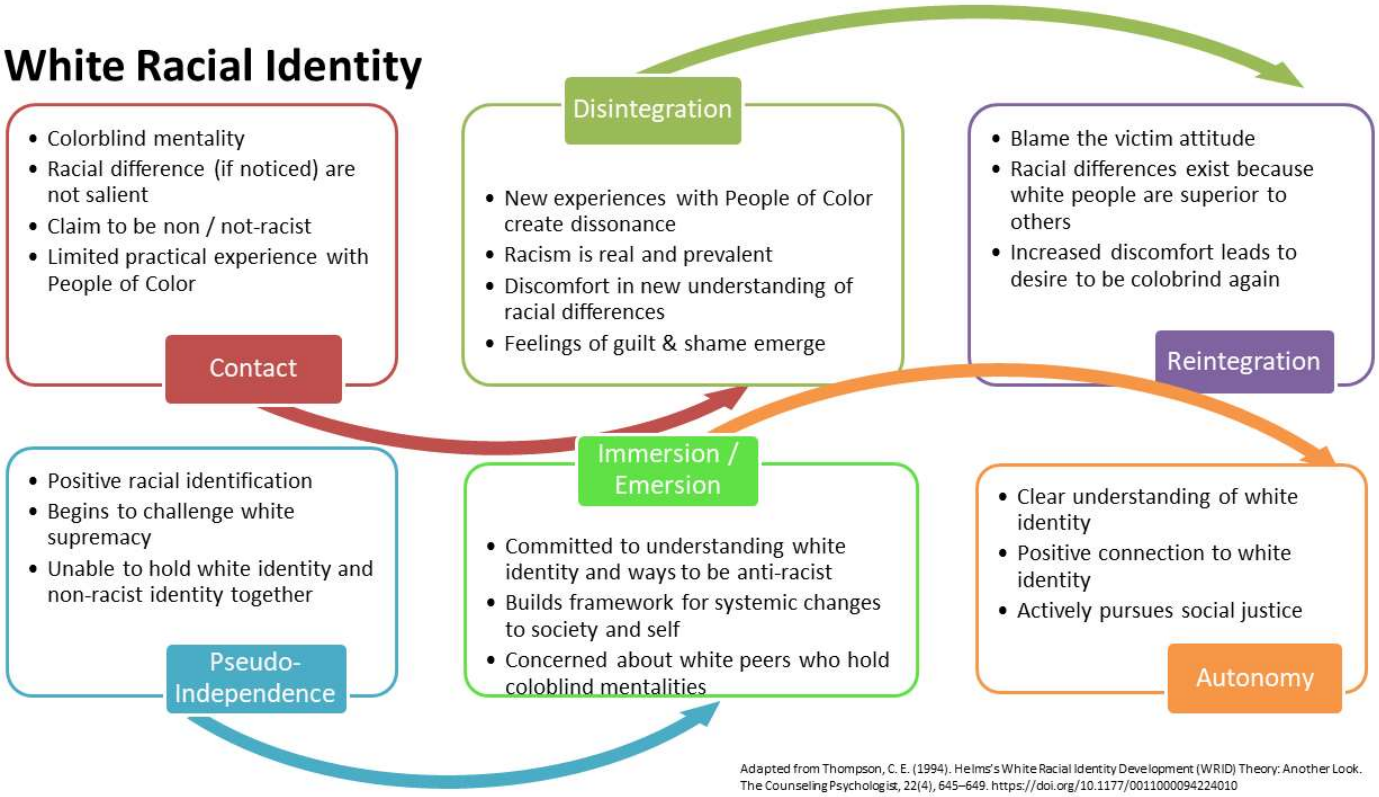
INSTRUCTIONS:

1. Draw your circles of varying sizes to map the salience of your intersection of identities. Be sure to label each circle.
2. Which of these identities is most salient (impactful) in shaping how you impact the world and how it impacts you? *The greater the salience, the larger the circle.*
3. When you're done, consider the discussion questions with your group.

Jack

You are seeing Jack *(54 yo white male)* for the first time in your counseling office. His identifying problem is conflict with his children. His wife has given him an ultimatum. He must bet therapy or get out.

About midway through the session, Jack comments that he resents his wife's ultimatum, and that "no woman should not have the right to control what I do. I bet those justices would support me too. States are already telling women what they can and can't do and that's the way it should be *[Roe v. Wade was recently reversed by the courts]*. It's worse when it's one of those colored women like my son took up with. I'll never understand that!"



