



Dr. Sonja Sutherland
 LPC, ACS, BC-TMH
Professor of Counseling
Diversity Consultant

**Social Determinants of Health, Marginalization, and Racial Trauma:
 Intersecting Factors in Ethical Mental Health Treatment**

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COURSE-PACK OF ACTIVITIES & HANDOUTS

IN ORDER OF USE



***Social Determinants of Health, Marginalization, and Racial Trauma:
 Intersecting Factors in Ethical Mental Health Treatment***



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**Social
Determinants of
Health,
Marginalization,
and Racial
Trauma:
Intersecting
Factors in Ethical
Mental Health
Treatment**

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Today's Agenda

1. Practitioner Preparedness
2. Implicit Bias and its Clinical Impact
3. Critical Race Theory & Social Determinants of Health
4. Understanding Race-based Stress Injury & Trauma
5. Preparing for Conversations about Race
6. Working with Differing Populations
7. Responding to Microaggressions in Session
8. Planning for Treatment

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Today...

1. Handouts
2. Mute/Unmute
3. Use of Chat for asking questions *(for discussion following each segment)*



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ETHICAL CODES AND 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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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS?



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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS?

“Cultural responsiveness is the ability to engage in actions or create conditions that maximize the optimal development of clients and client systems. It is the acquisition of awareness, knowledge, and skills needed to take action to intervene effectively in a pluralistic democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds), and on an organizational/societal level, advocate effectively to develop new theories, practices, policies and organizational structures that are more responsive to all groups.”

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Adapted from Sue et al., 2019



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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS?

Cultural responsiveness is the ability to engage in actions or create conditions that maximize the optimal development of clients and client systems.

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Adapted from Sue et al., 2019



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MULTICULTURAL & SOCIAL JUSTICE COUNSELING COMPETENCIES

1. Competency 1 - Counselor 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.



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Ratts et al., 2016

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PRIVILEGED AND MARGINALIZING IDENTITIES

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

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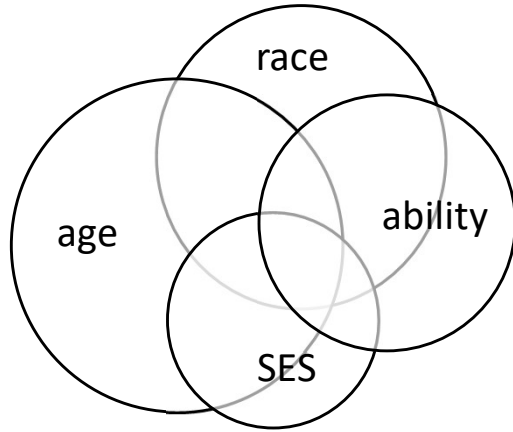
Hays, 2020

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DEVELOPMENTAL UNDERSTNDING OF INTERSECTION OF IDENTITIES



1. Age
2. Disability
3. Race
4. Religion
5. Ethnicity
6. Sexual Orientation
7. Socioeconomic Status
8. Spirituality
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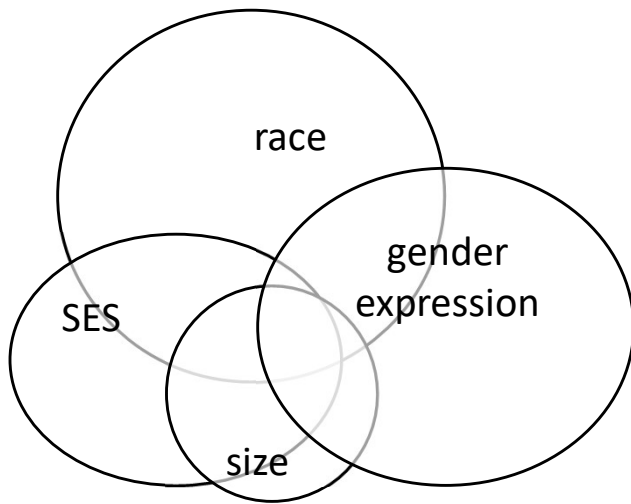
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Hays, 2020

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DEVELOPMENTAL UNDERSTNDING OF INTERSECTION OF IDENTITIES



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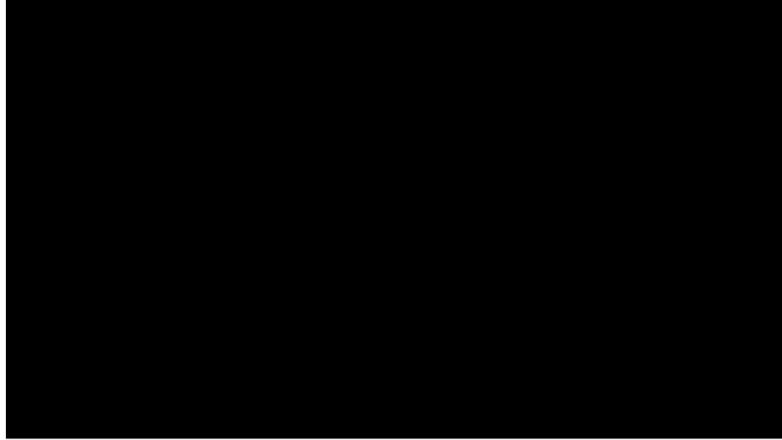
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Hays, 2020

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COUNSELOR SELF-AWARENESS - ADDRESSING-GSA

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



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Key Terms
*for the next
part of our
conversation*

PRIVILEGED IDENTITY

...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...they are often unseen or unnoticeable to those who automatically have it.



MARGINALIZED IDENTITY

...an identity in which belonging to a group or community limits your equitable access to these same benefits based on the lack of power of that group to influence social institutions and social norms...they are seen or noticeable to those who automatically do not have it.



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COUNSELOR SELF-AWARENESS – SALIENCE OF IDENTITIES

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

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MARGINALIZED IDENTITY

...an identity in which belonging to a group or community limits your equitable access to these same benefits based on the lack of power of that group to influence social institutions and social norms...they are seen or noticeable to those who automatically do not have it.



YOUR PERSONAL INTERSECTION OF IDENTITIES

ADDRESSING-GSA

Fleshing Out Your Most Salient Intersecting Identities

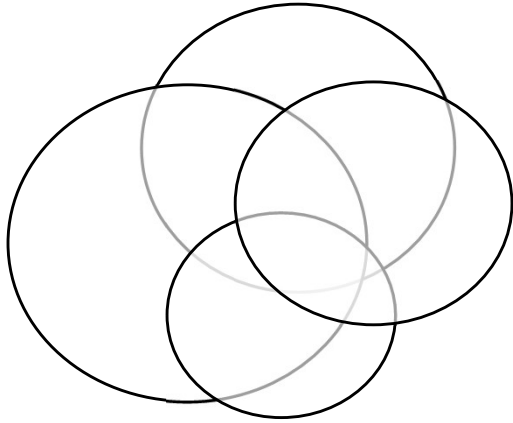
How would you describe yourself within each of these identity categories?

A- age		<input type="checkbox"/> Privileged identity? <input type="checkbox"/> Marginalized identity? <input type="checkbox"/> Both?
D- developmental disability		<input type="checkbox"/> Privileged identity? <input type="checkbox"/> Marginalized identity? <input type="checkbox"/> Both?
D- acquired disability		<input type="checkbox"/> Privileged identity? <input type="checkbox"/> Marginalized identity? <input type="checkbox"/> Both?
R – race		<input type="checkbox"/> Privileged identity? <input type="checkbox"/> Marginalized identity? <input type="checkbox"/> Both?
R – religion		<input type="checkbox"/> Privileged identity? <input type="checkbox"/> Marginalized identity? <input type="checkbox"/> Both?
E – ethnicity		<input type="checkbox"/> Privileged identity? <input type="checkbox"/> Marginalized identity? <input type="checkbox"/> Both?
S – socio-economic status		<input type="checkbox"/> Privileged identity? <input type="checkbox"/> Marginalized identity?

1. Using the worksheet provided, flesh out your ADDRESSING-GSA. (see your coursepack)

2. ...

YOUR PERSONAL INTERSECTION OF IDENTITIES



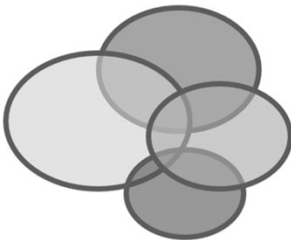
1. Using the worksheet provided, flesh out your ADDRESSING-GSA.
2. Consider the salience of each identity, then describe it with the size of your circle.
3. Be sure to label each circle.

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YOUR PERSONAL INTERSECTION OF IDENTITIES

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.



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DR. SUTHERLAND'S PERSONAL INTERSECTION OF IDENTITIES

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

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GROUP ACTIVITY – YOUR ADDRESSING-GSA

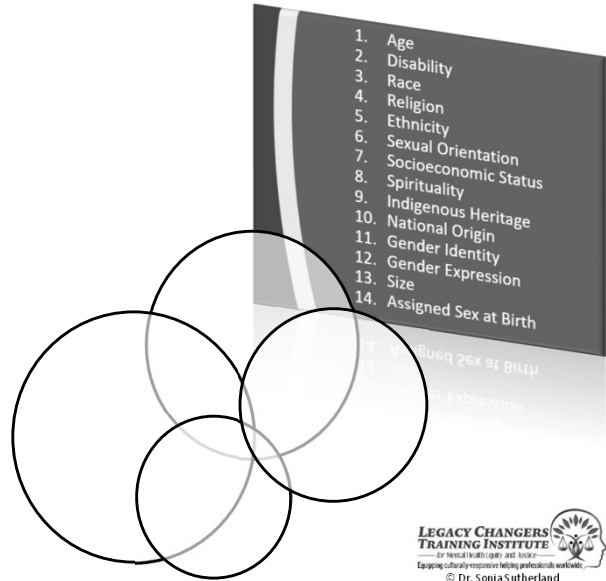
1. Using the worksheet provided, flesh out your ADDRESSING-GSA.
2. Share your ADDRESSING-GSA with your group.
3. Discuss the questions on the next slide within your groups.

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GROUP ACTIVITY – YOUR ADDRESSING-GSA

- *How did you describe yourself within each of these identity categories?*
- *Within which identities do you experience privilege? Marginalization?*
- *What size circles best describe how salient (impactful) each identity is in your life (i.e. most influential in terms of how you move through the world)?*
- *How do these identities shape how you impact the world and how the world impacts you?*
- *How does it feel to talk about yourself within this context?*



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MULTICULTURAL & SOCIAL JUSTICE COUNSELING COMPETENCIES

- 2. Competency 2 - Client Worldview:** Privileged and marginalized clinicians are aware, knowledgeable, skilled, and action-oriented in understanding clients' worldview



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Ratts et al., 2016

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MULTICULTURAL ORIENTATION FRAMEWORK

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 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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(Hook, Davis, Owen & DeBlaere, 2017)

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MULTICULTURAL & SOCIAL JUSTICE COUNSELING COMPETENCIES

- 3. Competency 3 - 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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Ratts et al., 2016

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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS?

“Cultural responsiveness is the ability to engage in actions or create conditions that maximize the optimal development of clients and client systems.

It is the acquisition of awareness, knowledge, and skills needed to intervene effectively in a pluralistic democratic society

- *ability to communicate,*
- *interact,*
- *negotiate, and*
- *intervene* *on behalf of clients from diverse backgrounds*

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Adapted from Sue et al., 2019

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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS?

“Cultural competence is the ability to engage in actions or create conditions that maximize the optimal development of clients and client systems. It is the acquisition of awareness, knowledge, and skills needed to intervene effectively in a pluralistic democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds),

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Adapted from Sue et al., 2019



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WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS?

“Cultural competence is the ability to engage in actions or create conditions that maximize the optimal development of clients and client systems. It is the acquisition of awareness, knowledge, and skills needed to intervene effectively in a pluralistic democratic society (ability to communicate, interact, negotiate, and intervene on behalf of clients from diverse backgrounds),

and on an organizational/societal level, advocate effectively to develop new theories, practices, policies and organizational structures that are more responsive to all groups.”

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Adapted from Sue et al., 2019



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MULTICULTURAL & SOCIAL JUSTICE COUNSELING COMPETENCIES

Competency 4 - Counseling & Advocacy Interventions: 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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Ratts et al., 2016

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ETHICAL CODES AND CULTURAL COMPETENCE RESPONSIVENESS

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 AND CULTURAL COMPETENCE RESPONSIVENESS

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.



WHAT IS CULTURAL ~~COMPETENCE~~ RESPONSIVENESS?

It is the acquisition of awareness, knowledge, and skills needed to intervene effectively and advocate effectively on behalf of clients from diverse backgrounds.

ETHICAL CODES AND CULTURAL COMPETENCE RESPONSIVENESS

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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WHAT IS CULTURAL COMPETENCE RESPONSIVENESS?

It is the acquisition of awareness, knowledge, and skills needed to intervene effectively and advocate effectively on behalf of clients from diverse backgrounds.

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Adapted from Sue et al., 2019

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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) **AACC:**
 a) *ES1: 500*

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

4) **APA (2017):**
 a) *Principle E*
 b) *2.01b*
 c) *3.01*
 d) *3.03*
 e) *9.06*

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

6) **ASERVIC:**
 a) *Culture and World Views*



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QUESTIONS?



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1. What is it?
2. How it develops
3. The impact




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WHAT IS IMPLICIT BIAS?

Rooted in the Unconscious

- Assumptions
- Ingrained beliefs



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Handelsman & Sakraney, 2015

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WHAT IS IMPLICIT BIAS?



Rooted in the Unconscious

- Assumptions
- Ingrained beliefs
- Often attached to...

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THE REALITY OF IMPLICIT BIAS...

Rooted in the Unconscious

- Often unrecognized and unintentional
- Characterized by both action and inaction

Unconscious bias “lulls” even the “nicest people” into apathetic inaction.

Handelsman & Sakraney, 2015



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WHAT IS BIAS?

- **“EXPLICIT bias involves consciously held, self-reported attitudes that shape how people evaluate or behave toward members of a particular group.”**



Handelsman & Sakraney, 2015

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EXPLICIT BIAS

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

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WHAT IS BIAS?

Why It's Hard to Recognize

- “**EXPLICIT** bias involves consciously held, self-reported attitudes that shape how people evaluate or behave toward members of a particular group.”
- “**IMPLICIT** bias, in contrast, is activated automatically and unintentionally, functioning primarily outside of a person's conscious awareness.”



Handelsman & Sakraney, 2015

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IMPLICIT BIAS

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WHAT IS IMPLICIT RACIAL BIAS?

- ***Implicit Racial Bias*** leads to discrimination against people who are not members of one's own racial group...
- shows up in conversation and behavior without a conscious awareness of this process
- Not easily accessible through introspection
- Develops over a lifetime



NEA Center for Social Justice, 2021

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QUESTIONS?

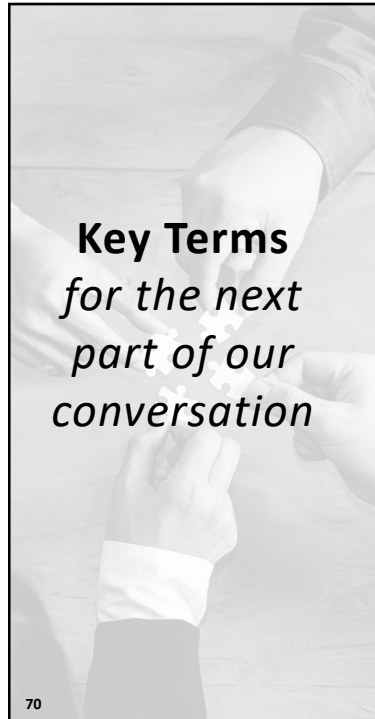
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Key Terms
for the next
part of our
conversation

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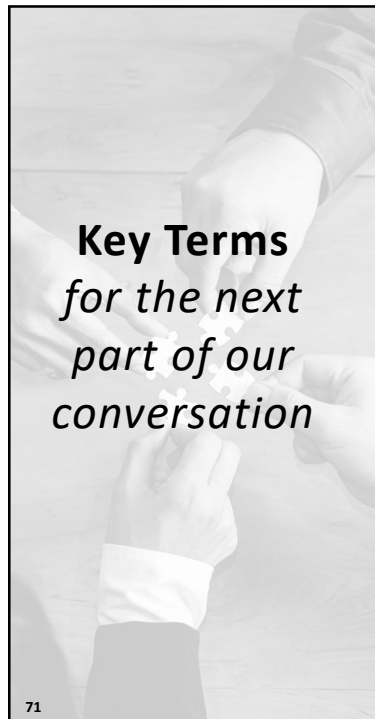
RACIST IDEAS
...argue that the inferiorities and
superiorities of racial groups explain
racial inequities in society.

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



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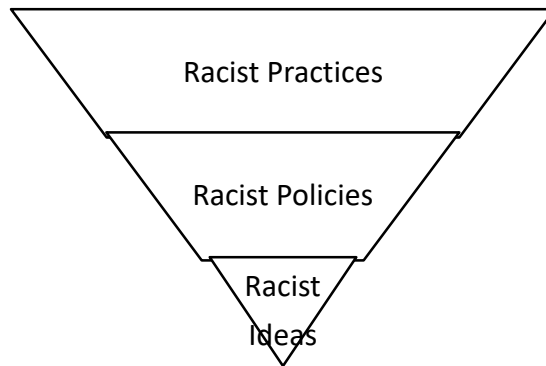


Key Terms
for the next
part of our
conversation

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

“A system of advantage based on race
(DeGruy, 2018)”

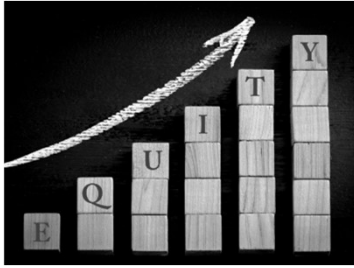


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Key Terms
for the next
part of our
conversation

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

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



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It is still true...

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W.E.B. DuBois

American sociologist, socialist, historian, civil rights activist, Pan-Africanist, author, writer and editor.

“...the problem of the twentieth century is the problem of the color line, the relations of the darker to the lighter races of men...”
DuBois, 1903, pp. 15-16
The Souls of Black Folk



Dr. Tyrone C. Howard

Professor of Education, UCLA School of Education; Director, Black Male Institute; Director, UCLA Pritzker Center for Strengthening Children & Families

“A 21st - century analysis of race would reveal that...as much as we attempt to ignore it, look around it, over and under it, race remains a constant reality in the United States...Given the complexity of race, the challenges it poses, and our national fixation on it, it has become our ticking time bomb...”

Howard, 2020, p. 88
Why Race and Culture Matter in Schools

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WHAT IS CRITICAL RACE THEORY?

- Initial focus on law and education reform
- Provides historical context for inequities
- Highlights relevance of experiential realities
- Racism has been normalized
- Racial hierarchies and injustices are perpetuated in normal institutional operations
- Equality coexists with injustice
- All are related to social determinants of health



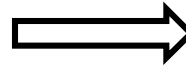
(Ingram et al. (2020 pp. 60 – 63); Tsai et al. (2021, p. 4)

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CRITICAL RACE THEORY and HEALTH PATHOLOGY

As a helping professional, what additional questions come to mind when you read these statements?



- “Urban patients face more chronic disease due to poor diets and poverty.”
- Poor people of color remain poor because of lack of focus on education.
- Urban neighborhoods need more policing because of frequent violence in those areas.
- Many students of color struggle in college and graduate programs because poor study habits.
- ?
- ?

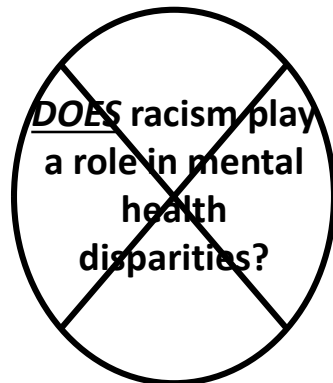
(Ingram et al., 2020)



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OUR PRIMARY INQUIRY of CRT



HOW have racist ideas and racism contributed to mental health disparities, and what role do clinicians play in dismantling them?

(Howard, 2020)



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CRITICAL RACE THEORY AND MENTAL HEALTH

Weathering

“the long-term physical, mental, emotional, and psychological effects of racism and of living in a society characterized by white dominance and privilege.”

Negation Factors

- “grit”
- “perseverance”
- “mental toughness

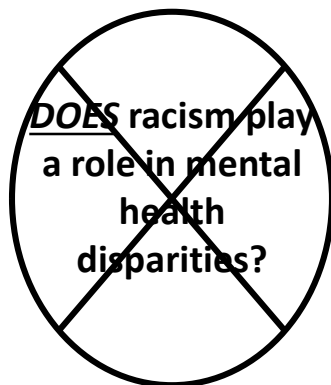


(McGee & Stovall, 2015, p.492)

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OUR PRIMARY INQUIRY of CRT



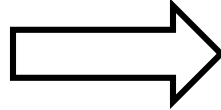
HOW have racist ideas and racism contributed to mental health disparities, and what role do clinicians play in dismantling them?

(Howard, 2020)

81

81

What ideas do you have about the role clinicians can play in dismantling the contribution of racism to mental health disparities?



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Social Determinants of Health: The Mental Health Connection

- ✓ **Critical Race Theory Connection**
- ✓ **Barriers to Access**
- ✓ **The Ledge of Marginalization**



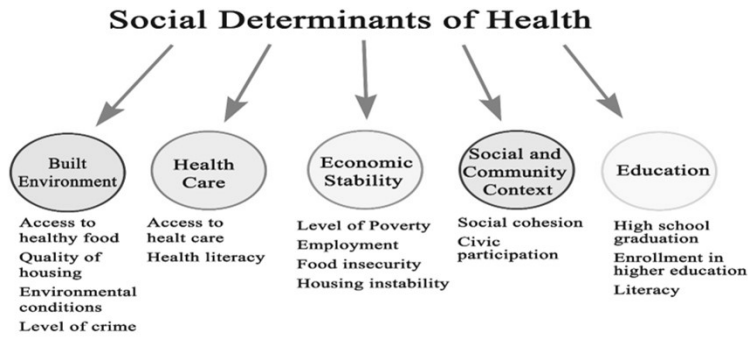
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87

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WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

“...the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (p. 2).



(Yelton et al., 2022; Morante-Garcia et al., 2022a)

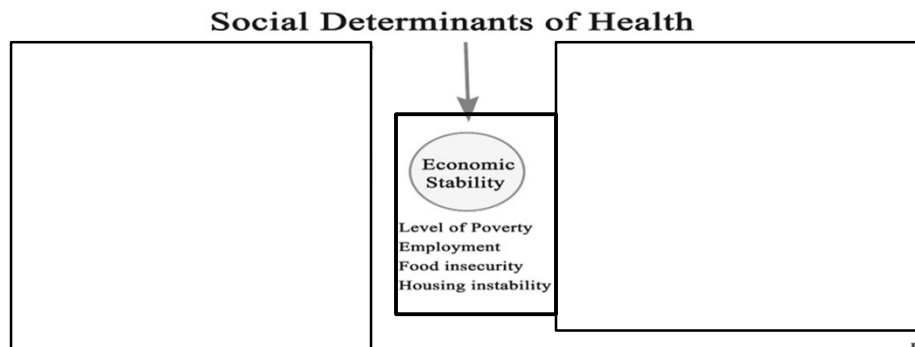


88

88

WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

financial strain - to meet basic needs on a regular basis - economic hardship/pressure, employment status, subjective social status, income/poverty level, and childhood SES



(Yelton et al., 2022)



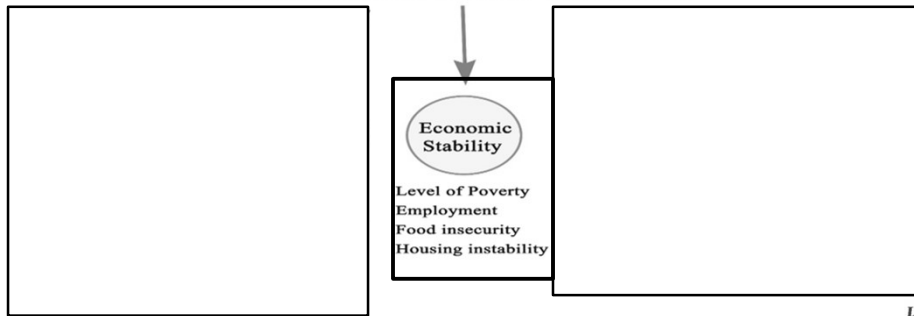
89

89

WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

“...While nuances of causation vary or are unclear, research demonstrates an association between employment status and depression and between childhood SES and adult depression.” (Yelton et al., 2022, p. 2).