Adapted from Thompson, C. E. (1994). Helms's White Racial Identity Development (WRID) Theory: Another Look. The Counseling Psychologist, 22(4), 645–649. https://doi.org/10.1177/0011000094224010

Outcome Rating Scale (ORS)

Name _____Age (Yrs):____ Gender_____
Session # ____ Date: _____
Who is filling out this form? Please check one: Self_____ Other_____
If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person*, *please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)

I----------I

Interpersonally
(Family, close relationships)

I----------I

Socially
(Work, school, friendships)

I----------I

Overall
(General sense of well-being)

I----------I

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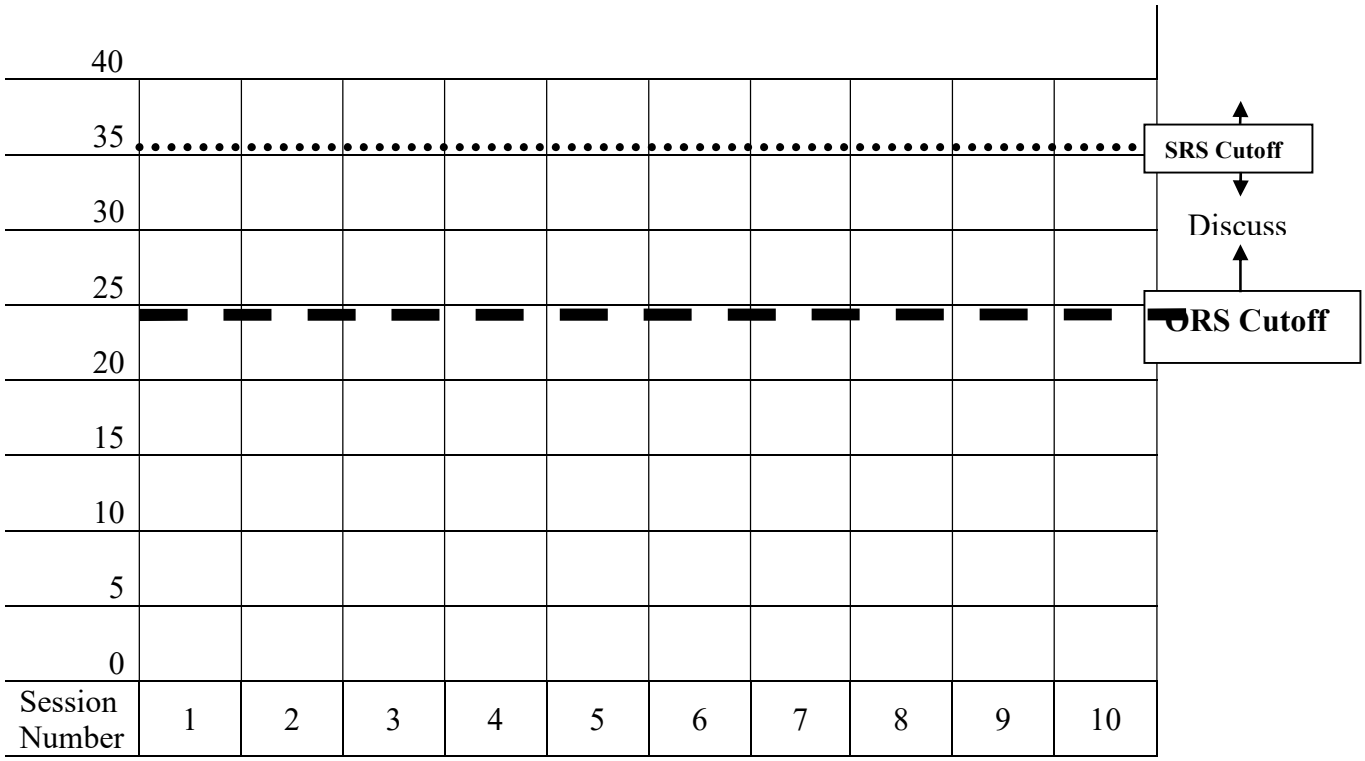

Session Rating Scale (SRS V.3.0)

Name _____Age (Yrs):____
ID# _____ Gender:_____
Session # ____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected. I----------I I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about. I----------I We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me. I----------I The therapist's approach is a good fit for me.