Social Determinants of Health



(Yelton et al., 2022)



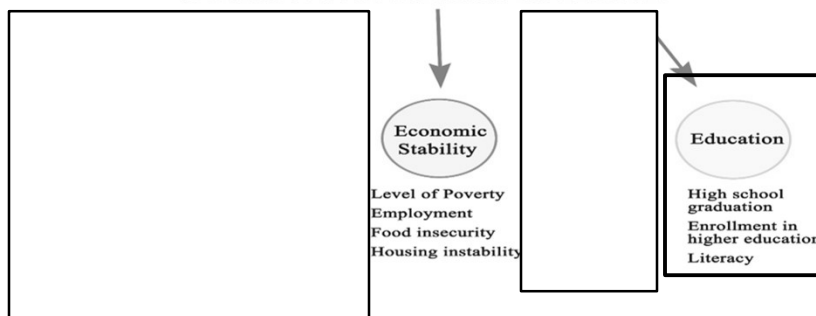
90

90

WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

school choice, availability of early education, language assistance, admissions and affordability of higher education. Education quality refers to school resources, teacher-to-student ratios, special education services, teacher education level, college preparatory classes, and guidance counselors. Both impact educational attainment.

Social Determinants of Health



(Yelton et al., 2022)

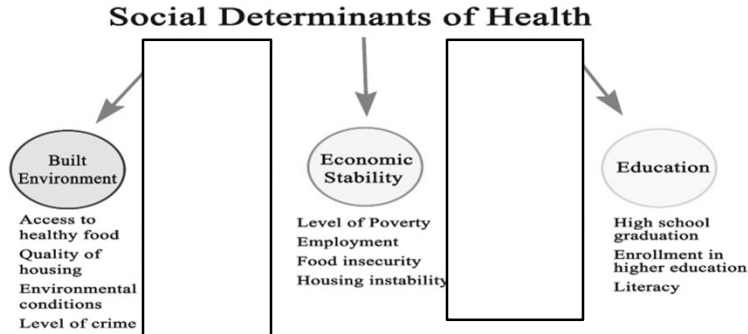


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WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

“...the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks” (p. 2).



(Yelton et al., 2022)

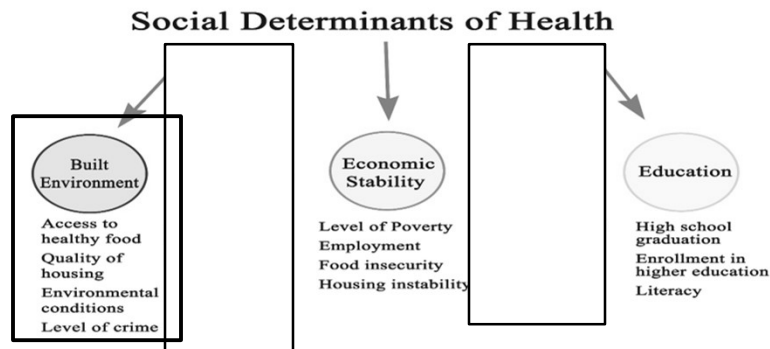


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WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

Neighborhood income, safety, redlining and other historical contributors to segregation that have been associated with cumulative neighborhood disadvantages



(Yelton et al., 2022)

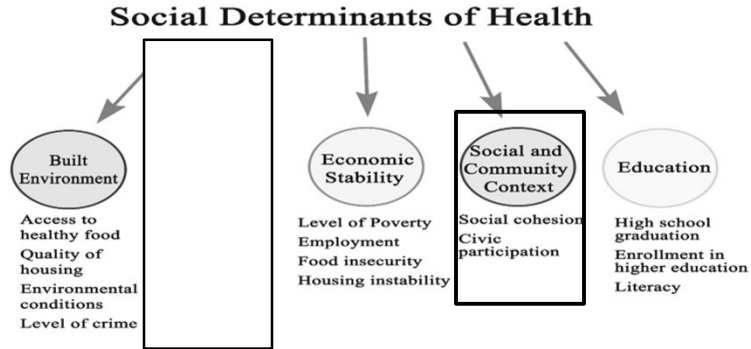


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WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

social and community ecological systems with racist policies embedded that perpetuate structural racism and discrimination...differential policing standards leading to negative interactions, officer involved shootings, social services intervention programs



(Yelton et al., 2022)



95

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SDOH: SOCIAL AND COMMUNITY CONTEXT



Systems Built on Racist Institutional Policies

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

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

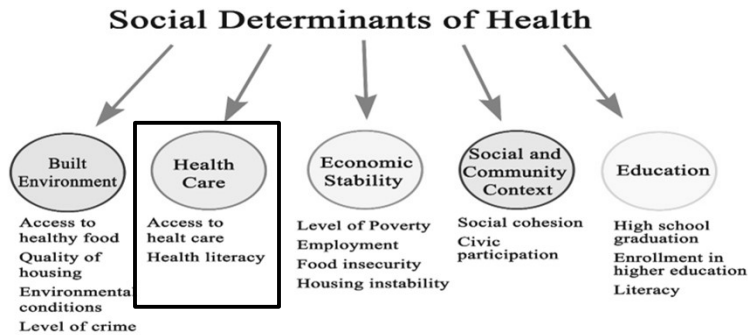


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WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

inequitable and avoidable health differences between population groups defined socially, economically, demographically, or geographically...mortality associated with ethnic minorities are related to their socioeconomic situation, comorbidity, and the unequal access to medical services... insurance coverage for mental health disorders still lags far behind those for physical conditions



(Yelton et al., 2022; Morante-Garcia et al., 2022a)

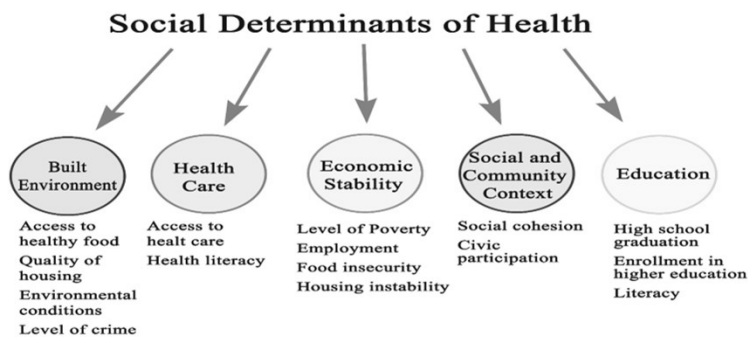


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WHAT ARE SOCIAL DETERMINANTS OF HEALTH (SDOH)?

As we consider the SPENT poverty game, note where and how you are making connections with any of the Social Determinants of Health indicated below.



(Yelton et al., 2022; Morante-Garcia et al., 2022a)



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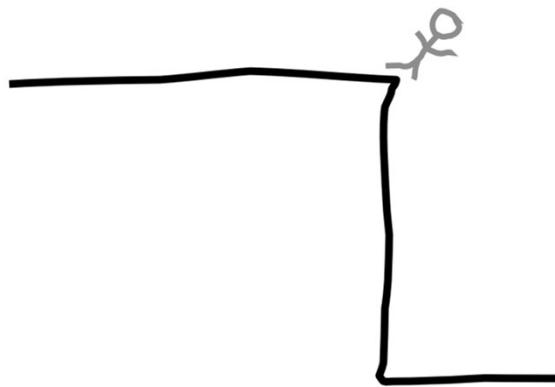
LEDGE OF MARGINALIZATION

- A framework for understanding how disparities in mental health arise
- Rates of mental health and service use by race/ethnicity
- Discrimination inside the healthcare system
- Discrimination and Mental Health
- Moving towards a de-segregated, community-based mental health treatment system.



LEDGE OF MARGINALIZATION

How Inequities / Disparities Arise



LEDGE OF MARGINALIZATION

How Inequities / Disparities Arise

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Jones CP et al. *J Health Care Poor Underserved* 2009.

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LEDGE OF MARGINALIZATION

How Inequities / Disparities Arise

Addressing the social determinants of health

Primary prevention

Safety net programs and secondary prevention

Medical care and tertiary prevention

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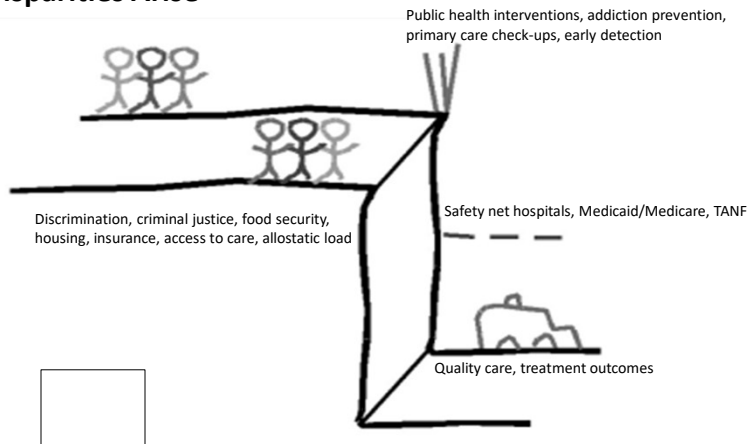
Jones CP et al. *J Health Care Poor Underserved* 2009.

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LEDGE OF MARGINALIZATION

How Inequities / Disparities Arise



Jones CP et al. *J Health Care Poor Underserved* 2009

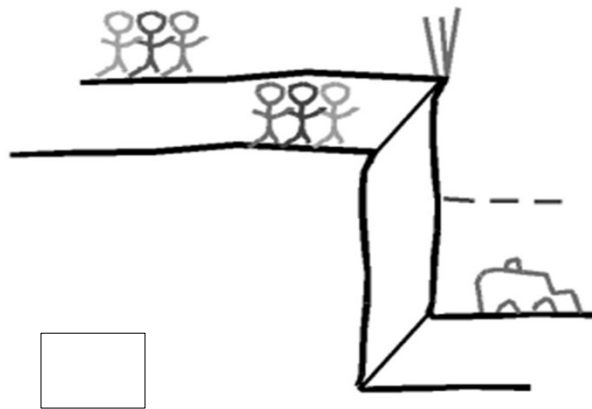


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LEDGE OF MARGINALIZATION

Disparities within and outside of the healthcare system



Jones CP et al. *J Health Care Poor Underserved* 2009



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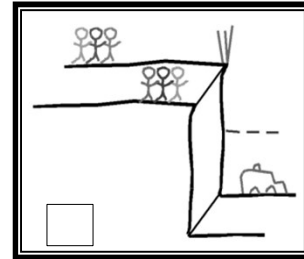
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Group Discussion: LEDGE OF MARGINALIZATION

Discuss what you understand about the

1. **Ledge of Marginalization, and**
2. **Social Determinants of Health**

- What makes sense?
- What questions arise for you?
- How does this inform your thoughts on your work as a counselor?



Jones CP et al. J Health Care Poor Underserved 2009

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QUESTIONS?

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Implicit Bias, Education, and the Clinical Presentation of Young People

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CRITICAL RACE THEORY AND EDUCATION

Provides a framework for

- understanding the connection between law, property rights, and educational equity
- understanding that the institutional roots of racism are not confined to the legal system, but rather are concurrently embedded in education policies and practices that contribute/serve as a gateway to the legal system
- developing an antiracist understanding of education policy
- dismantling the structure of racism in education towards promoting educational equity
- understanding how to engage in dialogue with students about the social contexts they navigate daily



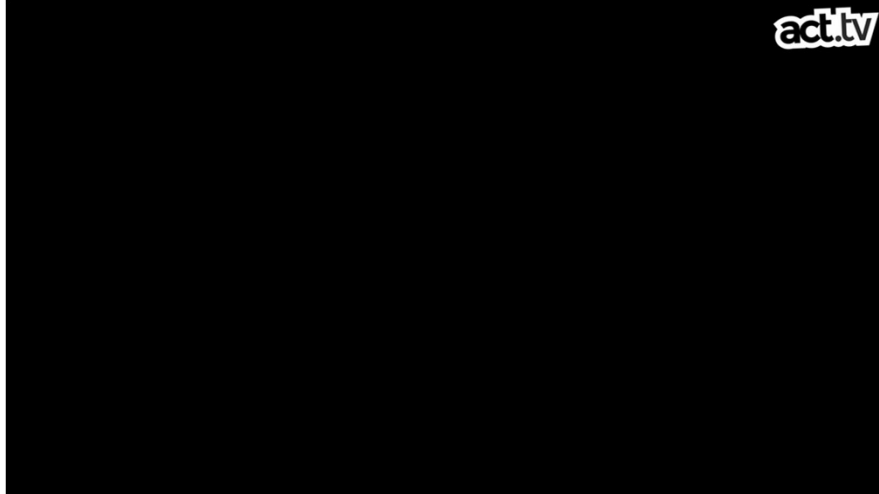
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(Hartlep, 2011; Knaus, 2009; Yanow, 2011)

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SYSTEMIC RACISM SIMPLIFIED



https://youtu.be/YrHIQIO_bdQ



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MICROAGGRESSIONS

“Microaggressions are verbal, behavioral, or environmental slights that are the results of an individual's implicit bias. They are often automatic or unintentional and occur on a daily basis. Microaggressions communicate hostile, derogatory, or negative viewpoints.”

Insult Degrading Social Poor
Verbal Intentional Dismissals
MICROAGGRESSIONS
Discrimination Aggrieved Culture
Offensive Unintentional
Hostile Snub Nonverbal
Marginalized Inflict Group
Minorities Negative Racism
Perceived Behavior Harmful



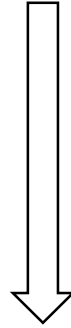
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NEA Center for Social Justice, 2021

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THE IMPACT OF IMPLICIT BIAS IN THE CLASSROOM

- Use Mentimeter to share your thoughts on the question below.
- You can type in your thoughts at any time, you don't have to wait until the end of this section.
- You can as many thoughts as you want.
- We'll discuss at the end of this section.



What might counselor intervention need to look like when working with students of color facing implicit bias in school?

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THE IMPACT OF IMPLICIT BIAS IN THE CLASSROOM

What might counselor intervention need to look like when working with students of color facing implicit bias in school?

- **Influences student-teacher relationship development**
- **Impacts motivation, engagement, and achievement outcomes**



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NEA Center for Social Justice, 2016

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OTHER IMPORTANT FACTORS TO CONSIDER

Classroom Management Imperatives

- Situational severity
- Responsibility
- Reasons / Motivations
- Repetitive Potential
- Proportional Response



Kunesh & Noltemeyer , 2015

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OTHER IMPORTANT FACTORS TO CONSIDER

What might counselor intervention need to look like when working with students of color facing implicit bias in school?

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Kunesh & Noltemeyer , 2015

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OTHER IMPORTANT FACTORS TO CONSIDER

What might counselor intervention need to look like when working with students of color facing implicit bias in school?

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Kunesh & Noltemeyer , 2015

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OTHER IMPORTANT FACTORS TO CONSIDER

What might counselor intervention need to look like when working with students of color facing implicit bias in school?

Parent Protective Strategies – RACIAL SOCIALIZATION

“...the messages parents provide to their children about their attitudes, beliefs, and values surrounding race”



Banerjee, Sozada-Smith, Lambouths & Rowley (2017)

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OTHER IMPORTANT FACTORS TO CONSIDER

Parent Protective Strategies – RACIAL SOCIALIZATION

- historical structural racism
- personal experiences with racism
- how to navigate the outside world



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Banerjee, Sozada-Smith, Lambouths & Rowley (2017)

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OTHER IMPORTANT FACTORS TO CONSIDER

Parent Protective Strategies – RACIAL SOCIALIZATION

“I had to start from the jump arming her with the fact that she was going to be a queen ... if she wanted to be... the fact that she didn’t necessarily ever have to view herself as subservient, you know what I mean...” (p. 934)



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Banerjee, Sozada-Smith, Lambouths & Rowley (2017)

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OTHER IMPORTANT FACTORS TO CONSIDER

Teacher Interpretation of BIPOC Children’s Behaviors

“Biased Attributions For Stability”

“...teachers’ different treatment of black and white students accounted for 46% of the racial gap in suspensions and expulsions from school among 5- to 9-year-old children...” (Owens, 2019)

DISCIPLINE

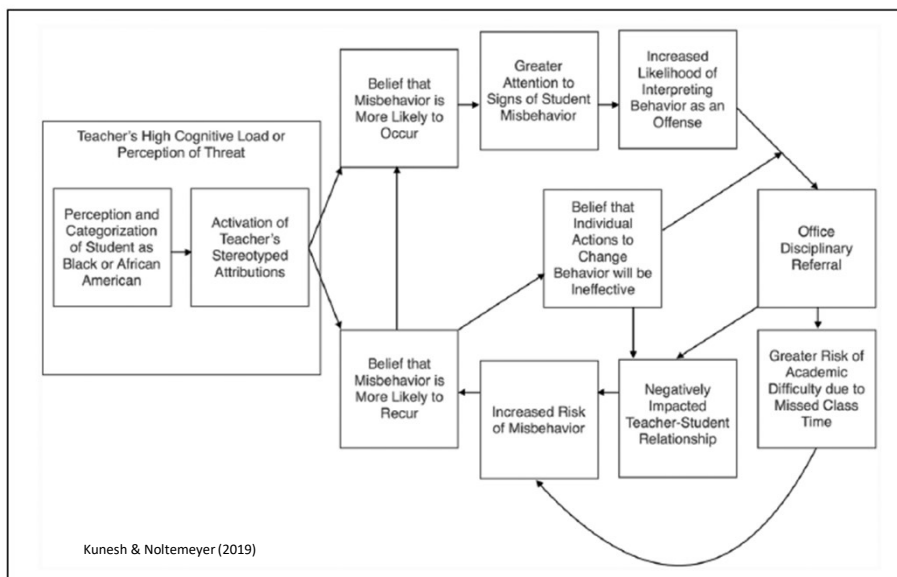
“...the stereotype of black students as “troublemakers” led teachers to want to discipline black students more harshly than white students after two infractions...They were more likely to see the misbehavior as part of a pattern, and to imagine themselves suspending that student in the future.” (Okonofua, Eberhardt & Parker, 2015)



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RACIAL BIAS-RELATED STUDENT-TEACHER INTERACTIONAL CYCLE



What might counselor intervention need to pay attention to when working with students of color facing implicit bias in school?



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THE IMPACT OF IMPLICIT BIAS IN THE CLASSROOM

- Unequal disciplinary approaches
- Higher rates of suspension and expulsion
- More frequent referrals to the justice system
- Being overlooked in math and science disciplines



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NEA Center for Social Justice, 2021

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THE IMPACT OF IMPLICIT BIAS OUTSIDE THE CLASSROOM

“Black students, especially males, are more likely to be suspended and expelled than students of other races” ...”and the reasons, according to numerous studies, are not... solely due to true differences in the rate or types of offenses”



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Kunesh & Noltemeyer (2019)

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THE IMPACT OF IMPLICIT BIAS IN THE CLASSROOM

Behavioral Expectations



"Students like these" are known to act "this way"

Positive Correction will work



These students only respond to certain types of correction

This is normal for these students..... but not for these



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McGinnis, 2017

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THE IMPACT OF IMPLICIT BIAS IN THE CLASSROOM THERAPY ROOM

Behavioral Expectations



"CHILDREN like these" are known to act "this way"

Will respond well to therapy

These CHILDREN only respond to certain types of INTERVENTION

This is normal for these CLIENTS..... but not for these...



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McGinnis, 2017

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IMPLICIT BIAS & INTERNALIZED RACISM

“...the conscious & unconscious acceptance of a racial hierarchy in which whites are consistently ranked above people of color...”

“...the internalization of the beliefs, values, and worldviews inherent in White supremacy that can potentially result in negative self or racial group perceptions” (p.184)



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Hube et al., 2006 as cited in Howard, 2020

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Understanding Racial Trauma

- ✓ The Socio-Political Context
- ✓ The Race-Trauma Connection
- ✓ Race, Trauma, & Health
- ✓ Microaggressions
- ✓ Racial Battle Fatigue
- ✓ Traumatic Stress




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RACE – TRAUMA CONNECTION


Race

✓ A social construct




Traumatic Stress Injury

✓ The emotional pain of racism



Mental Health

✓ The resulting impact on daily functioning



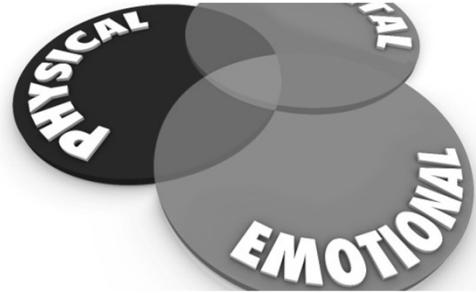
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Health Ramifications of Race-Based Trauma

“...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



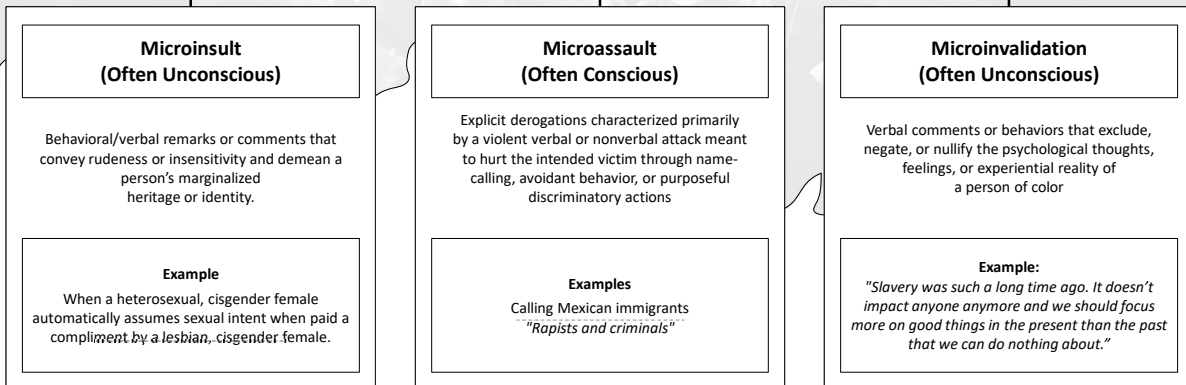
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Chronic Psychological Distress As An Outcome Of Micro Aggressive Experiences

Microaggressions

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



Nadal, 2014; Sue & Sue, 2019

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RACE – TRAUMA – HEALTH CONNECTIONS

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How are these playing out in the current sociopolitical context?

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RACE – TRAUMA – HEALTH CONNECTIONS

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Racial Battle Fatigue

“...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”

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QUESTIONS?

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Broaching Conversations with Clients About Race, Race-based Stress Injury, and Racial Trauma

- ✓ What Makes It So Difficult
- ✓ Asking Directly



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BROACHING CONVERSATIONS WITH CLIENTS

ABOUT RACE. AND RACE-BASED STRESS INJURY & TRAUMA

How comfortable do you feel talking about



- sexual trauma
- gender bias
- racial trauma
- race & racism
- transgender trauma?
-



Are some of these easier than others?

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BROACHING CONVERSATIONS WITH CLIENTS

ABOUT RACE. AND RACE-BASED STRESS INJURY & TRAUMA

Factors in pushing through the struggle...

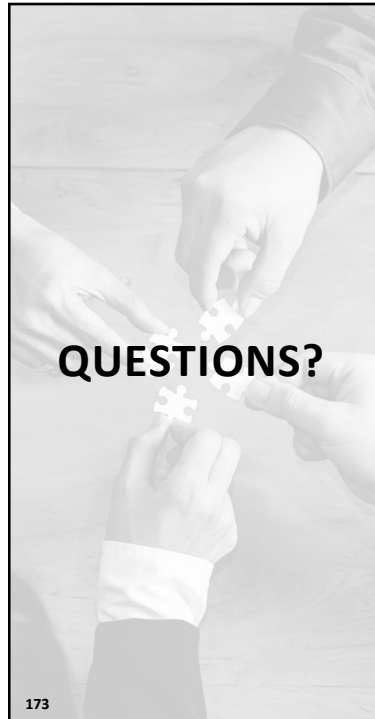
1. Trust
2. Personal & historical awareness
3. Checking barriers
4. Preparing the environment
5. Seat-of-the-learner posture
6. Authentic validation



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Avoiding Microaggressions in Session

It's more prevalent than we think...

- 75% believed race and culture are relevant
- 50%+ report microaggressive experiences from therapists
- 75%+ reported no discussion
 - **Lower ratings on strength of the working alliance.**
- Ruptures due to recapitulation
- Repair requires empathy, reflexivity, openness, flexibility, sensitivity, collaboration



(Owens et al., 2014, Yeo & Torres-Harding, 2021)

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Avoiding Microaggressions in Session

How might you respond?