Overall

There was something missing in the session today. I----------I Overall, today's session was right for me.

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Scripting for Oral Version of the Outcome Rating Scale

I'm going to ask some questions about four different areas of your life, including your individual, interpersonal, and social functioning. Each of these questions is based on a 0 to 10 scale, with 10 being high (or very good) and 0 being low (or very bad).

Thinking back over the last week (or since our last conversation), how would you rate:

1. How you have been doing **personally**? (On the scale from 0 to 10)

    a. If the client asks for clarification, you should say "yourself," "you as an individual," "your personal functioning."
    b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
    c. If the client gives one number for one area of personal functioning and offers another number for another area of functioning, then go with the lowest score.

2. How have things been going in your **relationships**? (On the scale from 0 to 10)

    a. If the client asks for clarification, you should say "in your family," "in your close personal relationships."
    b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
    c. If the client gives one number for one family member or relationship type and offers another number for another family member or relationship type, then go with the lowest score.

3. How have things been going for you **socially**? (on the scale from 0 to 10)

    a. If the client asks for clarification, you should say, "your life outside the home or in your community," "work," "school," "church."
    b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
    c. If the client gives one number for one aspect of his/her social functioning and then offers another number for another aspect, then go with the lowest score.

4. So, given your answers on these specific areas of your life, how would you rate how things are in your life **overall**?

The client's responses to the specific outcome questions should be used to transition into counseling. For example, the counselor could identify the lowest score given and then use that to inquire about that specific area of client functioning (e.g., if the client rated the items a 7, 7, 2, 5, the counselor could say, "From our responses, it appears that you're having some problems in your relationships. Is that right?) After that, the counseling proceeds as usual.

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Scripting for Oral Administration of Session Rating Scale

I'm going to ask some questions about our session today, including how well you felt understood, the degree to which we focused on what you wanted to talk about, and whether our work together was a good fit. Each of these questions is based on a 0 to 10 scale, with 10 being high (or very good) and 0 being low (or very bad).

Thinking back over our conversation, how would you rate:

1. On a scale of 0-10, to what degree did you feel **heard and understood** today, 10 being completely and 0 being not at all?

    a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
    b. If the client gives one number for heard and another for understood, then go with the lowest score.

2. On a scale of 0-10, to what degree did we **work on the issues that you wanted to work on** today, 10 being completely and 0 being not at all?

    a. If the client asks for clarification, you should ask, "did we talk about what you wanted to talk about or address? How well on a scale from 0 – 10?"
    b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"

3. On a scale of 0-10, how well did the approach, **the way I /we worked, make sense and fit for you**?

    a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
    b. If the client gives one number for make sense and then offers another number for fit, then go with the lowest score.

4. So, given your answers on these specific areas, how would you rate how things were in today's session **overall,** with 10 meaning that the session was right for you and 0 meaning that something important that was missing from the visit?

    a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"

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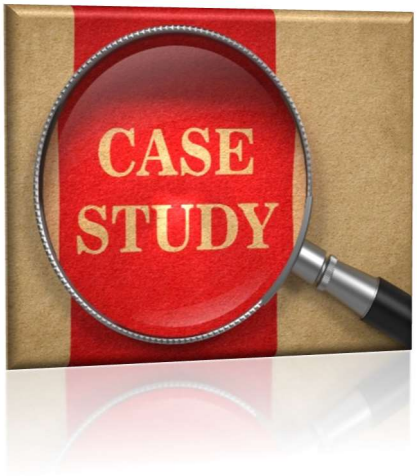


Marsha & Mrs. Z

Marsha is a clinician in private practice. Her specialty is working with middle-aged adults between the ages of 45 and 60 who are struggling with depression and anxiety related life transition issues. Marsha works from an attachment frame and incorporates CBT in her work. She has begun utilizing FIT recently.

Mrs. Z is a new client. In the first session Marsha explained that she uses FIT and why and introduced the ORS and SRS. Mrs. Z scored a 19, placing her in the range one would expect for a client seeking mental health support. Mrs. Z has a 22-year-old son who is a sophomore at Howard University studying to become a civil rights lawyer. She went on to clarify that she had increasingly been experiencing anxiety and depression in the last several months. Mrs. Z indicated that she had never been in therapy before and wasn't sure it was the right thing to do. When Marsha asked what her past coping strategies have been, Mrs. Z. indicated she has always had a strong faith and looks to her spiritual leader for guidance. Mrs. Z expressed guilt about coming to therapy because historically her spiritual leader has discouraged the use of non-spiritual help, and in particular psychological help. The teachings of her faith are that prayer and communion with the spirit is all one should need to overcome life's difficulties. Mrs. Z admits that even though she does believe this, for some reason she continues to feel worse and worse. She fears her faith is weak.