Your client says to you, “My father passed away and it’s really overwhelming me. It’s hard providing support and comfort to my family when I am also struggling. I’m not sure how to handle it, how to lighten how heavy it feels.”



Owens et al., 2014

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Avoiding Microaggressions in Session

What do you think?

Miguel, a Latino born in the US, has completed his PhD and is working at a community clinic in family therapy. In his training he has learned about the concepts of directness, assertiveness, and triangulation (the tendency of two persons who are in conflict to involve a third person in their emotional system to reduce the stress). While counseling a Latino family, the father says to his son, *“Your mother expects you to show her more respect than you do and to obey her.”* Miguel says to the mother, *“Can you say this directly to your son rather than allowing your husband to speak for you?”* The room falls silent, and there is great discomfort.



1. What might account for the discomfort?
2. How could Miguel have handled this situation differently?
3. What were Miguel’s assumptions?

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Corey, et al., 2014, p. 122

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SOME LATINX CULTURAL VALUES

- ✓ **Respeto** – deference to elders in the family or in the community
- ✓ **Familismo** – the importance of strong loyalty, closeness and commitment to the well-being of the family.
- ✓ **Machismo** – beliefs and expectations regarding the role of men as the stronger gender
- ✓ **Marianismo** – description of different virtues of Latina femininity that are valued

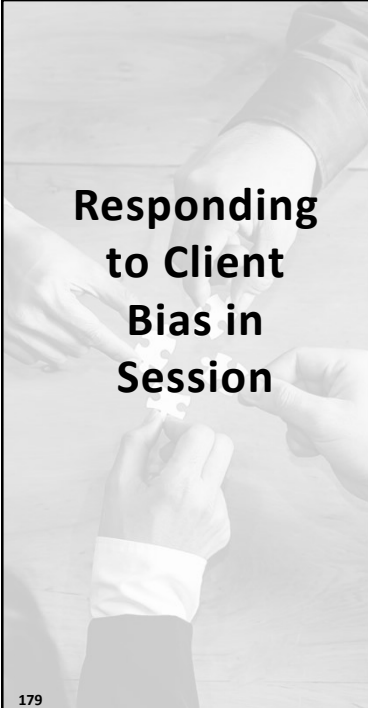


(Ayon et al., 2010; Da Silva et al., 2018; Pizarro, 2021)

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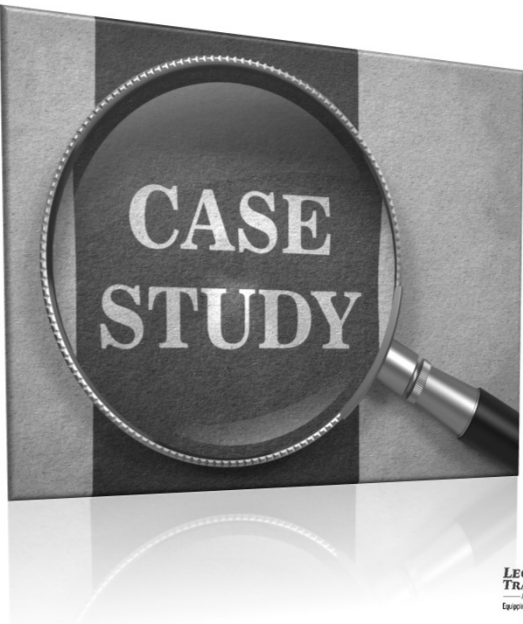
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**Responding
to Client
Bias in
Session**

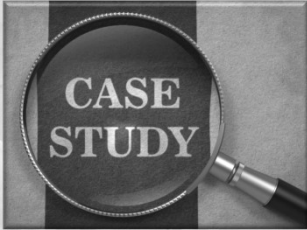

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**CASE
STUDY**

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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 its one of those colored women like my son took up with. I'll never understand that!"

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Responding to Client Bias in Session

When and how should we respond?

- This primarily addresses clients who have the power to oppress.
- What if the client doesn't see it as a problem? Does addressing it become my personal agenda?
- Who would benefit by my addressing it?



MacLeod, 2013; MacLeod, 2014

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Responding to Client Bias in Session

When and how should we respond?

- Consider the client's goals and how prejudice is related to these goals.
- Assess the client's racial identity.
- ...



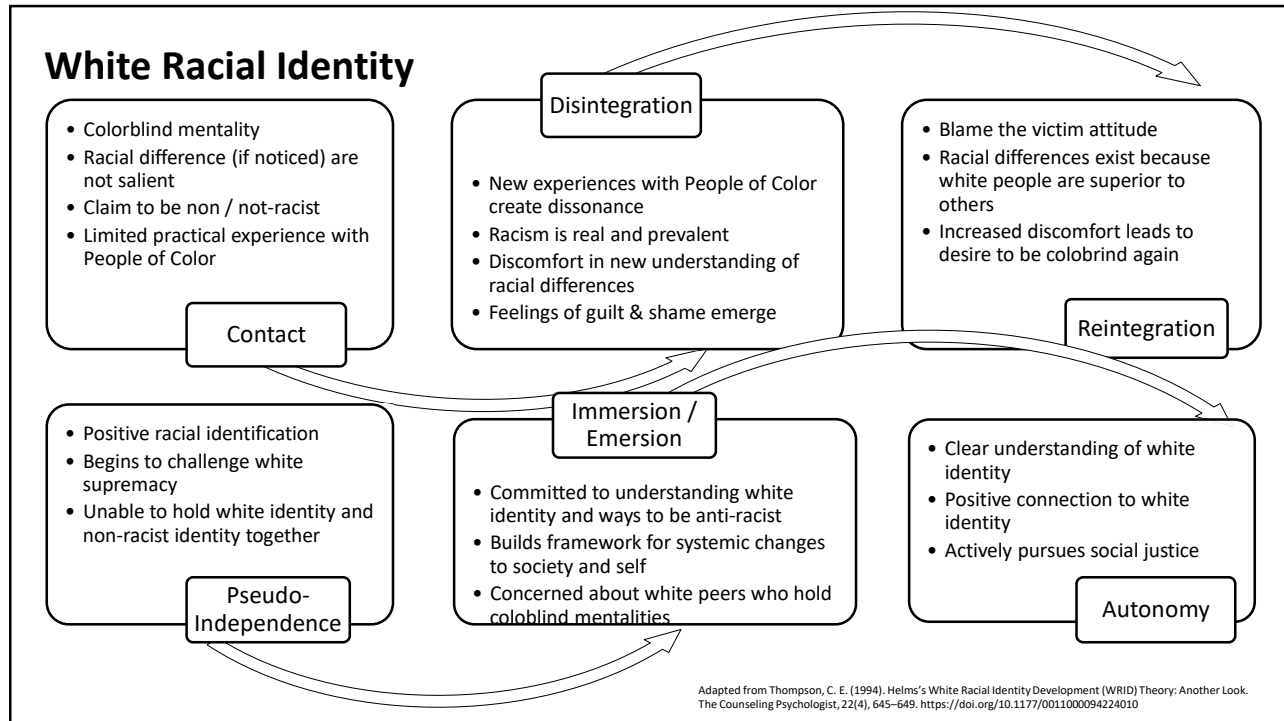
MacLeod, 2013; MacLeod, 2014

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Responding to Client Bias in Session

When and how should we respond?

- Consider the client's goals and how prejudice is related to these goals.
- Assess the client's racial identity.
- Assess the function these stereotypes and biases serve for the client.



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MacLeod, 2013; MacLeod, 2014

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Responding to Client Bias in Session

When and how should we respond?

- Assess what cultural values and strengths maintain these beliefs (*meritocracy*).
- Identify cultural strengths the client can use to stop relying on these biases (*ADDRESSING-GSA*).
- Clarify your own motivations and reactions in the process of addressing prejudice.
- Assess the client's motivation for change in this area.



MacLeod, 2013; MacLeod, 2014

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QUESTIONS?

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Diverse Populations: Clarifying Their Traumas and the Barriers to Therapeutic Engagement

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IMMIGRANT POPULATIONS IN THE U.S.

U.S. Hispanic Population, by Origin, 2010
(in thousands)

Origin	Population (in thousands)	% of Hispanics
All Hispanics	50,730	
Mexicans	32,916	64.9
Puerto Ricans	4,683	9.2
Cubans	1,884	3.7
Salvadorans	1,827	3.6
Dominicans	1,509	3.0
Guatemalans	1,108	2.2
Colombians	972	1.9
Hondurans	731	1.4
Ecuadorians	665	1.3
Peruvians	609	1.2

Note: Total U.S. population is 309,350,000 (rounded to the nearest thousand).
 Source: Pew Hispanic Center tabulations of the 2010 ACS (1% IPUMS)
PEW RESEARCH CENTER

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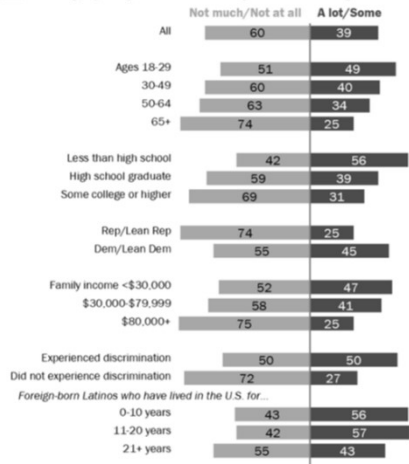
(Motel & Patten, 2012)

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IMMIGRANT POPULATIONS IN THE U.S.

Hispanics' concerns about deportation vary across demographic groups

% of Hispanic adults who, regardless of their legal status, say they worry that they, a family member or a close friend could be deported



(Moslimani, 2022)



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IMMIGRANT POPULATIONS IN THE U.S.

Asian Americans were the fastest-growing racial or ethnic group in the U.S. from 2000 to 2019 ...

U.S. population change by race and ethnicity, in thousands

	2019	2000	Change '00-'19	% Change '00-'19
Asian	18,906	10,469	8,437	81%
Hispanic	60,572	35,662	24,910	70
NHPI	596	370	226	61
Black	41,147	34,406	6,742	20
White	197,310	195,702	1,608	1
Total	328,240	282,162	46,077	16



... and their population is projected to pass 35 million by 2060

Asian American population, in millions

(Budinman & Ruiz, 2021)



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IMMIGRANT POPULATIONS IN THE U.S.

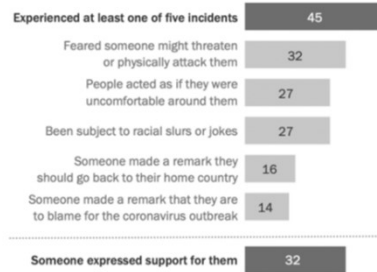
Eight-in-ten Asian Americans say violence against them in the United States is increasing ...

% of Asian adults* who say violence against Asian Americans in the U.S. is ...



... and nearly half experienced an incident tied to their racial or ethnic background since the pandemic began

% of Asian adults* who say each of the following has happened to them since the coronavirus outbreak because of their race or ethnicity



*Asian adults were interviewed in English only.
 Note: Figures may not add up to 100% due to rounding. No answer responses not shown.
 Source: Survey of U.S. adults conducted April 5-11, 2021.



(Edwards, 2021)

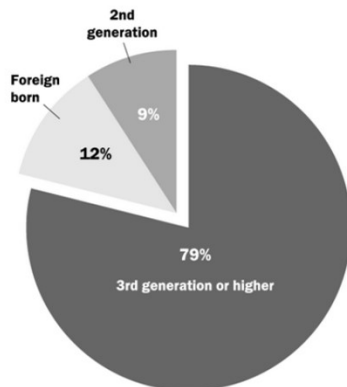
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IMMIGRANT POPULATIONS IN THE U.S.

Roughly one-in-five Black people in the U.S. are immigrants or children of Black immigrants

% of U.S. Black population that is ...



(Tamir & Anderson, 2022)

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WHY DO IMMIGRANTS LEAVE THEIR HOME COUNTRIES?

"This isn't about immigrants chasing the American dream anymore...It's about escaping a death sentence."
(Sofia Martinez as cited in Hayes, 2018)

- **Violence** (domestic, rape)
- **Poverty and starvation**
- **Gangs and drug cartels**
- **Human trafficking**



Risks during travel include "thirst, starvation, extreme changes in temperature, possibility of drowning, abandonment by coyote, rape, death" (Pizarro, 2021, 46).