Marsha paused to think about what her new client had said. Even though Marsha grew up in a spiritual household, she has espoused atheism in the last few years because she does not believe she has ever seen spiritual beliefs benefit anyone (in particular her mother who always had strong spiritual beliefs and prayed for an abundant life but died "very sick and very poor"). Marsha, concerned about the welfare of Mrs. Z responded, "You know it isn't always the case that spiritual leaders are knowledgeable about everything, especially things they are not trained in. It's my belief that people have the strength within themselves to meet their own needs if they just took time to learn more about who they truly are and develop the skills and emotional resources to help themselves. Marsha encouraged Mrs. Z, saying that she felt sure that working together could be helpful for relieving her depression and anxiety, and looked forward to hearing more in the next session. Mrs. Z listened quietly for the remaining minutes of the session before thanking Marsha for her time and leaving the session. Mrs. Z did complete the SRS before leaving. The resulting SRS score was 25. Marsha was very surprised.

SAYED is a 14-year-old boy from Afghanistan. He is the oldest boy in his family, with 4 younger siblings. His father was a doctor in their small town, though now worked in the chicken factory for $11 an hour after moving to the US. He works mostly nights, and 12-hour shifts, and rarely sees his children. He and his family fled Afghanistan recently after the Taliban took control of the country. Sayed's father had been an interpreter for the US Army, making him and his family a prime target for Taliban aggression. Afghanistan had not been a safe place for the family for a while, but they had been awaiting their name to be called on the Special Immigrant Visa program list. His father had only agreed to help the US Army because it meant his family would be able to move to America at some point, which also meant his three daughters could get an education and learn to read before being married to an Afghani man in America who comes from a good family, and also has a better job. Food and jobs had become scarce in their small town in Afghanistan.

Sayed started school in the fall, the first time he had been in a classroom in a long time. With the uptick in Taliban movement before they left, his school had not been safe. It had been bombed once, and he had also had a teacher assassinated in front of him for teaching a girl to read. He had never seen American people like this before or seen so many girls in schools. Not only this, but most of his teachers are females.

Sayed has been referred to you for counseling. For the first few weeks he seemed to be adjusting somewhat to the new environment. He has been known in class to be unresponsive to his female teachers, not looking them in the eye or responding when they ask him a question. He also is having a difficult time understanding their English. He can pick up a few words here and there, but it is not enough to understand. One day Sayed unexpectedly becomes angry and bolts from the classroom after watching a film about a Pakistani girl. The teacher yells after him but he does not return. Yesterday, after skipping school for one week, Sayed gets in a fight in the bathroom with another student from Africa after he insults his sister at lunch. He remains detached and checked out during school, and all of his grades drop. He has also begun having nightmares at night.

His father is frustrated that his grades are dropping. He sacrificed his life and job in Afghanistan as a skilled doctor in order to bring his family here so that his son might have a chance at a safe life. Sayed is not sure what to do. He continues to get into fights at school, never feeling safe and afraid that everyone from a different culture is out to get him. He is finally suspended, and ultimately expelled. He is seen as a failure by his family and his community, and quickly slips into smoking marijuana as a way to cope. Sayed feels lost, unsure of who he is and what he values, and starting to step into a bad group of friends. He misses his home country and resents his father for bringing him to America, even if it is safe from the Taliban. He was recently arrested for selling drugs to a middle schooler in the neighborhood. He is required to do community service and also attend counseling for his charges to be wiped from his record.