(Hayes, 2018; Pizarro 2021)

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THE STRUGGLE WHEN THEY GET HERE...

- Financial debt to pay off for trip to U.S.
- No medical coverage
- No medical insurance
- Don't know the language
- Raising children and helping them succeed in school
- Discrimination
- Lack of employment and housing opportunities
- Transportation
- Accessing services
- Acculturation difficulties
- Fear of deportation



(Nunez, 2014; Pizarro 2021)

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NON-MIGRATORY POPULATIONS CAPTURE & FORCED ENSLAVEMENT

AMERICAN CHATTEL SLAVERY(1619-1865)

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

JIM CROWism (1865-1965)

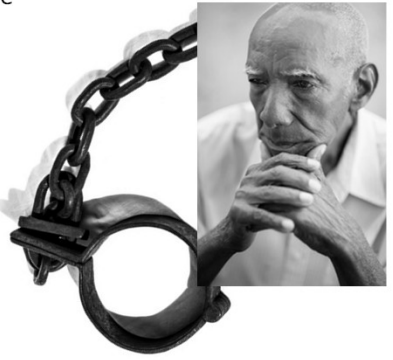
- Sharecropping
- Ku Klux Klan
- Lynching & castration

GHETTO, WELFARE & PRISON (1968-1990)

- extreme concentration of poverty
- Welfare rules “no adult men in the home
- Drugs, crime and family disintegration
- blacks are 20 times more likely than whites going to jail for same crime

The New Jim Crow (1990 – Present)

- Mass Incarceration



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NON-MIGRATORY POPULATIONS FORCED DISPLACEMENT & ENSLAVEMENT

<p>EPIDEMICS, SLAVERY, MASSACRES, AND INDIGENOUS RESISTANCE 1492-1599</p> <ul style="list-style-type: none"> ▪ Spain establishes dominance & subjugation ▪ Christopher Columbus <p>INVASION FROM ALL DIRECTIONS—STOLEN LANDS, STOLEN PEOPLES 1600-1699</p> <ul style="list-style-type: none"> ▪ Spain from the South ▪ French from the North ▪ English on Atlantic Coast <p>INDIAN REMOVAL ERA (from desired lands) 1850-1878</p> <p>RESERVATION ERA (moved to undesirable lands)</p> <ul style="list-style-type: none"> ▪ traditional practices and ceremonies outlawed <p>NEW AMSTERDAM (Manhattan)</p> <ul style="list-style-type: none"> ✓ Campaign to exterminate Natives <p style="text-align: center;">80 percent of the current contiguous lower 48 states are on Indian Lands (Nies, 1996)</p>	<p>SLAVE TRADE BEGINS</p> <ul style="list-style-type: none"> ▪ Kidnapped and sold ▪ 13 colonies evolve <p>BOARDING SCHOOL AND LAND ALLOTMENT ERAS 1879-1933</p> <ul style="list-style-type: none"> ▪ children removed from families to boarding schools ▪ Forced Christianity; native language and customs forbidden/punished ▪ Land holdings reduced with “surplus” sold to non-Indians <p>ENSLAVEMENT & FORCED CONVERSION TO CHRISTIANITY</p> <ul style="list-style-type: none"> ▪ By Spanish & English - to develop missions - Indian children forced into schools <p>“THANKSGIVING DAY” MASSACRES</p> <ul style="list-style-type: none"> ▪ Puritans/English colonists celebrate massacre of Pequot village. Later named Thanksgiving Day to honor “victories” ordained by God over Native communities
--	--

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

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STRUCTURAL RACISM IMPACTS ALL THESE PEOPLE GROUPS OF COLOR

“A system of advantage based on race (DeGruy, 2018)”

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UNDERSTANDING BARRIERS TO ENGAGEMENT

- ✓ Generational engagement
- ✓ Access to quality resources
- ✓ Maslow’s Hierarchy of Needs
- ✓ Psychological avoidance
- ✓ Systemic distrust
- ✓ Spirituality



(Brisco, n.d.-a; Holdo, n.d.)

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OVERCOMING BARRIERS TO ENGAGEMENT

- ✓ Know who's in front of you
- ✓ Building social capital
- ✓ Honesty
- ✓ Avoid clinical language
- ✓ Validate experiences



(Brisco, n.d.-a; Holdo, n.d.; Yelton et al., 2022)

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HOW THIS IS HELPFUL WHEN WORKING WITH DIVERSE POPULATIONS

Cultural competence responsiveness needs to be evident

1. Complaints included
 - ≠ Textbook answers
 - ≠ Work not tailored to personal life context and history
 - ≠ Poor understanding of power and privilege dynamics
 - ≠ Minimized experiences of discrimination or oppression
 - ≠ Evident racial/ethnic stereotypes or biases
 - ≠ Lack of group-specific knowledge and experience



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Chang & Berk 2009

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HOW THIS IS HELPFUL WHEN WORKING WITH DIVERSE POPULATIONS

Cultural competence needs to be evident

2. Culture-specific knowledge desired included
 - ✓ Racism and discrimination
 - ✓ Issues related to sexual orientation
 - ✓ Issues related to gender
 - ✓ Oppression related to intersectionality
 - ✓ Community stigma related to mental health and help-seeking
 - ✓ Racial and multi-racial identity development
 - ✓ Communication style differences
 - ✓ Family cultural dynamics



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Chang & Berk 2009

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HOW THIS IS HELPFUL WHEN WORKING WITH DIVERSE POPULATIONS

Cultural competence needs to be evident

“Regina, a mixed-race (Asian/White) participant felt that her therapist had “this kind of book-learned...image of some kind of immigrant family, instead of...an emotional understanding of what it’s like to be, like Asian...[where she lived...]” (p. 10)

“Joel, a Black gay man, initially had high expectations for his Jewish therapist...She only had secondhand knowledge which she read, or what I told her or what she heard...she would minimize some of the things that I was saying, but to me they were tantamount...he last thing I wanted to hear was that “I know a friend,” or “I have a friend who is Black”... (p.10)



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Chang & Berk 2009

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QUESTIONS?

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**Feedback
Informed
Treatment**

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**What are
your
approaches
to finding
out how
clients are
feeling about
therapy?**







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WHAT IS FEEDBACK INFORMED TREATMENT (FIT)?

A process through which clinicians can meaningfully,

1. improve outcomes with diverse clients
2. identify where we can continually improve our approach
3. Identify cases that may get worse or be moving toward dropping out

Assumptions

1. Rapport can always be improved.
2. We are not already doing enough...we can do more to solicit feedback
3. Manipulation is not a given outcome when asking clients for feedback.
4. Sticking to, and moving quickly through, the treatment protocol is not always the most important thing.



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(Prescott, 2017)

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RELEVANCE OF FEEDBACK INFORMED TREATMENT (FIT)



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(Prescott, 2017)

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ESTABLISHING A CULTURE OF FEEDBACK

1. At the very beginning of therapy, introduce your feedback tools to your client in ways they can understand.
2. Get feedback at the beginning and end of every session.
3. Tell them why you're using it and why it's important.
4. Explain how the information will be used.
5. Don't take their honest feedback personally.
6. Don't interpret feedback clinically
7. Engage in DELIBERATE practice of using the feedback gained.



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(Prescott, 2017)

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ESTABLISHING A CULTURE OF FEEDBACK: OUTCOMES RATING SCALE

At the beginning of treatment/session...

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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ESTABLISHING A CULTURE OF FEEDBACK: OUTCOMES RATING SCALE

At the beginning of treatment/session...

“I/We work a little differently at this agency/ practice. My/Our first priority is making sure that you get the results you want. For this reason, it is very important that you are involved in monitoring our progress throughout therapy. (I/We) like to do this formally by using a short paper-and-pencil measure called the Outcome Rating Scale. It takes about a minute. Basically, you fill it out at the beginning of each session, and then we talk about the results. A fair amount of research shows that if we are going to be successful in our work together, we should see signs of improvement earlier rather than later. If what we’re doing works, then we’ll continue. If not, then I’ll try to change or modify the treatment. If things still don’t improve, then I’ll work with you to find someone or someplace else for you to get the help you want. Does this make sense to you?”

How might you respond to this from your therapist?

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(Prescott, 2017, pp. 42-43)



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ESTABLISHING A CULTURE OF FEEDBACK: SESSION RATING SCALE

At the end of each session...

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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ESTABLISHING A CULTURE OF FEEDBACK: SESSION RATING SCALE

At the end of each session...

“I’d like to ask you to fill out one additional form. This is called the Session Rating Scale. Basically, this is a tool that you and I will use at each session to adjust and improve the way we work together. A great deal of research shows that your experience of our work together—did you feel understood, did we focus on what was important to you, did the approach I’m taking make sense and feel right?—is a good predictor of whether we’ll be successful. I want to emphasize that I’m not aiming for a perfect score—a 10 out of 10. Life isn’t perfect, and neither am I. What I’m aiming for is your feedback about even the smallest things—even if it seems unimportant—so that we can adjust our work and make sure we don’t veer off course. Whatever your feedback might be, I promise I won’t take it personally. I’m always learning and am curious about what I can learn from getting this feedback from you that will in time help me improve my skills. Does this make sense?”

How might you respond to this from your therapist?

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(Prescott, 2017, p. 43)



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THE OUTCOMES RATING SCALE - ORS

Using the Outcome Rating Scale in online sessions

Stacy Bancroft, FIT Certified Trainer
Brooke Mathewes, ICCE Director of Connection and Support



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THE SESSION RATING SCALE - SRS

Using the Session Rating Scale in online sessions

Stacy Bancroft, FIT Certified Trainer
Brooke Mathewes, ICCE Director of Connection and Support



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ESTABLISHING A CULTURE OF FEEDBACK: TRACKING CLIENT PROGRESS



Figure 2.2. A client's progress over the course of six treatment sessions. SRS = Session Rating Scale; ORS = Outcome Rating Scale. The gray area represents successful outcomes; the black area represents unsuccessful outcomes. The solid black line represents the actual ORS score, plotted session by session from left to right.

(Prescott, 2017, P.46)

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ESTABLISHING A CULTURE OF FEEDBACK

Central steps leading to proficiency using FIT include,

1. **Cultivating transparency**
 - *Studying your own outcomes*
2. **Cultivating openness**
 - *Ask yourself how open you really are to your clients' feedback*
3. **Cultivating surprise**
 - *Finding "Oh wow!" moments*

(Prescott, 2017, P. 50)

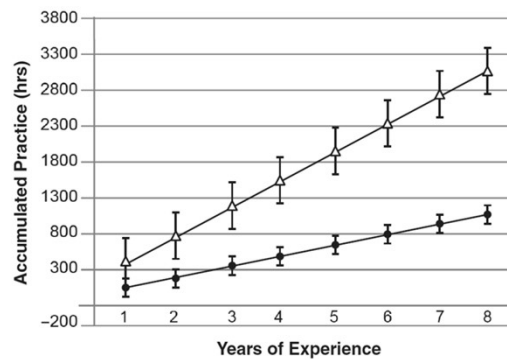
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ESTABLISHING A CULTURE OF FEEDBACK

Engage in **DELIBERATE** practice of using the feedback gained.

1. Set aside time to reflect on the feedback received
2. Identify where performance falls short
3. Seek consultation
4. Develop, rehearse, execute and evaluate a plan for improvement.



Greater effectiveness over time with hrs of accumulated practice

(Prescott, 2017, P. 45)

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HOW IS THIS HELPFUL WHEN WORKING WITH DIVERSE POPULATIONS

Proactive therapy style preferred over passive therapy style

1. Passive therapy complaints included lack of
 - ≠ *feedback*
 - ≠ *information on progress*
 - ≠ *deep exploration of client's experiences*
2. Proactive therapy style appreciation included
 - ✓ *Providing direct answers*
 - ✓ *Concrete tips, advice*
 - ✓ *Mentoring*
 - ✓ *Psychoeducation*
 - ✓ *Skills development*
 - ✓ *Thought-provoking exploration*

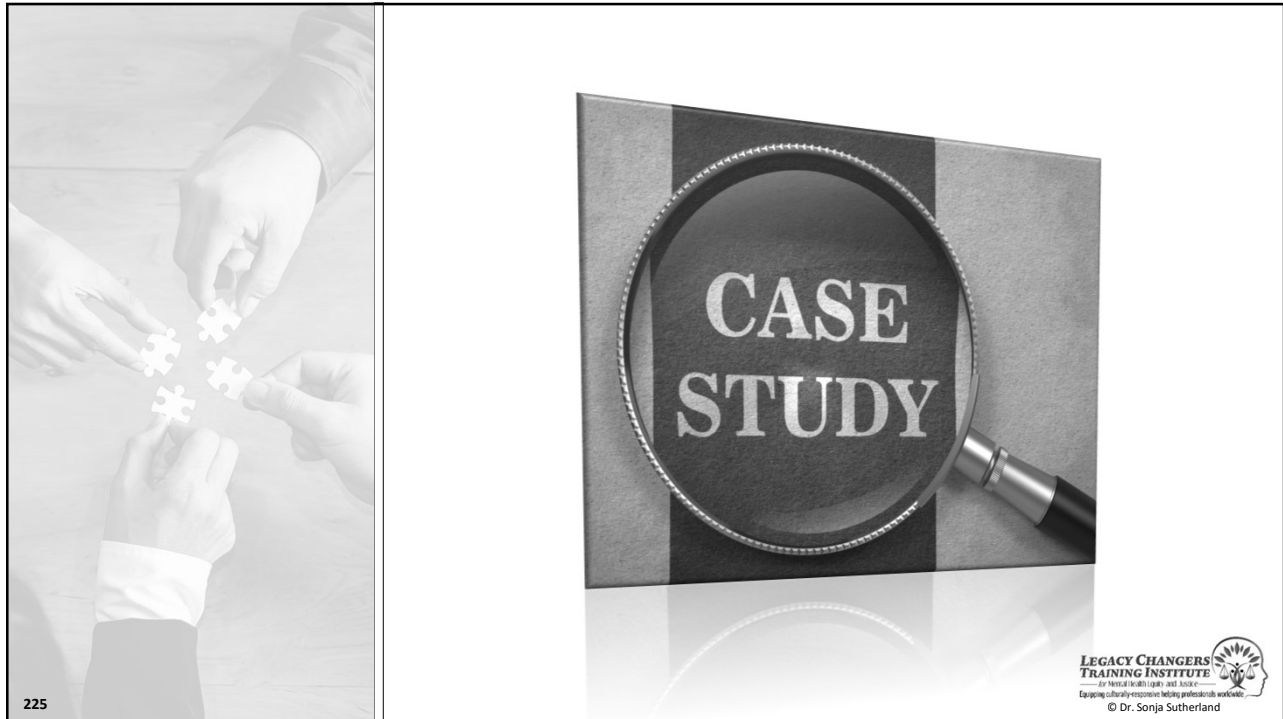


Chang, D. F., & Berk, A. (2009). Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy. *Journal of Counseling Psychology, 56*(4), 521–536. <https://doi.org/10.1037/a0016905>

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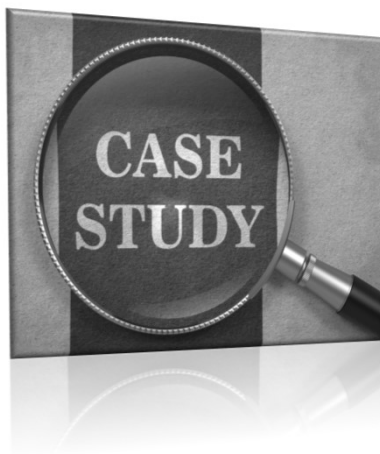
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AN ILLUSTRATION: Marsha & Mrs. Z *(found in your course pack)*



1. Locate this case study in your coursepack.
2. We will read this case study together in its entirety.
3. As we read, note information relevant to therapeutic rapport and client progress.
4. In your groups...

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AN ILLUSTRATION: Marsha & Mrs. Z *(found in your course pack)*

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 have been her past coping strategies, 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.

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AN ILLUSTRATION: Marsha & Mrs. Z *(found in your course pack)*

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.

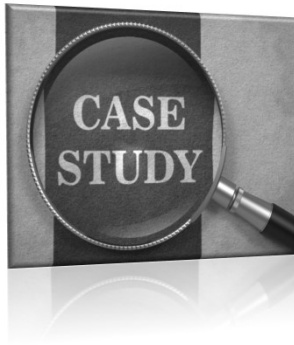
Marsha paused to think about what her new client had said. Even though Marsha grew up in a spiritual household, she has espoused atheism in the last few years because she does not believe she has ever seen spiritual beliefs benefit anyone (in particular her mother who always had strong spiritual beliefs 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.

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AN ILLUSTRATION: Marsha & Ms. Z (found in your course pack)



In your groups, discuss your perspectives on the following questions:

1. In what ways could Marsha work to cultivate transparency?
 - What emotions might she have been experiencing during the session?
 - How might cultivating transparency be difficult – and also helpful – when working with culturally diverse clients?
2. In what ways did Marsha demonstrate (or not) a willingness to cultivate openness?
 - Could this type of openness ever feel threatening when working with culturally diverse clients? Why or why not?
3. How did this case illustrate the value of cultivating surprise?
 - What type of situation could interfere with this happening between you and your own culturally diverse clients?

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Add to Your
Toolbox



Performance Metrics - Licenses for the ORS and SRS

\$0.00

Size

1 provider

Add to cart

A license to use the ORS and SRS in paper and pencil format is available for free to individual practitioners.

<https://scott-d-miller-ph-d.myshopify.com/collections/performance-metrics/products/performance-metrics-licenses-for-the-ors-and-srs>

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**What tools are
you using for
interviewing,
assessment, &
treatment
planning with
diverse
individuals?**

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What tools are you using for interviewing, assessment, & treatment planning with diverse individuals?

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ASSESSMENT

TREATMENT


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IMMIGRATION QUESTIONNAIRE

1. Why did you leave your country of origin?
2. How long have you been in the U.S.?
3. Was the trip via plane or across border?
4. Did children come with you?
5. Are there U.S. born-children?
6. Were you separated from your children at the border?
7. How are the children doing?
8. What is your current immigration status?
9. Are you facing deportation/ possible family separation?
10. Is there a U.S. citizen/ resident partner involved?
11. Follow-up questions based on answers to the above...

(Pizarro, 2021, 64-65)



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RACIAL TRAUMA ASSESSMENTS

Trauma Symptoms of Discrimination Scale (TSDS)

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

PART I: Frequency of Experiences

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

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

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

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OTHER TRAUMA ASSESSMENTS TO CHECK OUT

- PTSD checklist for DSM 5 (PCL-5) (self-report)
- Adverse Life Experiences (ACE)
- General Ethnic Discrimination Scale (Landrine et al., 2006)
 - Self report measure assessing lifetime and recent events of discrimination and how stressful it was
- Racial Microaggressions Scale-Modified (Torres-Harding & Turner, 2015)
 - Can be helpful in determining the kinds of frequency of microaggressions
- Trauma Symptoms of Discrimination Scale (Williams, Printz, & DeLapp, 2018)
 - Assessing for anxiety associated with any type of discrimination
- DSM-5 Cultural Formulation Interview (APA, 2013)
- The Traumatic Life Events Questionnaire (Kubany et al., 2000)
 - 23 item inquiry on traumatic events
- The Trauma Assessment for Adults (Resnick, Best, Kilpatrick, Freedy, & Falsetti, 1993)
 - 13 items on trauma exposure
- Traumatic Event Screening Instrument for Adults (Ford & Fournier, 2007)
 - 18 items
- Stressful Life Events Screening Questionnaire (Goodman, Corcoran, Turner, Yuan, & Green, 1998)
 - 12 items

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RACIAL TRAUMA ASSESSMENTS

Downloadable for clinical use, with proper acknowledgement

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

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

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

Trauma Symptoms of Discrimination Scale (TSDS)

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

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

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The Cultural Formulation Interview

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



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CULTURALLY RESPONSIVE TREATMENT PLANNING

GOAL: What the client is hoping to achieve (*wording should show what getting there would look like*).

OBJECTIVES: Steps the client agrees to take for getting there (*wording should show what getting there would look like*).

INTERVENTIONS: What we will do to help the client achieve their objectives (*clinical, advocacy, etc*).



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EXAMPLE: CULTURALLY RESPONSIVE TREATMENT PLANNING


GOAL: Client will increase calm interactions at home and reduce aggression by at least 2-to-1

OBJECTIVES:

- Client will implement Meditation on the Sameness of Self and Others & Metta meditation 2x daily.
- Client will verbalize and discuss emotions in session

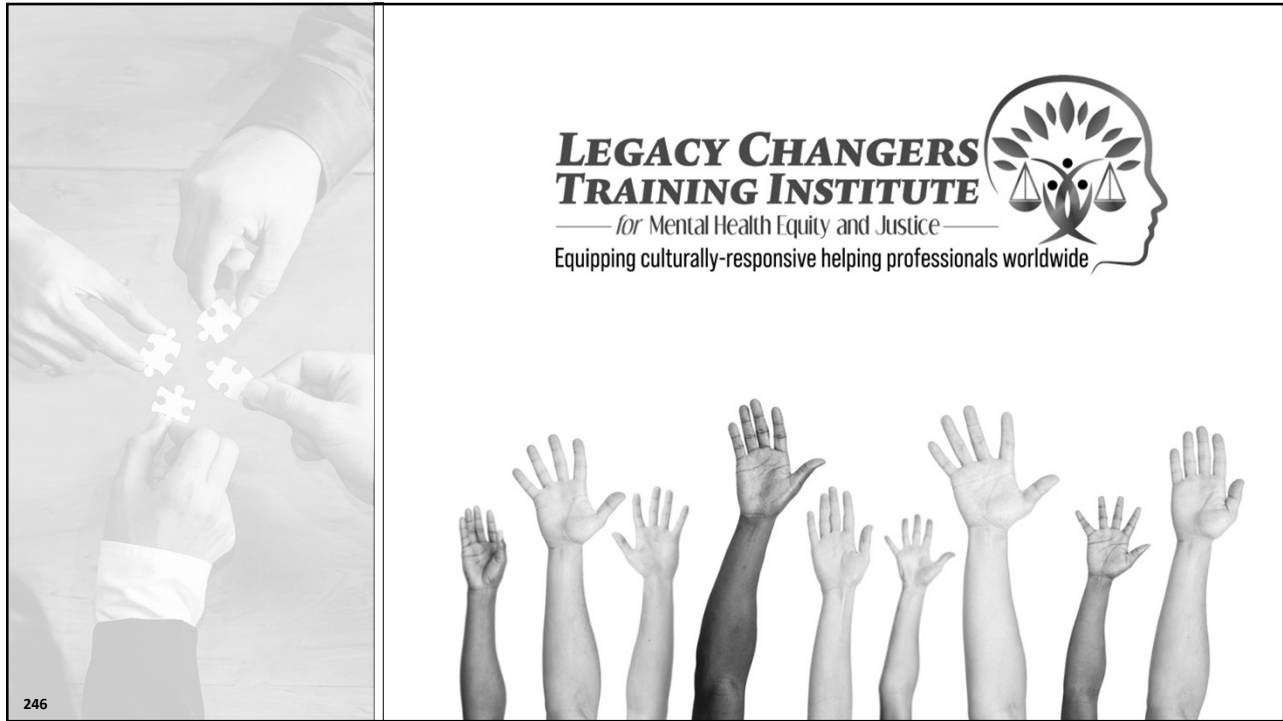
INTERVENTIONS:

- Support practice of Buddhist mindfulness practices in session
- Provide and practice use of feelings wheel in session

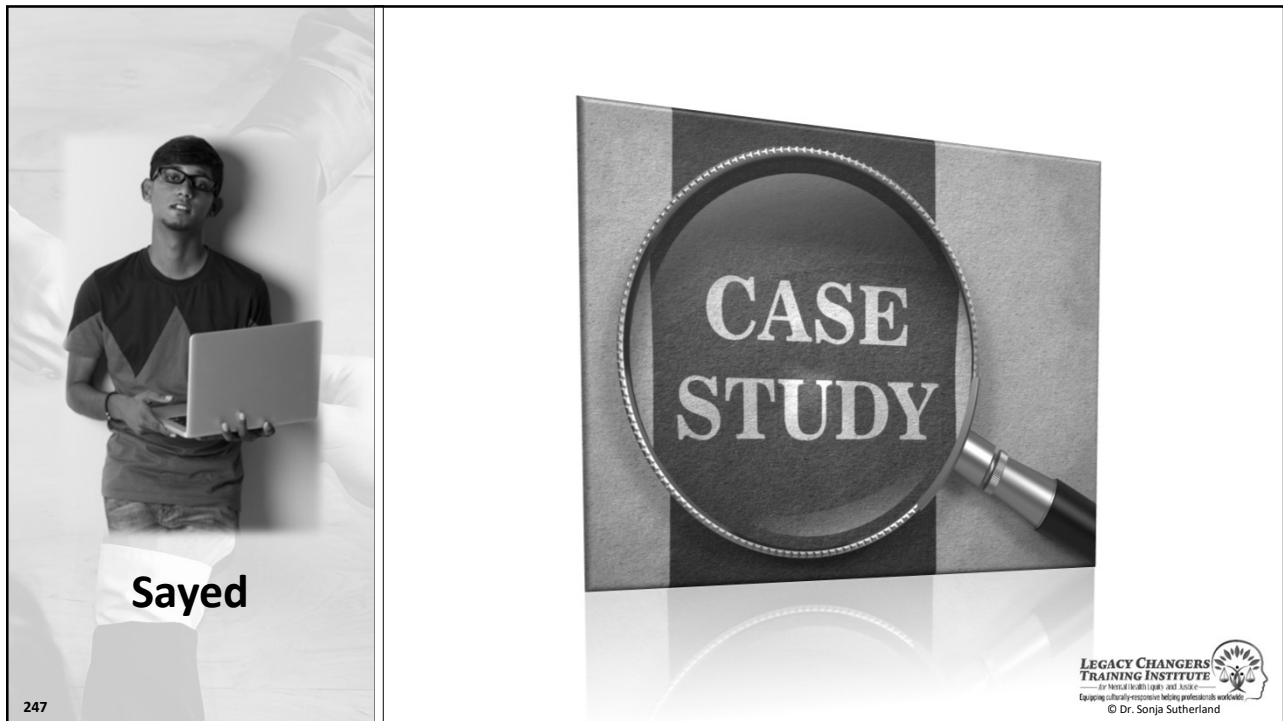


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SAYED



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.