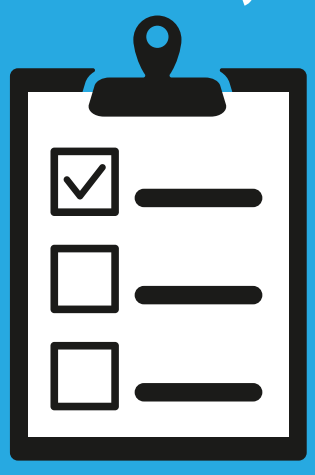
RELEVANT CLINICAL INFORMATION for SAYED

Demographics	
Family of origin	
Mental status	
Interviewing	
Assessment	

ADDITIONAL NOTES

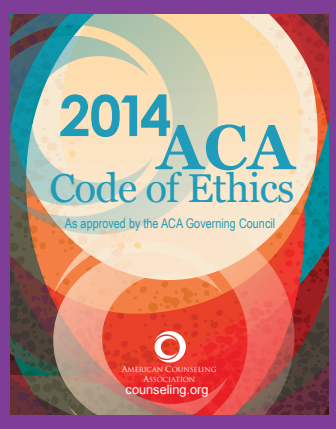
So You Have An Ethical Dilemma?

1. Identify the problem.



a. Outline the facts, separating out innuendos, assumptions, hypotheses, or suspicions.
b. Ask yourself: Is it an ethical, legal, professional, or clinical problem? Is it a combination of more than one of these?
c. Be sure to seek legal advice should you have any legal questions.

2. Apply the *2014 ACA Code of Ethics*.



a. Consider any other state or professional codes that apply.
b. If the problem is not resolved by reviewing the *ACA Code of Ethics*, then proceed with additional steps outlined in the ethical decision-making process

3. Determine nature and dimensions of dilemma.

Consider implications for each foundational principle.*

*** Foundational Principles**

Autonomy: Fostering the right to control the direction of one's life.

Non-maleficence: Avoiding actions that cause harm.

Beneficence: Working for the good of the individual and society by promoting mental health and well-being.

Justice: Treating individuals equitably and fostering fairness and equality.

Fidelity: Honoring commitments and keeping promises, including fulfilling one's responsibilities of trust in professional relationships.

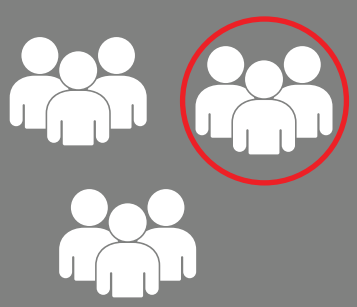
Review the relevant professional literature.

Consult other professional counselors (those who abide by *ACA Code of Ethics)*.

Consult state and national professional associations.

4. Generate potential courses of action.

5. Consider potential consequences of each course of action for all parties involved.



6. Evaluate the selected course of action.

Consider Justice:

In applying the test of justice, assess your own sense of fairness by determining whether you would treat others the same in this situation.

Consider Publicity:

For the test of publicity, ask yourself whether you would want your behavior reported in the press.

Consider Universality:

The test of universality asks you to assess whether you could recommend the same course of action to another counselor in the same situation.

7. Implement your course of action.

Make a note to follow up on the situation to assess whether your actions had the anticipated effect and/or consequences.

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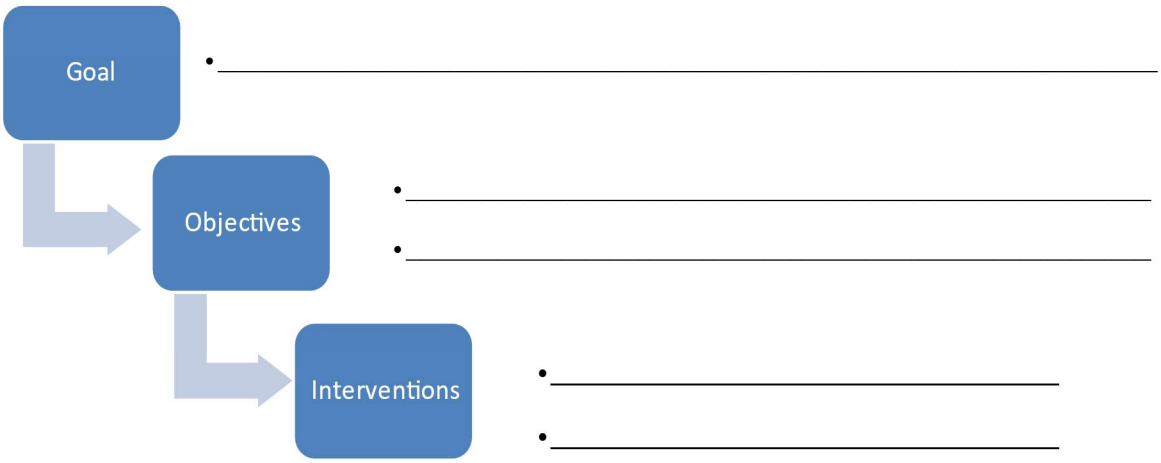
White paper available at *counseling.org/EDM*