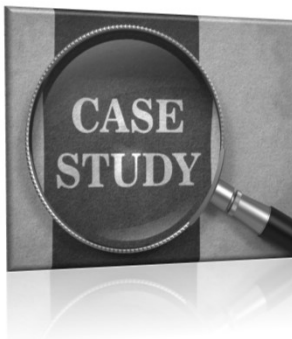
Sayed has been referred to you for counseling. For the first few weeks he seemed to be adjusting somewhat to the new environment. He has been known in class to be unresponsive to his female teachers, not looking them in the eye or responding when they ask him a question. He also is having a difficult time understanding

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SAYED



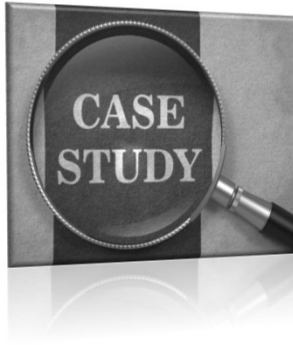
1. Read Sayed's story together.
2. Note of areas that might have clinical relevance based on demographics, family-of-origin information, mental status, etc.
3. What would be important to consider surrounding
 - a. Interviewing?
 - b. Assessment?
 - c. ...
4.

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SAYED



RELEVANT CLINICAL INFORMATION

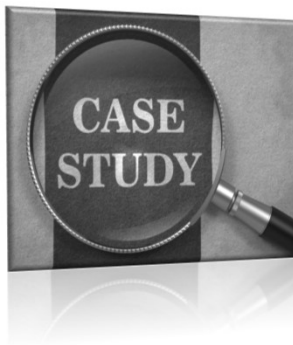


Demographics	
Family of origin	
Mental status	

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SAYED

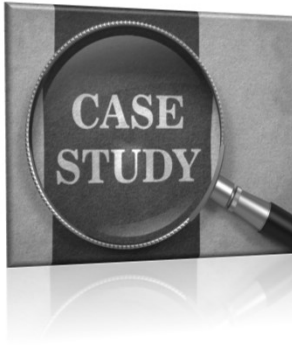


1. Read Sayed's story together.
2. Note of areas that might have clinical relevance based on demographics, family-of-origin information, mental status, etc.
3. What would be important to consider surrounding
 - a. Interviewing?
 - b. Assessment?
 - c. ...
4.

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SAYED



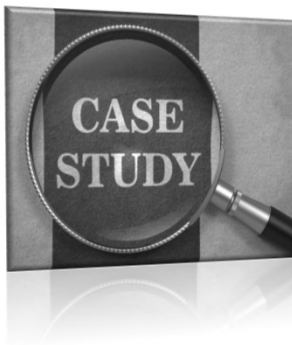
1. Read Sayed's story together.
2. Note of areas that might have clinical relevance based on demographics, family-of-origin information, mental status, etc.
3. What would be important to consider surrounding
 - a. SDOH? Trauma?
 - b. Interviewing?
 - c. Assessment?
 - d. Treatment planning ?
4. Be sure your thoughts are guided by the Integrative Ethical Decision-Making Model.

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SAYED



1. Read Sayed's story together.
2. Note of areas that might have clinical relevance based on demographics, family-of-origin information, mental status, etc.
3. What would be important to consider surrounding
 - a. SDOH? Trauma?
 - b. Interviewing?
 - c. Assessment?
4. ~~Now in your group complete the ethical decision-making model.~~
5. Then develop your treatment plan *(see next slide)* .

All documents you need are in your course pack.

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Culturally Responsive Treatment Planning

Goal

Objectives

Interventions


- _____
- _____
- _____
- _____




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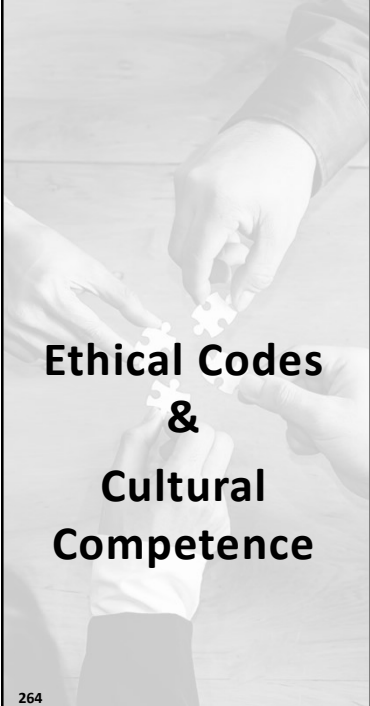


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**Ethical Codes
&
Cultural
Competence**

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) **AACC:**
a) ES1: 500

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

4) **APA (2017):**
a) Principle E
b) 2.01b
c) 3.01
d) 3.03
e) 9.06

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

6) **ASERVIC:**
a) Culture and World Views

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**WHAT
ABOUT
YOUR
ONGOING
GROWTH?**



Commitment

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WHAT ABOUT YOUR ONGOING GROWTH?

1. In your assigned groups, consider the next 5 slides.
2. Discuss your thoughts on the commitment considerations outlined.
3. What are you willing to add to what you may already be doing?
4. What are you willing to start doing?
5. What concerns you about any of the admonitions?
6. As you discuss, scan the QR code here and share what you plan to do. We'll check out the ideas when we return to the main room.



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Commitment to the Path to Cultural Humility & Multicultural Counseling Competence

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

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Commitment to the Path to Cultural Humility & Multicultural Counseling Competence

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




COMPETENCE



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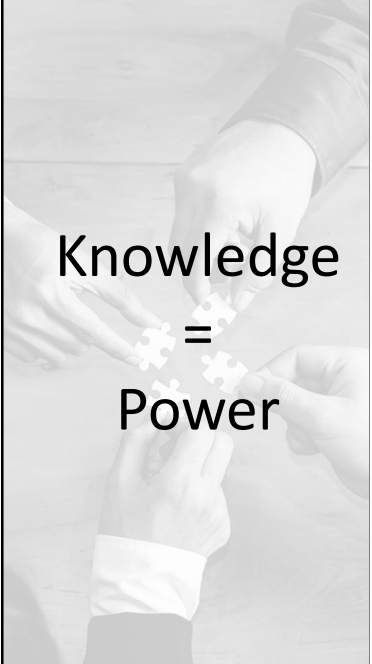
What Can I Do?

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

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>

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Knowledge
=
Power

Know & Understand

↓

Your areas of implicit bias

↓

Your emotions

↓

What it means to be white

↓

the realities of the emotions of and experiences of clients of color.

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

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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.”

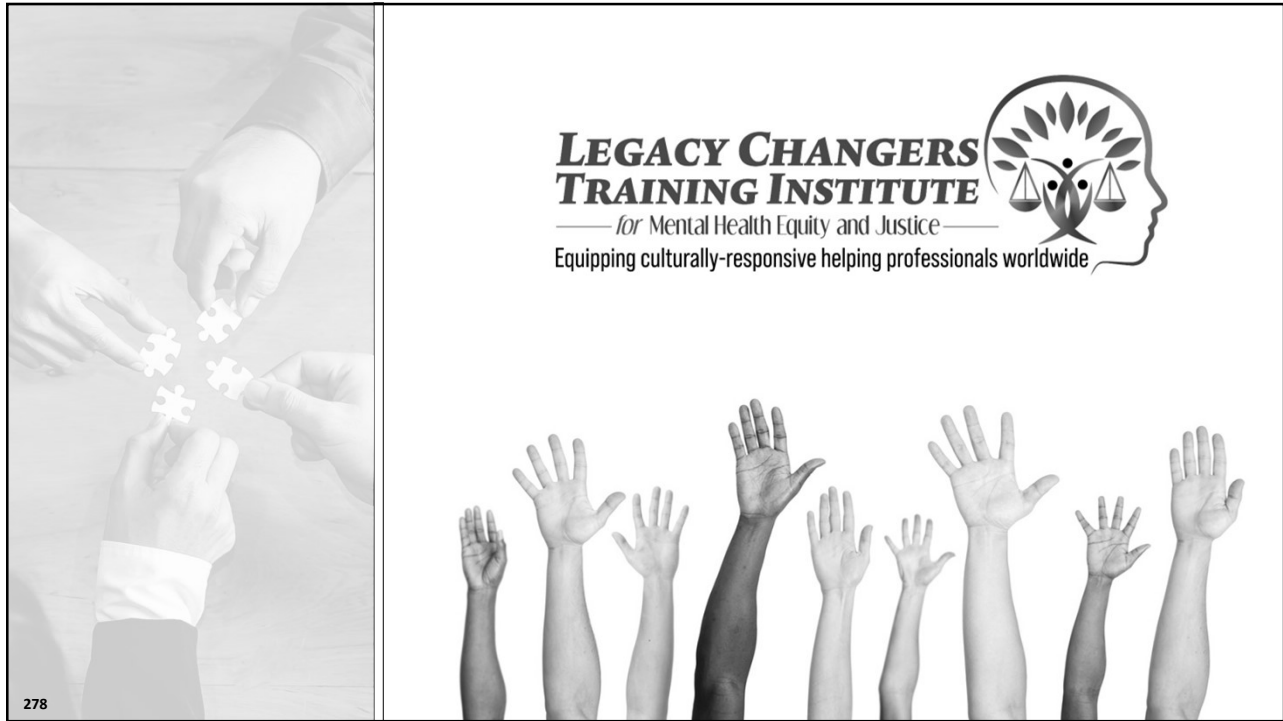
Monica Williams, PhD

- 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.

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

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Associate Superintendent of Student Services, Prince Georges County Public Schools



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Chair, Human Rights Commission, City of Greensboro, NC, President-Elect, Counselors for Social Justice



Dr. Sonja A. Sutherland, LPC, ACS, CPC, BC-TMH
Core Faculty, Walden University
Founder & CEO, Legacy Changers Training Institute for Mental Health Equity & Justice



Dr. Heather Ambrose, LMHC, LMFT, AAMFT, ACS
Core Faculty, Walden University, Secretary-Elect & Past-President - Association of Counselor Education and Supervision



Yolanda Graham, MD
Sr. V.P., Chief Medical / Chief Clinical Officer
Devereux Advanced Behavioral Health



Dr. Keny Felix, LMHC, LPC
Assistant Professor, Liberty University, Senior Pastor, Bethel Evangelical Baptist Church



Heidi Guzman, NCC, LPC, CPCS
CEO & Clinical Director
Guzman Psychotherapy



Andrea Coleman, News Director
Black Information Network on iHeart Radio

...culturally responsive approaches to working with immigrant populations, spiritual abuse, social /national trauma, supervision, and integrating spirituality in treatment.

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