American Counseling Association
counseling.org

Operationalized Integrative Multi-Step Decision-Making Model		
Using the chart below, work through the ethical scenario under consideration. In the center boxes, write your thoughts in answer to the questions as indicated below. In the last column labeled *Peripheral Thoughts,* indicate thoughts that arose *(e.g., I considered 'X' but ruled it out because…This is what I decided but I'm not settled about it because…" etc.)*		
Ethical Steps/Questions to be Considered	**Response to the Questions**	**Peripheral Thoughts**
1. Identify the problem or dilemma		
2. Identify <u>all</u> the individuals / parties involved – those who will be impacted by the decision *(client, family, other stakeholders (you, your agency, church, public at large, DJJ, DFCS, etc., etc.)*		
3. Identify ethically relevant principles *(Moral Laws/Principles; Aspirational Ethics; Mandatory Ethics; Teleological / Deontological Ethics)*		
4. Be clear on the relevant ethical codes		
5. What are the cultural issues to be considered?		
6. Consider your personal biases, stresses and self-interest.		
7. Consult as applicable *(peer, lawyer, state ethics board, state licensing board, etc.)*		
8. Develop alternative courses of action		
9. Consider possible risks and benefits *(consequences)*		
10. Choose what appears to be the course of action and implement		
11. Evaluation the results of your course of action *(list all possible results, both positive and negative)*		
12. Assume responsibility for courses of actions *(indicate responsibility as related to all possible outcomes originally listed for Question 8)*		
13. Decide on next steps *(is it done? Revisit the decision-making model?)*		

Culturally Responsive Treatment Planning



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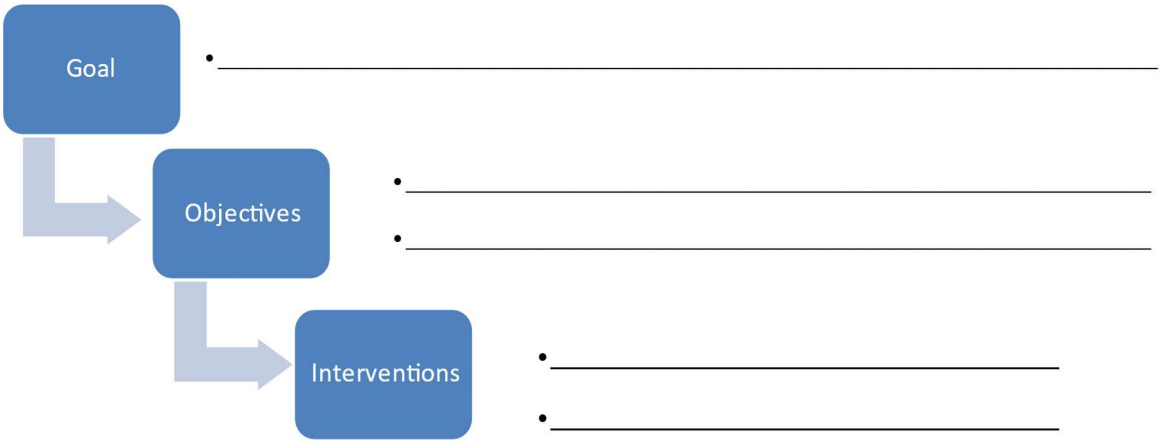
Culturally Responsive Treatment Planning



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My Ongoing Growth

As you engage in discussion with your group,

1. use the space below to jot down your thoughts and potential action steps for your growth in self-awareness, awareness of others, movement toward culturally responsive clinical work, and social justice advocacy.
2. Share some of your plans using the QR code below. This can be helpful for others as they generate ideas as well.

Self-awareness Growth Plans	
Ways to grow in awareness of the realities of people unlike me	
Additional work I can do to continue growing in cultural responsiveness in my clinical work	
Ideas for social justice advocacy involvement	

1. Racial & Cultural Diversity 1: Approaching Ethical & Culturally - Informed Intervention – ***6 CE Hrs.***
2. 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)***
4. Effective & Ethical Self-Care for Clinicians: Post-Pandemic through Today – ***6 CE Hrs.***
5. The Advanced Clinical Supervisor: Next Level Tools for Ethical Supervision – ***6 Supervision CE Hrs.***

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